

AUDIT FINDINGS

NARRATIVE

The audit of Youth Services Agency's ACT Camp facility was conducted November 11-12, 2015 by Karla Vierthaler, certified PREA auditor. The auditor previously reviewed the pre-audit questionnaire, electronic files, and other supporting documents submitted electronically and via mail. During the visit, the auditor interviewed all staff and all residents, since there were less than 10 of each (There are 11 staff, but one was suspended during the audit.). The auditor also toured the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Penndel Residential is a program of Youth Services Agency (YSA) located in Penndel, Pennsylvania. YSA is a private, non-profit corporation who provides a range of services for at-risk youth in the Juvenile Justice Systems within Pennsylvania and the surrounding mid-Atlantic region. Their mission is to maintain at-risk youth in their families and communities, when possible, and to help these youth become responsible and functional members of their communities.

Penndel Residential is a staff-secure facility designed currently to house 15 male residents. When the site review occurred, Penndel Residential employed 11 all male staff, one contracted therapist who comes to the facility once a week, and had 7 residents. The average length of stay for residents is 90 days. Residents range from age 15 to age 20. The agency does not have segregated housing units and does not conduct strip searches or visual body cavity searches.

Penndel Residential is in a single building on a reasonably busy street in Penndel, PA, which is about 25 miles outside of Philadelphia. There are seven bedrooms, three are single rooms and four have two, three or four beds. There are two resident bathrooms, two recreational rooms, and a kitchen. Residents leave the facility to attend school (including college), work, and many visit friends and family in the community. Residents are allowed to have cell phones.

There is video monitoring equipment in a hallway and in the living room/kitchen. Video footage is recorded and saved in case it needs to be reviewed after an incident. No upgrades of facilities or the video monitoring system occurred during the reporting period.

Residents and staff were observed during two days—one when the residents had the day off from school and one during a school day. During casual conversation, both residents and staff appeared at ease and friendly. All were familiar with PREA and the requirements that impacted their work and life at the facility.

During the site review, the auditor observed PREA posters with information on reporting and access to rape crisis services in clear site. The facility has a PREA wall of all important information. The auditor's information was also clearly posted.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy includes zero tolerance policies around all forms for sexual abuse and harassment, and reviews how the agency prevents, detects, and responds to sexual abuse and harassment. Penn del Residentail has a designated PREA Coordinator and Compliance Manager who understand their role and responsibility in relation to PREA, and feel completent and able to fulfill their job. The auditor reviewed the YSA Penn del Residential Program PREA Policy, organizational chart, resident handbook, posted materials, and interviewed staff and residents.

Standard 115.312 Contracting with other entities for the confinement of residents

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A

Standard 115.313 Supervision and monitoring

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency maintains the staff ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours. This is a requirement of the Pennsylvania Department of Human Services, and the agency has been in compliance since the passage of PREA. The auditor reviewed the PREA Audit Report

YSA Penn del Residential Program PREA Policy, Penn del Residential staffing schedules, and conducted staff and resident interviews. The agency uses cameras to monitor residents and staff, and there is consensus that current camera coverage is appropriate. The agency completed an annual review of staffing for 2015.

Standard 115.315 Limits to cross-gender viewing and searches

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency prohibits strip and body cavity searches. Cross gender pat down searches are permitted, but no female clients reside at Penn del Residential and there are no female staff. Staff who could conduct searches were given training on how to properly conduct searches. The auditor reviewed the YSA Penn del Residential Program PREA Policy, reviewed records, and conducted staff and resident interviews.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA materials are available in English and Spanish. The agency has contracts with two interpreter agencies (United Way of Bucks County Sign Language Interpreter Service and Latino Leadership Alliance of Bucks County). During staff interviews, it was clear that the agency would not use resident interpreters, readers, or other types of assistants and staff knew to contact the contracted interpreters. The auditor reviewed the Penn del Residential Program PREA Policy, contracts with interpreter agencies, and interviewed staff.

Standard 115.317 Hiring and promotion decisions

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has the appropriate policy for new hires, contractors, and staff promotions, as well as conducts the necessary background checks for hires and current employees. The auditor reviewed the YSA Pennadel Residential Program PREA Policy and staff records.

Standard 115.318 Upgrades to facilities and technologies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were no upgrades to the system or facility during the reporting period, but the PREA Policy notes that Pennadel Residential will consider the impact of any such changes on the ability to protect residents from sexual abuse.

Standard 115.321 Evidence protocol and forensic medical examinations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Pennadel Residential Program Policy states that residents will be taken to Doylestown Hospital for a forensic rape exam. This hospital has SANE nurses on staff and will preform a forensic rape exam on anyone 13 or older. The agency has have an Memorandum of Understanding (MOU) with the Network of Victim Assistance, who will provide advocacy services if a resident is taken for a forensic exam. The auditor reviewed the YSA PREA Policy, the MOU mentioned above, and contacted the Network for Vicitm Assistance for confirmation of a working relationship.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative investigations are to be conducted by specially trained staff. Criminal investigations are done by the Pennsylvania State Police, with whom the agency has an MOU. The agency also has a working relationship with the Penndel Police Department. The agency also follows additional reporting requirements as mandated by the Pennsylvania Department of Human Services. The website is currently being redone, but there is information on how to request this policy and other PREA information on the current website.

Standard 115.331 Employee training

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All staff who have contact with residents have been trained according to the standards. The auditor reviewed the curriculum, YSA Penndel Residential Program PREA Policy, employee records, and conducted interviews. Staff seemed to have a good understanding of PREA and why it is relevant to their work.

Standard 115.332 Volunteer and contractor training

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The contracted doctor and therapist have received PREA medical and mental health training, and has signed off on receiving the PREA Zero tolerance and reporting policy for Penndel. These are the only contractors/outside providers with access to residents on an ongoing basis.

Standard 115.333 Resident education

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents have had the required PREA orientation and education within the timeframe mandated by the standard. The material was shared in an accessible manner, by video, written materials, and oral review. Posters and additional materials were posted throughout the facility. Resident interviews confirmed that clients received and understood the PREA information. The auditor reviewed the YSA Penn del Residential Program PREA Policy, resident files, the curriculum for residents, written materials given to residents, observations on the agency tour, and conducted resident interviews.

Standard 115.334 Specialized training: Investigations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

YSA had relevant staff complete specialized training for administrative investigations. Training was documented. The auditor reviewed the curriculum, training documentation, staff files, the YSA Penn del Residential Program PREA Policy, and conducted staff interviews. The agency does not conduct criminal investigation, and has an MOU with the Pennsylvania State Police for this purpose.

Standard 115.335 Specialized training: Medical and mental health care

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All medical care is done off-site. There is a contracted therapist who does group and individual counseling once a week on-site who has received training.

Standard 115.341 Screening for risk of victimization and abusiveness

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents entering the facility are screened using an objective tool. Screening measured all items listed in the standard, and determine risk for sexual abusiveness or victimization. The agency has appropriate controls on the dissemination of the screening information.

Standard 115.342 Use of screening information

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility uses an objective screening tool the inform bed, housing, and other assignments with the goal of maximizing resident safety. The auditor reviewed the screening tool, documentation of how the information was used, the YSA Pennadel Residential Program PREA Policy, staff interviews, and resident interviews.

Standard 115.351 Resident reporting

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has established procedures for residents to report sexual abuse or harassment, retaliation by other residents or staff for reporting
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sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in a number of ways. Pennel Residential has the means for residents to report outside the agency.

Standard 115.352 Exhaustion of administrative remedies

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has an established procedure for filing and resolving grievances that is consistent with the standard. None were filed in the reporting period. The auditor reviewed the grievance forms, the YSA Pennel Residential Program PREA Policy, and staff and resident interviews.

Standard 115.353 Resident access to outside confidential support services

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents have access to confidential rape crisis services through the Network of Victim Assistance of Bucks County via hotline. All residents interviewed knew of these services and felt they could access their lawyer or a parent/guardian. The auditor reviewed the YSA Pennel Residential Program PREA Policy, saw posted information on access to the rape crisis center, and conducted staff and resident interviews.

Standard 115.354 Third-party reporting

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency meets the standard. Parents/guardians receive information on reporting to the agency and ChildLine. There is also information on the website on reporting. The auditor reviewed the YSA Penn del Residential Program PREA Policy and conducted staff and resident interviews.

Standard 115.361 Staff and agency reporting duties

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff interviews showed an understanding of reporting responsibilities consistent with the YSA Penn del Residential Program PREA Policy and the standards.

Standard 115.362 Agency protection duties

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff interviews also showed a deep understanding that action is needed immediately when there is imminent risk of sexual abuse or harassment. The YSA Penn del Residential Program PREA Policy also mandates an immediate response.

Standard 115.363 Reporting to other confinement facilities

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There were no reports made to another agency during the reporting period. The YSA Penn del Residential Program PREA Policy reflects the standard.

Standard 115.364 Staff first responder duties

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy includes first responder duties consistent with the standards, and staff interviews supported that procedure is understood.

Standard 115.365 Coordinated response

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a plan for a coordinated response involving first responders, YSA medical and mental health practitioners, investigators, and facility leadership. Staff interviews and policy review support compliance.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A

Standard 115.367 Agency protection against retaliation

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Pennadel Residential Program PREA Policy and staff interviews indicate that protection of residents is consistent with the standards.

Standard 115.368 Post-allegation protective custody

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There is no segregated housing at Pennadel Residential.

Standard 115.371 Criminal and administrative agency investigations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility conducts only administrative investigations. The Pennsylvania State Police or Penn del Police conduct criminal investigations. The YSA Penn del Residential Program PREA Policy and staff interviews support compliance with the standard.

Standard 115.372 Evidentiary standard for administrative investigations

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy is consistent with the standard.

Standard 115.373 Reporting to residents

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy requires that residents are informed of the administrative investigation, as well as regular updates and status reports.

Standard 115.376 Disciplinary sanctions for staff

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The YSA Pennadel Residential Program PREA Policy is consistent with the standard.

Standard 115.377 Corrective action for contractors and volunteers

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Pennadel Residential Program PREA Policy is consistent with the standard.

Standard 115.378 Disciplinary sanctions for residents

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Pennadel Residential Program PREA Policy is consistent with the standard. This was supported by staff and resident interviews.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When residents indicate they were a victim or perpetrator of prior sexual victimization, the computer program automatically indicates the necessity of medical and mental health care within 14 days. This is in the YSA Penn del Residential Program PREA Policy and supported by staff interviews. The only area not met by the standard is 115.381 (d), which states the agency must obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting, unless the resident is under the age of 18. According to Pennsylvania Department of Human Services regulations, all sexual abuse disclosed to staff by residents must be reported (following the procedures outline in the PREA Policy).

Standard 115.382 Access to emergency medical and mental health services

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy fully implements this standard, and staff interviews indicated compliance.

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

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The YSA Penn del Residential Program PREA Policy fully implements this standard, and staff interviews indicated compliance.

Standard 115.386 Sexual abuse incident reviews

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

YSA Penndel Residential Program PREA Policy and practice indicate compliance with this standard. There were no incidents during the reporting period.

Standard 115.387 Data collection

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency compiled this data for 2015 and written this into policy as standard practice.

Standard 115.388 Data review for corrective action

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Pennel Residential completed the annual report as described in the standards, and posted this to the agency website

Standard 115.389 Data storage, publication, and destruction

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

YSA Pennel Residential Program Policy and observation of data storage indicates compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Karla Vierthaler

5/26/2016

Auditor Signature

Date