

**PREA AUDIT:
AUDITOR'S FINAL SUMMARY REPORT
JUVENILE FACILITIES**



Name of Facility: Lancaster County Youth Intervention Center			
Physical Address: 235 Circle Ave, Lancaster, Pa. 17602			
Date report submitted:			
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Date of facility visit October 27,28,29			
Facility Information: same as above			
Facility Mailing Address: same as above			
(if different from above)			
Telephone Number: 717-299-7821			
The Facility is:	<input type="checkbox"/> Military	xx <input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> xxxxxxDetention	<input type="checkbox"/> Correction	<input type="checkbox"/>
Name of PREA Compliance Manager: Drew Fredericks Manager/Director		Title: PREA	
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Agency Information			
Name of Agency: Lancaster County Youth Intervention Center			
Governing Authority or Parent Agency: Lancaster County Commissioners			
Physical Address: Court House, Lancaster, Pa.			
Mailing Address: (if different from above)			
Telephone Number: 717-735-1500			
Agency Chief Executive Officer:			
Name: Drew Fredericks			TITLE: Director

Email Address: s/a	Telephone Number:	s/a
Agency Wide PREA Coordinator		
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AUDIT FINDINGS

NARRATIVE: The Lancaster County Youth Intervention Center was built in 2001 and occupied in March of 2002. It is a County run Juvenile Detention Center and Shelter, in the City of Lancaster, Pa. Prior to this date, the Detention Center was housed in Barnes Hall, which was an antiquated building often suffering from overcrowding. The program consists of a 96 bed center, divided into 5 wings or units. The units each have two 12 bed sections: in Detention, two units of 24 are designated male and one 12 bed unit is female. There is a 24 bed shelter for both delinquent and dependent children. The Shelter unit has a boy's section and a girl's section. A residential weekend diversion program, entitled PULSE, is also conducted in a section of one of the units. Two additional 24 bed units are currently not being used to house children, but serve as office space for the Office of Children and Youth. It is completely locked off from the rest of the center, but would allow for expansion if needed.

During the past year, 10-1-13 thru 10-1-14 there were 389 Detention admissions, 337 Male and 52 female ranging in age from 10-21. The average stay was 13 days. The Shelter program had 142 admissions in the same time period, with 68 males and 74 females. The average stay in Shelter was 18 days. The PULSE weekend program had 21 male admissions, and begins on Friday PM and finishes on Sunday PM. The children are Court Ordered for 5 weekends. The Youth Intervention Center contracts with approximately 15 other Pennsylvania Counties to house Detention residents. The majority of these admissions are from neighboring York and Lebanon Counties.

The facility is run by the Director, Drew Fredericks, and reports directly to the County Commissioners. It is licensed by the Pa. Department of Public Welfare. There are 146 full time and part time employees, as well as contracted employees in the Medical/Behavioral Health (Prime Care) and Educational Units (Lancaster City Schools). The Food Service (Aramark) and its employees are also contracted. The direct care or line staff are both full and part time, and work permanent shifts. The units are staffed by both male and female staff. The Youth Intervention Center has extensive community involvement with over 178 volunteers, who do gardening, writing circle, health and wellness and a variety of other programs.

DESCRIPTION OF FACILITY CHARACTERISTICS: The one story, 92,324 square foot building was built in 2001 and is on a 9.06 acre campus that is located within the City of Lancaster, Pa. The front door opens to a very large vestibule that is decorated with the residents' art work. This is the entry used by those attending Court in the Hearing Room. This is also the Administrative/Office area with a Training Room for staff and a conference room. The secure area of the building contains the three living units of two twelve beds sections each. They have single rooms, with built in beds, and a long narrow window. There is also a window in the door. They open onto a common area, which houses a counseling/supervisors' office as well as a separate television room. The bathrooms contain both showers and toilets. The Shelter Pod is non-secure and self-contained with a dining room and a separate intake area. There are seven classrooms, a library, a chapel, as well as a Multi-Purpose Room, a gymnasium and a courtyard is also available for both Detention and Shelter children with a vegetable garden and outside recreation. The Detention Unit has a Dining Room with attached kitchen, where the different units eat at different times. There is a separate medical unit with private areas for examination and an Intake/drive in sally port. There is a control room with video monitors, manned round the clock by security officers. Both exterior and interior doors are buzzed open by security. There is a key override. The original design of the building had a control room in each unit, but they are not in use. The unit used for the PULSE Weekend Program has large comfortable furniture, bean bags, and is decorated to allow for group counseling and other group activities.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on October 27, 28 and 29, 2014. It commenced with a brief entrance interview with the Director, the PREA Coordinator, and several other Administrative staff. It was followed by a tour of all areas of the facility. The facility was very clean and well maintained. Staff throughout the facility, including the medical, educational, kitchen, janitorial and line staff were questioned about their areas and responsibilities. PREA Posters and reporting information was posted throughout the facility. PREA drop boxes were located in the Detention Dining Room, Shelter Unit Vestibule and the Main Lobby. Following the tour, staff and residents were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff: Director/PREA Manager, PREA Coordinator, Shelter Program Director, Training Coordinator, Business Administrator, PULSE Program Director, a Nurse, MH Counselor, a Teacher's Aide, A volunteer, Specialized and Random Staff (16) from all three shifts (a total of 26 staff) and 14 Residents, from all living units. During the dates of my visit, there were 23 residents in Shelter and 25 residents in Detention. At that time, there were no identified LGBTI residents. I also reviewed the files of all of residents who were interviewed, and 16 staff files.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. One is a Hotline to the Lancaster County YWCA, a 24 hour hotline for crisis support and a Rape Crisis Center. This is a dedicated phone in a private room (the Hearing Room), away from the living units. All staff and children were well aware of this phone, and it has been used. There are also confidential drop boxes in each unit, which are checked daily. Addresses and phone numbers for written reports to the YWCA are posted throughout the center in both languages. Prior to the on-site visit, I spoke to a representative from the YMCA, who confirmed both the services provided to the Center, as well as the fact that there were no ongoing issues of any kind of sexual abuse or harassment, that they were aware of. The residents all have the opportunity to receive visits from parents once a week, and a phone call at least twice a week. Overall, the residents have been given every avenue to report, and the Center exceeds this standard.

The facility has had 1 allegation of staff sexual harassment and 2 allegations of staff sexual abuse, in the past twelve month period. The sexual harassment and one of the sexual abuse allegations were properly reported and investigated and were unfounded. The second sexual abuse allegation was reported while the audit was being conducted and was handled properly and was being investigated by the Lancaster County Detectives. I was able to interview the resident making the allegation and all staff involved. All policy and procedure were followed.

Prior to the on site visit during almost weekly phone calls, the PREA Manager/Director and the Auditor discussed specific actions in regard to some policies and practices. Many of these were small additions to policy and were completed by the time of the visit and were provided to the Auditor at that time. Upon completion of the on-site portion of the Audit, an exit interview was conducted with several Administrators and upper level staff. They were advised that they met most standards and that additional documentation would be required prior to the initial report to ensure that the policy and procedure were in practice for an additional month, due to the implementation of the PREA Policy and procedure occurring shortly before the on-site portion of the Audit. All additional documentation that was requested, was received during the agreed upon timeframe. Therefore, all standards have been met, with one standard being exceeded.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Standard 115.311 Zero Tolerance of Sexual Abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I have reviewed both the policy and interviewed the PREA Coordinator, the County Asst. Solicitor, and PREA Manager, the Youth Center Director. Both have adequate time to devote to PREA. Interviews with 26 staff and 13 residents confirmed that all were aware of and had been trained or educated in the Zero Tolerance Policy, as were the numerous staff and residents questioned throughout the tour.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- xxx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments including corrective actions needed if does not meet standard

NA -Facility does not contract with other entities for confinement of residents

Standard 115.313 Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Interviews with the Director and Shelter Supervisor confirm that the Center meets the Pa. Department of Public Welfare 3800 regulations ratios of 1:6 and 1:12. This exceeds the PREA standard. There were no exceptions to this and my review of the Licensing and Inspection Summary from DPW did not reveal any non-compliance. My tour of the facility confirmed appropriate ratio and proper supervision and use of video monitoring in the common areas. I also reviewed staff schedules and policy for compliance. Whereas unannounced rounds are conducted several times throughout the shift by a supervisor and verified by video (that I reviewed), upper and middle level managers do not document the rounds they conduct. At time of exit interview, I requested one month of documented unannounced rounds by mid and upper level supervisors be submitted to me prior to the initial report to comply with standard. The requested documentation was subsequently received, as requested, so that this standard has been met.

Standard 115.315 Limits to Cross Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I interviewed the 26 staff including the PREA Coordinator and Manager. I also interviewed 13 random residents. All confirmed that there are no cross gender viewing and/or searches. Signs for knock and announce are posted. The policy and the variant search form meet standard and the staff have been trained in its use. Shower policy is in place that does not allow for any cross gender viewing. During the tour, the policy was demonstrated and questions of random staff and residents confirmed that there are no deviations.

Standard	115.316 Residents with disabilities and residents who are limited English Proficient
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- Exceeds Standard (substantially exceeds requirement of standard)
- XXXMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

All pamphlets, handbooks, posters, etc. are in both Spanish and English. There is a county contract for interpreters, if needed, and many bi-lingual staff. I interviewed one resident whose first language is Spanish. There are procedures in place and accommodations for disabilities. I saw this during the tour of the facility, as well as reviewing policy and uploaded documents. An interview with the director confirmed the assistance of the Teachers for children with cognitive disabilities.

STANDARD 115.317 Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I reviewed the PREA Policy and the uploaded County HR policy. I also interviewed the Director/PREA Manager, PREA Coordinator, as well as the Center Contract/Personnel Administrator.

STANDARD 115.318 Upgrades to Facilities and Technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There have been no upgrades to the facility or technology since August 2012.

STANDARD 115.321 Evidence and protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The Center does not conduct criminal investigations or forensic medical exams. There are MOUs with the Lancaster County Detectives, the Lancaster City Police and Lancaster General Hospital.

STANDARD 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Both PREA Policy and Center Policy were reviewed as well as incident reports and files. Both Pa. CPSL (Child Protective Services Law) and Pa. DPW (Department of Public Welfare) 3800 regulations, require timely reporting. Interviews of Director and a Resident who reported, confirm practice. During on-site, an allegation was made and reported. The Lancaster County Detectives were on-site conducting an investigation.

STANDARD 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I reviewed the curriculum, and the documentation of training during the pre-audit review. I reviewed the test that the staff take to ensure understanding of the training. I interviewed 25 staff and reviewed 16 staff files. All staff interviewed were able to discuss their training and responsibilities.

STANDARD 115.332 Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I reviewed the volunteer and contractor training and interviewed a volunteer and a contractor. Both were aware of the Center Zero Tolerance Policy and their reporting responsibilities. I verified 178 volunteer acknowledgement forms of PREA training.

STANDARD 115.333 Resident Education

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

At the time of the Audit, all 48 residents had received education and the interviews of the residents confirmed that the education was comprehensive, age appropriate and that they understood it. However only the residents, who were admitted after 10-1-14, were advised at Intake and received their education in a timely manner. The initial practice called for subsequent 30 day education, however this was corrected and changed to 10 day during the on-site. Therefore, one month of documentation that children were receiving information at Intake and that they are receiving additional 10 day education will be provided prior to the initial report in order to meet standard. The education and curriculum is comprehensive. Additionally, the Center will be providing Sexual Abuse Group Education the first of each month in each unit as a refresher and the children will test out. At the time of the next audit, this should be an area where the center exceeds the standard. Requested documentation has been received as requested, demonstrating compliance with standard.

STANDARD 115.334 Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- xxx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The staff do not conduct investigations and have not received specialized training in order to do so. They have all received first responder training. I reviewed MOUs with both the Lancaster County Detectives as well as Lancaster City P.D. Interview with the Director/PREA Manager and the PREA Coordinator verify and ongoing cooperative relationship with the above.

STANDARD 115.335 Specialized Training: Medical and mental health care.

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Forensic exams are conducted at Lancaster General Hospital. The Center does not conduct Forensic exams. The medical staff are contracted from PrimeCare. 100% of them were trained. I reviewed training logs and interviewed both a nurse and a mental health counselor. I also reviewed their files. The specialized training included detecting and responding to sexual abuse, interviewing, evidence protection and reporting, as well as the general training for all employees.

STANDARD 115.341 Obtaining Information from residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

During the pre-Audit, the Health and Safety Assessment that is conducted by the nurses was submitted to meet this standard. It did not assess all 11 areas that the standard requires, so a new Vulnerability assessment was adopted and its use started immediately prior to the on-site audit. It is an objective instrument that takes all 11 areas into consideration. By the time of the on-site audit, the Assessment had been administered to all 48 residents, however, not at admission. Therefore, in order to be in compliance with this standard, an additional month of assessments need to be conducted and documentation of such submitted to the auditor, prior to the initial report. A review of all 48 resident files verified the proper use of the instrument. Interviews with a supervisor responsible for administering the instrument and the training coordinator verified appropriate use. Additional documentation has been received to meet this standard.

STANDARD 115.342 Placement of Residents in housing, bed, program, education and work assignments

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I interviewed supervisors responsible for the housing decisions, as well as the director and reviewed documents that support the proper use of the vulnerability assessment to inform housing decisions. During the tour, I viewed the rooms that are used for vulnerable or aggressive residents. Education would not be effected, and there are no work assignments.

STANDARD 115.351 Resident Reporting

- XXX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There are many ways to report, including a private dedicated phone line to the YWCA of Lancaster, PREA drop boxes throughout the facility, a Grievance Policy, reporting to staff and visiting/telephone calls with parents/guardians and attorney communication. I used the phone during the tour and it connected me to the YWCA. There were bi-lingual posters with instructions on reporting throughout. Interviews of 13 residents, including a child who had reported, and 26 staff demonstrated that they all know how to report, and that residents receive that information upon admission. In fact more than two children during the interview, recited the reporting phone number to me. The center has provided the residents every possible avenue to report.

STANDARD 115.352 Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There is a grievance procedure that is required by Pa. DPW 3800 regulations and is given to each child during Intake and also parents/guardians. This is checked during the DPW annual inspection. A review of the LIS, showed there were no exceptions to this practice/policy. Policy and child interviews confirm practice is consistent with policy.

STANDARD 115.353 Resident Access to outside support services and legal representation

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

I reviewed a policy for visiting and phone calls to parents/guardians and attorneys. All children interviewed (13) confirmed that they can see parents at least once a week, can call parents at least twice a week and can call their attorneys or can have their attorneys call them. DPW regulations mandate visits and telephone calls .I spoke to a representative from YWCA of Lancaster County, who man the hotlines and provide outside support as a victim advocate and through counseling. A reporting child indicated that she used the hotline and someone from the agency came to the Center to interview her and describe the support services available.

STANDARD 115.354 Third Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The uploaded PREA policy outlines third party reporting. The Lancaster County Youth Intervention website describes the avenues for third party reporting. It is also posted in the foyer and in the visiting areas of the Center. All residents interviewed (13), and all staff interviewed (26) were aware of the policy and the ability to use third party reporting

STANDARD 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The Pa. CPSL requires all staff to be mandatory reporters. DPW 3800 requires training in mandatory reporting responsibilities as part of the 40 hour new staff orientation. Review of the DPW LIS and the staff files confirm that all staff receive this training. Interviews with staff (26) a random volunteer and a random contractor confirm that all staff are knowledgeable of their mandated reporter responsibilities. YC policy supports this.

STANDARD 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Interviewed the Director and 25 other staff. All knew their responsibilities, and policy reflects it, however there have been no reports of imminent abuse in the past 12 months.

STANDARD 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Review of policy shows compliance. Interview with Director confirms there have been no reports in the past 12 months. Pa. CPSL requires this reporting as well. If there was a report the director of the other facility would be notified and Child Line would be called.

STANDARD 115.364 Staff first Responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Interviewed random staff, as well as two staff who acted as first responder. All staff could re-iterate their duties according to policy, and what was actually done. The resident confirmed appropriate response. A review of the incident reports confirmed information received in interviews.

STANDARD 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policy, interviewed Director and plan meets standard

STANDARD 115.366 Preservation of ability to protect residents from contacts with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Interviewed the director. There are no unions or bargaining units or contracts that restrict the center from the ability to protect residents from contacts with abusers

STANDARD 115.367 Agency protection from retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

My interview with the Director/PREA Manager confirmed policy. He is responsible for receiving reports and monitoring retaliation. There have been no incidents in the past 12 months. Interviews with random staff confirm that they were aware that an incident of retaliation would be reported and to whom. A child interview stated there had been no retaliation for a report.

STANDARD 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- xxx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility does not use isolation for any purpose.

STANDARD 115.371 Criminal and Administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency conducts limited administrative investigations. All criminal investigations are referred to a police agency. All reports are kept and were reviewed during audit.

STANDARD 115.372 Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The Center would only do investigations of sexual harassment if they did not rise to the criminal level, all other investigations are referred to and conducted by the Lancaster County Detectives or the Lancaster City Police. The Center has a long term and cooperative relationship with these agencies. Policy is explicit regarding reporting and interviews with the Director and PREA Coordinator confirm the above.

STANDARD 115.373 Reporting to Residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy outlines notification of residents, however due to the short length of stay (13-18 days), the child is discharged prior to any investigation being concluded. Child Line does notify the victim by letter.

STANDARD 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In the past 12 months there were no disciplinary sanctions, and no records to review. Policy reflects standard and is consistent with CPSL.

STANDARD 115.377 Corrective Action for Contractors and Volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

There were no corrective actions for volunteers, because there were no incidents in the past 12 months. However, CPSL requires anyone in the facility who has contact with children to be reported and put on a safety plan. They are treated the same as staff.

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy includes taking such things as mental health into consideration, however there have been no disciplinary sanctions for residents. I interviewed both the director as well as the child reporting to confirm above

STANDARD 115.381 Medical and Mental Health Screenings

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Interviewed staff responsible for administering the risk screening and saw a documented example of a child who scored high on the Vulnerability assessment and was offered appropriate Medical and Mental Health follow up. Additionally, all children are offered Medical and Mental Health Care and there is a sign off sheet for children who decline care.

STANDARD 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

All children receive emergency as well as routine medical and mental health care. Prime Care provides medical services and Lancaster General Hospital provides both emergency and forensic exams for victims of sexual abuse. There is no cost. All children receive STD Testing and females receive pregnancy testing. I saw documentation of this and interviewed two girls, who told me they received both tests.

STANDARD 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- XXXXMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The short length of stay (13-18 days) does not allow for continuing care, however both medical and mental health treatment are provided as needed for as long as necessary, by both Prime Care Providers and the Victim Advocate agency, YMCA. At discharge children are provided with after care information for ongoing care.

STANDARD 115.386 Sexual Abuse Incident Reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Auditor comments, including corrective actions needed if does not meet standard

There have been no founded cases of sexual abuse or harassment, however the policy calls for an incident review that takes all listed areas into consideration. Interviews with PREA Coordinator, PREA Manager, Shelter Supervisor, and Trainer, indicate that they would implement needed changes as a result of the report. The team consists not only of upper level administrators and medical, but outside agencies as well.

STANDARD 115.387 Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Due to the fact that PREA Policy and Procedure has been in effect for less than a year, data collection is ongoing. It will be aggregated and reviewed on a regular basis, according to policy.

STANDARD 115.388 Data review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The policy states the data will be collected, compiled and published on the website after being approved by the Director and the PREA Coordinator with the appropriate information redacted.

STANDARD 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The policy meets the standard. Interviews with the PREA Coordinator and Director confirm that it will be put into practice.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Maureen G. Raquet

November 26, 2014

Certified PREA Auditor