PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

Date of report: August 17, 2017

Auditor Information			
Auditor name: Matthew A. Burns			
Address: PO Box 164, Kulpmont, PA 17834			
Email: preaauditor2015@gmail.com			
Telephone number: 570-847-4109			
Date of facility visit: July 17-18, 2017			
Facility Information			
Facility name: Hermitage House Youth Services			
Facility physical address: 25493 Route 99, Cambridge Springs, PA 16403			
Facility mailing address: *(if different from above)* PO Box 748, Edinboro, PA 16412			
Facility telephone number: 814-734-4951			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☒ Private not for profit		
Facility type:	☒ Correctional	☐ Detention	☐ Other
Name of facility's Chief Executive Officer: Ray Overholt			
Number of staff assigned to the facility in the last 12 months: 60			
Designed facility capacity: 42			
Current population of facility: 34			
Facility security levels/inmate custody levels: Staff Secure			
Age range of the population: 13-20			
Name of PREA Compliance Manager: Carla Hromyak		**Title:** Treatment Director	
Email address: chromyak@hermitagehouse.org		**Telephone number:** 814-734-4951	
Agency Information			
Name of agency: Hermitage House Youth Services, Inc.			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 25493 Route 99, Cambridge Springs, PA 16403			
Mailing address: *(if different from above)* PO Box 748, Edinboro, PA 16412			
Telephone number: 814-734-4951			
Agency Chief Executive Officer			
Name: Ray Overholt		**Title:** Executive Director	
Email address: roverholt@hermitagehouse.org		**Telephone number:** 814-734-4951	
Agency-Wide PREA Coordinator			
Name: Melissa McLaughlin		**Title:** Special Programs Director	
Email address: mmclaughlin@hermitagehouse.org		**Telephone number:** 814-734-4951	

AUDIT FINDINGS

NARRATIVE

Hermitage House Youth Services (here after referred to as HHYS) is a staff secure facility designed to house 42 boys and girls. There are 4 living units (Unit 1 – Specialized Boys Group Home, Unit 2 – General Boys Group Home, Boys Therapeutic Transitional Living Program, and Emergency Shelter Program for Boys and Girls) the residents reside in. There are both single bedrooms and multiple resident bedrooms at the facility. On July 17, 2017, the resident population was 32 boys and 2 girls (34 residents). The age range of the resident population ranged from age 13 to age 20. In the previous 12 months, a total of 94 residents had been admitted into the facility. The average length of stay was 5 months.

The on-site portion of the PREA audit took place on July 17, 2017 and July 18, 2017. Prior to the on-site facility visit, the auditor reviewed a flash drive containing the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 41 PREA Juvenile Standards. The flash drive was very effective enabling the auditor to easily review the information contained on it. Each standard file was set up with "hyperlinks" to include supporting information and "protocols" which included HHYS policies and other PREA related documentation. After the pre-audit review of the flash drive, the auditor sent questions generated from the initial review of documents to the agency PREA Coordinator. These questions were answered promptly and to the satisfaction of the auditor. The PREA Coordinator was always courteous and provided additional information in an expeditious manner. The notifications of the on-site audit were posted throughout the facility accessible to staff, residents, and visitors 6 weeks prior to the on-site audit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to the auditor, noting their locations. Regular communication between the auditor and the PREA Coordinator was used to review the PREA audit processes prior to the on-site audit.

The auditor arrived at the facility on the morning of July 17, 2017. At that time, a brief meeting with the Agency PREA Coordinator (Melissa McLaughlin), Facility PREA Compliance Manager/ Treatment Director (Carla Hromyak), and Training Director Manager (Mark Johnson) took place. This meeting was followed by a detailed tour of the facility which took approximately 2 hours. During the tour, the auditor noticed numerous PREA audit notices and a wide variety of attractive zero tolerance posters posted throughout the facility, including living units and programing areas. The zero-tolerance posters where printed in both English and Spanish. Video surveillance was also reviewed during the tour of the facility.

Following the tour, the auditor met with the management team to discuss the audit schedule and review the resident and staff rosters. The auditor interviewed Ray Overholt as he serves as the Executive Director/Agency Head. Following this interview, the auditor was able to interview Ms. McLaughlin as she serves as the agency PREA Coordinator and serves on the Incident Review Team. Ms. Hromyak was interviewed as she serves as the Facility PREA Compliance Manager/Treatment Director and monitors retaliation at the facility. Other interviews during the first day included the Assistant Executive Director/Superintendent, a mid-level management staff who completes Unannounced Rounds at the facility, and a Human Resources Specialist. Upon completing these interviews, the auditor spent the rest of the day interviewing residents and staff (including specialty staff).

The second day of the on-site portion of the audit included continuing to interview residents, staff members (including specialty staff), and reviewing staff files/training records at the facility.

Overall, 10 randomly selected residents were selected from the resident roster and interviewed in a private and confidential area of the facility. Residents from all 4 living units were interviewed. There were no residents who identified as LGBTI or presented any physical disabilities to interview. There were also no residents currently at the facility who made allegations of sexual abuse/sexual harassment during the past 12 months to interview. Ages of the residents interviewed ranged from 14 years old to 20 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and understood the services which were available to them at the facility (including outside resources). In addition, the residents interviewed stated they are informed about PREA during intake and orientation on the first day in the facility and are offered opportunities to ask any questions they may have. All residents stated that they feel safe in the facility and are being treated well by staff.

A total of 27 staff interviews took place (17 of the staff interviewed were Specialized Staff). These interviews included the following:

- Executive Director/Agency Head
- Assistant Executive Director/Superintendent
- Agency PREA Coordinator
- Facility PREA Compliance Manager
- 2 Mental Health Staff
- 2 Staff who conduct Risk Assessments
- 2 First Responder Staff
- 2 Intake Staff
- 1 Human Resources Staff
- 1 Staff who Conducts Unannounced Rounds
- 1 Person who Monitors Retaliation

- 1 Member of the Incident Review Team
- 1 Intern/Volunteer
- 10 Randomly selected staff members representing all shifts

Randomly selected staff members interviewed years of experience ranged from 9 months to 18 years. All the staff members were very knowledgeable of PREA, Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. Due to the size of the facility, several staff members serve various roles at the facility so they were interviewed more than once (intake staff, first responders, and staff who conduct risk assessments). There was one volunteer (intern from a local college) at the facility who was interviewed on the second day. This volunteer completed the National Institute of Corrections (NIC) PREA Training that all of staff completed, was knowledgeable of the PREA standards and their role in the facility, and had background checks completed prior to starting the internship.

After interviews were completed, the auditor reviewed 5 staff files for training records and completion of background checks. In addition, 5 resident files were reviewed for documentation verifying the PREA education and risk assessments. Prior to the on-site portion of the audit, training records were forwarded to the auditor and it was confirmed all staff members had successfully completed PREA trainings. It also should be noted; all mental health staff members completed an on-line specialty training specific to Mental Health and Medical Health in a Confinement Setting. This training was offered by the NIC.

No residents had requested to speak with the auditor nor had the auditor received any written or email correspondence from any resident or staff member. In the prior 12 months, there has been 1 allegation of sexual harassment at the facility. This allegation of harassment was referred to the Pennsylvania Department of Human Services (DHS) and was not numbered for investigation. However, HHYS completed an Administrative Review and made the proper adjustments (the alleged perpetrator was moved to another living unit). It should be noted; in the event of an open investigation being completed by DHS, communication is maintained between the facility and DHS through the facility Assistant Executive Director and the Treatment Director.

Unannounced Rounds are completed on a regular basis by mid-level management staff (Supervisors) at the facility. Logs of these Unannounced Rounds were reviewed by the auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Opposite gender staff do not supervise showers/bathroom call and staff supervising showers/bathroom call position themselves in an area on the floor to observe and ensure residents do not leave the shower/bathroom area without approval. When there are female residents residing in the Emergency Shelter Program, only female staff members conduct showers and bathroom call. All residents are required go to the showers clothed and return clothed. One resident is permitted to use the bathroom at a time.

HHYS does not use isolation nor does it have any isolation rooms. If a resident is acting out, staff use specific de-escalation strategies to bring the resident's behavior under control.

HHYS does not contract with other facilities or any other agencies or entities for the confinement of it's residents.

The auditor conducted an exit meeting with the management team at HHYS following the on-site portion of the audit during the afternoon of July 18, 2017. The auditor shared the findings of the audit and thanked the management team and the staff members at HHYS for their hard work and commitment to the full implementation of PREA in their facility. While he could not give a final finding, the auditor stated the overall audit was very well organized and it was obvious HHYS had incorporated the PREA standards into the facility's operating procedures and organization, resulting in a change of culture at the facility. It was also noted; the staff members were extremely courteous to the auditor during the entire on-site audit and this was extremely helpful as the staff members were knowledgeable of the program and policies, protocol, and practices within the program.

DESCRIPTION OF FACILITY CHARACTERISTICS

HHYS is located in northwestern Pennsylvania, approximately 15 miles south of the city of Erie. The physical address of the facility is 25493 Route 99, Cambridge Springs, PA 16403. The campus design includes 5 buildings. 4 of those buildings are residential buildings and the other is an annex which contains offices, a classroom, and a conference room. The 4 living units include a Specialized Boys Group Home (Unit 1), General Boys Group Home (Unit 2), Boys Therapeutic Transitional Living Program, and Emergency Shelter Program. The administration building contains office space, classrooms, and a gymnasium on the first floor and the Boys Therapeutic Transitional Living Program with apartments on the second floor. In addition, there is a track, softball field, basketball courts, and picnic pavilion for residents to use during structured activities facilitated by staff on the facility grounds.

The youth served at HHYS are predominantly adjudicated delinquent and adjudicated dependent males, between the ages of 13 and 20 years old. However, adjudicated delinquent and adjudicated dependent females are accepted into the Emergency Shelter Program.

Unit 1 is a male group home for youth between the ages of 12 and 20 who have lower cognitive levels of functioning (usually between 55 and 81) and have significant social, emotional, and behavioral issues. Youth may have needs for specialized treatment through the Adolescent Development And Preventive Treatment (ADAPT) Program. Youth may also have mental health needs that do not arise to the level of psychosis. The capacity of this unit is 8 youth. There were 5 youth residing in the unit during the on-site audit.

Unit 2 is a male group home for dependent/delinquent youth between the ages of 12 and 20. Often these are youth who failed within the foster care system, have needs unable to be met through the foster care system, or are in need of ADAPT Program services. They may be youth exiting a Residential Treatment Facility or drug and alcohol facility and are still in need of services, such as independent living services and can advance to the Transitional Living Program apartments. The capacity of this unit is 12 youth. There were 10 youth residing in the unit during the on-site audit.

The **Boys Therapeutic Transitional Living Program** provides transitional living services for residents, between the ages 16 and 20, who are in need of competency development in skills for successful independence through practical instruction, daily practice in using these skills, utilization of community agencies, a need for transitional planning, and a continued need for structure relative to their behavioral issues. The capacity of this unit is 10 youth. There were 8 youth residing in the program during the on-site audit.

The **Emergency Shelter Program** is a coed facility housing court-ordered youth for a short term stay up to 30 days. It is a combination of shelter and short term/intensive supervision placement. The program provides a safe, therapeutic, staff secure setting for youth in transition. Youth are between the ages of 12 and 20 and usually will stay from 1 to 30 days or more. Group and individual counseling will occur addressing individual needs as well as incorporating coping skills, social skills, separation and loss issues, decision making skills, drug and alcohol discussions, relationship, and life skills. The capacity of this unit is 12 youth. There were 11 youth residing in the program during the on-site audit (9 boys and 2 girls).

Diagnostic screening is also available for youth whose treatment direction and service direction has yet to be defined. This screening is usally 45 days in length and is conducted while the youth is residing in the Emergency Shelter Program.

ADAPT was established at HHYS in 1989 to address the therapeutic needs of the adolescent sex offender. Residential group care is offered in 2 male units at HHYS at the main campus. One unit (Unit 1) specializes in special needs individuals (lower cognitive functioning/mental health issues). In addition, Transitional Living apartments are offered for those adolescents who cannot return home.

The following curriculums are available to all residents at HHYS:

- Evidence-Based Programming
- Anger Management
- Empathy Building
- Social Skills Development
- Job Readiness
- Decision Making/Responsible Behavior
- Coping Skills Development
- Transitional Living Program Competencies
- Independent Living Skills (Casey Life Skills Assessment)
- Daily Living Skills
- Seeking Safety: Integrates Trauma and Substance Abuse Recovery
- Driver's Manual
- Sex Education
- Re-Entry
- Transitional Services

HHYS is equipped with 42 video surveillance cameras inside the facility and 4 video surveillance cameras outside of the facility. The video surveillance cameras can be monitored at different limited access locations. Video recordings from these devices remain on a secure server for approximately 14-21 days depending on the type of purpose the camera serves. There is a total of 4 monitors (1 monitor located in the Supervisor's Office of each living unit).

The HHYS 2017 Staffing Plan noted the facility is budgeted for 46 direct care staff (33 full time staff and 13 part time staff). All 46 of those positions are currently filled. There are a total of 6 volunteers and contractors currently authorized to enter the facility.

HHYS has signed Memorandum of Understanding's (MOU's) in place with the following agencies:

- Meadville Medical Center (Meadville, Pennsylvania)
- Woman's Services, Inc. (Meadville, Pennsylvania)
- Logistics Plus Linguistic Solutions (Erie, Pennsylvania)
- Pennsylvania State Police – Meadville Barracks (Meadville, Pennsylvania)

HHYS's mission statement reads "Providing quality care today for responsible adults tomorrow".

SUMMARY OF AUDIT FINDINGS

An initial review of HHYS policies and supporting documentation, which was provided to the auditor on a flash drive, clearly indicated that PREA is taken seriously within the agency. Policies and procedures are comprehensive, detailed, and address the facility's approach to prevention, detecting, responding, and reporting allegations of sexual abuse, assault, and harassment. An initial review and evaluation of information provided on the flash drive documented that the agency's policies and procedures are in compliance with the PREA standards. The flash drive was organized to include policies and practices corresponding to each standard. Additional documentation was requested to provide clarification. This documentation was supplied to the auditor promptly upon request.

The agency has developed a very thorough and detailed zero-tolerance policy (titled PREA Policy) that addresses virtually all of the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection.

A tour of the facility indicated the facility has video surveillance cameras located both inside and outside of the facility. In addition to the video surveillance cameras, only one resident is permitted to be in an area of the facility at any given time. If there are more than one resident in an area of the facility, staff are required to keep residents in a direct line of sight. Unannounced Rounds are completed as stated in the PREA standards by middle management staff (Supervisors) at the facility. Logs of completed Unannounced Rounds were reviewed by the auditor.

The auditor randomly selected and interviewed a total of 10 residents. These interviews included residents from all living units at the facility. None of the residents interviewed identified as LGBTI. In addition, there were no residents at the facility to interview who reported sexual abuse or where disabled or limited English proficient. Interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting. All residents interviewed stated they believed staff would take all allegations and reports of sexual abuse and sexual harassment seriously.

The following staff were interviewed by the auditor: 10 randomly selected staff members from all shifts, Agency Head, Agency PREA Coordinator, Facility PREA Compliance Manager, Assistant Executive Director/Superintendent, 2 Mental Health Staff, 2 Staff who conduct Risk Assessments, 2 First Responder Staff, 2 Intake Staff, 1 Person who Conducts Unannounced Rounds, 1 Person who Monitors Retaliation, 1 Member of the Incident Review Team, 1 Human Resources Specialist, and 1 Intern/Volunteer. Interviews indicated that staff have been educated on PREA and were especially knowledgeable of the agency's zero tolerance for any form of sexual activity, responding to allegations, suspicions, and knowledge of sexual abuse, assault, or harassment, protecting evidence, and responding.

All staff interviewed were professional and enthusiastic about their work and their PREA knowledge. Staff related they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters.

The notice of the audit was posted throughout the facility, as were posters (in English and Spanish), informing residents, staff, and visitors how to report allegations of sexual abuse and sexual harassment. Pictures of the notices were sent to the auditor 6 weeks prior to the on-site audit.

This auditor wishes to extend his appreciation to Ms. McLaughlin, Ms. Hromyak, Mr. Overholt, Ms. Marsh, and all of the employees at HHYS for their professionalism, hospitality, and kindness that was displayed during the entire duration of the on-site portion of the audit as well as the pre and post audit phases.

This auditor found HHYS to be compliant with all PREA Juvenile Standards.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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.

HHYS has implemented a zero-tolerance policy (PREA Policy) which comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment. This policy also forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.

The agency has designated a PREA Coordinator (Melissa McLaughlin) who reports directly to the Agency Head (Executive Director). Ms. McLaughlin was extremely knowledgeable of the PREA standards and it was evident that she was committed to PREA and in implementing PREA at HHYS. She also reported that she has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance and to fulfill her PREA responsibilities.

The facility also has a designated PREA Compliance Manager (Carla Hromyak). She was also knowledgeable of the PREA standards and their role in the agency programs. Ms. Hromyak also serves as the Treatment Director and reports to the Executive Director. She stated she has sufficient time and authority to develop, implement, and oversee HHYS's efforts to comply with the PREA standards.

The agency provided an Organizational Chart (revised on April 21, 2017) that notes Ms. McLaughlin's and Ms. Hromyak's roles as PREA Coordinator and PREA Compliance Manager.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Agency Organizational Chart (Revised 4/21//2017)
- PREA Pre-Audit Questionnaire
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Resident Handbook
- Zero Tolerance Pamphlet
- HHYS Parent Handbook
- Interview with Facility PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interview with Agency Head

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.

Not Applicable: HHYS does not contract for the confinement of its residents with other private agencies/entities.

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 Annual Staffing Plan at HHYS addresses the facility staffing plan and requirements. The 2017 Staffing Plan noted the facility is currently budgeted for 46 direct care staff (33 full time staff and 13 part time staff); all 46 of those positions are currently filled. The plan states the facility runs at a minimum 1:8 staff/resident ratio during 1st and 2nd shifts (waking hours) and a minimum 1:16 staff/resident ratio during 3rd shift (sleeping hours). However, it was evident after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility, that the facility exceeds these minimum ratios on a regular basis, especially during 1st and 2nd shifts.

The PREA Policy provides that documentation is required when deviations from the staffing plan occur. The facility reports that there have been no deviations from the staffing plan during the past 12 months. In the case staffing ratios cannot be maintained, staff would be held over and paid overtime. Interviews with the Facility PREA Compliance Manager and Agency PREA Coordinator revealed that staffing is monitored daily (shift by shift) and that adjustments are made as needed.

The PREA Policy also notes that Unannounced Rounds are to be completed by intermediate/higher level staff to cover both waking hours and sleeping hours as required in the PREA Standards. This policy also states that staff members are not permitted to alert other staff members when Unannounced Rounds are being completed. A review of documentation of Unannounced Rounds and the staff interviews confirmed that Unannounced Rounds occur as required in the PREA standards.

The facility is equipped with 46 video surveillance cameras (42 indoor cameras and 4 outdoor cameras). Recordings from these devices remain on a secure server for approximately 14-21 days. There is a total of 4 monitors (one monitor in each living unit). It was determined during interviews with the PREA Coordinator and Treatment Director and by reviewing documentation, that random video reviews are completed on a regular basis by Directors and Supervisors.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Pennsylvania Regulatory Compliance Guide (55 Pa. Code Chapter 3800)
- HHYS Staffing Schedule
- HHYS 2017 Staffing Plan
- Unit Video Monitor Review Sheet
- Unannounced Rounds Logs
- Interview with Agency Head
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interviews with Randomly Selected Staff

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 HHYS PREA Policy prohibits all pat down searches, partially clothed searches, body cavity searches, or physical exams of residents by any staff, regardless of same or opposite gender. These searches are prohibited in the search for contraband as well as the determination of genital status in the case of transgender and intersex residents. Any need for such a search would be referred to the contracting agency representative to determine the course of action and documented in an Incident Report.

A limited search of person is permitted. This may consist of staff requesting the resident to pull out the pockets of the clothing they are wearing, lifting pants legs, and removing socks and shoes. The use of a hand-held metal detector is also permitted to scan over a resident's clothed body. All residents and staff members interviewed confirmed this policy was followed 100% of the time as only same sex staff members are permitted to supervise showers/bathroom call.

The facility has not admitted a transgender or intersex resident; however, the staff members interviewed understand that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Opposite gender staff members announce their presence in each living unit upon entering by stating "female on the unit" or "male on the unit". This practice was observed during the tour of the facility. Interviews with staff and residents confirmed that opposite gender staff members announce their presence upon entering a living unit as required.

There are no cameras in bathrooms, showers, youth bedrooms, or anywhere youth are permitted to change clothes. All youth are permitted to shower and use the bathroom privately. All residents interviewed stated they have privacy when showering, using the bathroom, and changing clothes. Only one resident is permitted to use the bathroom or shower at a time.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interviews with Randomly Selected Residents
- Interviews with Randomly Selected Staff

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.

The HHYS PREA Policy notes the agency is committed to giving all residents an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA education materials are distributed to residents at intake and individually explained to allow for increased assurance of comprehension as well as clarification

through question and answer; additional sessions can be held, as needed, for further educational opportunity.

For any resident admitted, who is non-English proficient, the PREA Coordinator will be notified and a professional interpretation service (Logistics Plus Linguistics Solutions) will be contacted. HHYS has a signed Service Agreement with Logistics Plus Linguistics Solutions to provide services.

The Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment and PREA posters in the living units are available to residents in both English and Spanish. Both versions of the Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment were reviewed by the auditor prior to the on-site audit and both versions of PREA posters were visible during the tour of the facility.

The HHYS PREA Policy indicated that the use of resident interpreters, resident readers, or other types of resident assistants is prohibited. Random staff interviews confirmed that residents are not used as interpreters.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Service Agreement with Logistics Plus Linguistics Solutions (Erie, PA)
- Pre-Audit Questionnaire
- Agency PREA Youth Brochure
- Interviews with Randomly Selected 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.

Pennsylvania State law and the HHYS PREA Policy requires background checks and child abuse registry checks on all newly hired employees and contractors who may have contact with residents. In addition re-checks are completed in accordance with the PREA standards.

HHYS also makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an alleged sexual abuse.

The HHYS PREA Policy requires that persons being considered for employment are asked:

- If they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- If they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- If they have been civilly or administratively adjudicated to have engaged in the activity described above.

HHYS also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

This auditor reviewed 5 personnel files and confirmed the background checks and statements regarding prohibited behaviors were in the files.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Human Resources Specialist
- Interview with Agency PREA Coordinator
- Review of Personnel Files

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.

HHYS develops a Staffing Plan on an annual basis. The 2017 plan was reviewed by the auditor prior to the on-site audit. There have been no renovations to the facility during this review period. Through interviews with the agency PREA Coordinator and Agency Head, it was confirmed that if there are any additional plans for expansion or modifications, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology. HHYS currently has 46 video surveillance cameras (42 inside cameras and 4 outside cameras) and 4 montiors.

Reviewed documentation to determine compliance:

- 2017 HHYS Staffing Plan
- Interview with Agency Head
- Interview with Agency PREA Coordinator

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 HHYS PREA Policy addresses the availability of victim advocacy services to residents and that services will be provided to the residents at no cost. A review of documentation shows that the agency has a signed Memorandum of Understanding (MOU) with Meadville Medical Center (Meadville, PA). The MOU clearly states Meadville Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner and collect and maintain the integrity of evidence collected during the examination for law enforcement.

HHYS also has a signed MOU with Woman's Services, Inc. (Meadville, PA). The MOU states Woman's Services, Inc. will send an advocate to the medical center to provide rape crisis counseling and advocacy services.

HHYS does not conduct its own investigations for allegations of sexual assault/harassment. All allegations of sexual abuse and sexual harassment are filed with the Pennsylvania Department of Human Services (DHS), according to Child Protective Services Law (CPSL) regulations for mandated reporting, PA 55 Code Chapter 3800 Regulations and to the Pennsylvania State Police for investigation. HHYS has a signed MOU with the Pennsylvania State Police for investigations. This MOU was reviewed by the auditor. Administrative investigations of alleged sexual misconduct are limited to gathering information to file reports and then cooperating with investigations by DHS and the Pennsylvania State Police to ensure proper personnel decisions and procedural protocols are followed.

HHYS residents are provided a brochure (Guide to Reporting and Preventing Sexual Abuse) upon intake that describes services that are offered to residents. Addresses and telephone numbers to the above-mentioned services are listed in this brochure. This brochure was reviewed by the auditor and all residents interviewed stated they received this brochure upon intake.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Pennsylvania Regulatory Compliance Guide (55 Pa. Code Chapter 3800)
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- MOU with Meadville Medical Center
- MOU with Woman's Services, Inc.
- MOU with Pennsylvania State Police (Meadville Barracks)
- Interview with Agency PREA Coordinator

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.

The HHYS PREA Policy notes HHYS is required to refer all allegations of child abuse of its residents to DHS for investigations, according to Child Protective Services Law (CPSL, 3490, Pennsylvania Code). This is first done through filing a report with Childline by the staff who witnessed or to whom the abuse was reported. Childline will disperse the report to the local and regional office of Children &Youth to begin the investigation and to the Pennsylvania State Police when meeting criminal criteria. HHYS will additionally report to the Pennsylvania State Police when meeting criminal criteria for investigation. These entities, while conducting individual investigations, utilize a combined investigative process through the Child Advocacy Center and will include the District Attorney's Office as needed. Additionally, a report is also filed through the Pennsylvania Home and Community Services Information System (HCSIS), which will start a separate regulatory investigation as part of DHS. HHYS will conduct an administrative incident review, comprised of the treatment team and the PREA Coordinator and PREA Compliance Manager, that will be finalized upon receipt of the investigating agency(s) formal reports/outcomes and will assess the necessary changes to agency policy and procedure.

Information regarding the referral of allegations of sexual abuse or sexual harassment for investigation and other related PREA information is posted on the HHYS website. PREA related information is also posted in the facility in every living unit and common area. This was observed by the auditor during the tour of the facility.

In the prior 12 months, there has been 1 allegation of sexual harassment. This allegation was reported to DHS and was not numbered for investigation by DHS. However, HHYS conducted an Administrative Review of the incident. During the Administrative Review, a Safety Plan was developed and the alleged perpetrator was moved to a different living unit. This auditor reviewed the HSCIS Report that was submitted to DHS.

During an open investigation, communication is maintained between the facility and DHS. The Treatment Director and Assistant Executive Director are the HHYS points of contact.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Review of HCSIS Report
- MOU with Pennsylvania State Police (Meadville Barracks)
- Interview with Assistant Executive Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

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.

The HHYS PREA Policy provides information regarding staff training. This policy notes all employees shall receive training that is specific to juveniles and the gender of the population they are working with. Employees must sign an acknowledgement form verifying they understand the training they receive. Staff must be retrained when they transfer to a different gender population. All employees receive an initial training created by the NIC (PREA: Your Role in Responding to Sexual Abuse). Current employees who completed this training, receive refresher training annually. The trainings include 11 different topics required by the PREA standards:

- Agency Zero Tolerance Policy
- Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.
- Resident's right to be free from sexual abuse, assault, and harassment.
- Right of residents and employees to be free from retaliation.
- Dynamics of sexual abuse and sexual harassment in juvenile facilities.
- Common reactions of juvenile victims of sexual abuse and harassment.
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.
- How to avoid inappropriate relationships with residents.
- Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questions (LGBTQ) or gender non-conforming.
- Compliance with relevant laws related to mandatory reporting of sexual abuse.
- Relevant laws regarding the applicable age of consent.

During the on-site visit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies. Brochures noting PREA requirements are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both youth and the public posted on its website.

The Pre-Audit Questionnaire documented that all staff members currently employed at HHYS were trained on the PREA requirements during the past year. The facility provided documentation that indicated staff were and are trained as stated and required. This included training logs and certificates for all employees at the facility.

Randomly selected staff, as well as specialized staff, were knowledgeable of PREA during interviews with this auditor. All specialized staff could articulate their understanding of PREA and the topics that they were trained in. Staff demonstrated their knowledge of PREA, the Zero Tolerance/PREA Policy, and residents and staff's right to be free from retaliation for reporting.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ PREA Training Curriculums/Training Logs
- ❖ HHYS PREA Training Acknowledgement Forms
- ❖ HHYS Service Contractor PREA Agreement
- ❖ HHYS Zero Tolerance Pamphlet
- ❖ Interviews with Randomly Selected Staff
- ❖ Agency website

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 HHYS PREA Policy addresses this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the facility's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Those volunteers and contractors having regular and frequent contact with residents are additionally required to complete a confidentiality agreement, applicable child abuse and criminal clearances, Mandated Reporter Training, and any NIC PREA Training, applicable to their role with the residents. Volunteers having direct contact with residents are not permitted unsupervised contact.

Prior to entering the facility, all volunteers and contractors are given a Zero Tolerance Pamphlet and Service Contractor PREA Agreement/Acknowledgement Form to review and sign off on. All Acknowledement Forms are kept on file for each volunteer and contractor entering the facility. This form was reviewed by the auditor and clearly outlines the zero-tolerance policy, lists PREA definitions, and notes reporting requirements and prohibitions. Completed forms were also reviewed by the auditor during the on-site portion of the audit.

During the past 12 months, 6 volunteers and contractors have been trained on the agency's policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All volunteer/contractor training records were reviewed by the auditor. There was 1 volunteer (an intern from a local college) at the facility during the on-site audit. This volunteer was interviewed and confirmed the above-mentioned procedures are followed.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ HHYS Service Contractor PREA Agreement/Acknowledgement Form
- ❖ HHYS Zero Tolerance Pamphlet
- ❖ Interview with Volunteer/Contractor

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.

The HHYS PREA Policy states, at the time of intake (and no later than 72 hours from intake), residents receive a copy of the Guide to Preventing and Reporting Sexual Abuse and Harassment, detailing their rights to be free from sexual abuse harassment, free from retaliation for reporting such incidents, and agency policies for reporting incidents. At intake, the booklet will be reviewed and the resident is given the opportunity to ask questions for clarification. The resident signs an acknowledgement of receiving and understanding the information. This acknowledgement form is maintained in the resident's individual file.

The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets.

All of the residents interviewed were knowledgeable about PREA; including the zero-tolerance policy, their rights to be free from sexual abuse and harassment, their right to be free from retaliation for reporting, and multiple ways to report (both internally and externally).

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Resident Handbook
- Zero Tolerance Pamphlet
- PREA Posters
- Interviews with Randomly Selected Residents

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.

According to the HHYS PREA Policy, HHYS does not conduct its own investigations of sexual abuse, being instead mandated to refer any allegation to DHS for child abuse and regulatory investigation and to law enforcement for any criminal investigation. All allegations of sexual abuse/harassment are taken seriously and met with response for referral to the appropriate investigative agencies. In accordance with applicable law and regulations, incidents shall be reported to the Pennsylvania State Police for criminal investigation; Childline for DHS child abuse investigation through the Office of Children, Youth, and Families; and HCSIS for regulatory investigation through the Bureau of Human Services Licensing.

Interviews with the Agency Head and the agency PREA Coordinator confirmed the Pennsylvania State Police and DHS are responsible for investigating all allegations of sexual abuse and sexual harassment that occur in the facility.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- MOU with Pennsylvania State Police (Meadville Barracks)
- Interview with Agency Head
- Interview with Agency PREA Coordinator

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 mental health staff have completed the NIC training (PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting) as well as the basic training (PREA: Your Role in Responding to Sexual Abuse) that is required for all staff members. HHYS does not employ any full or part time medical practitioners. All residents in need of medical attention are sent to the Meadville Medical Center. HHYS has a signed MOU with Meadville Medical Center detailing the PREA standards and the responsibilities of the Meadville Medical Center.

A review of training records and interviews with 2 mental health staff confirmed all staff had received and understood the specialized training required by the PREA Standards.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Training Records
- MOU with Meadville Medical Center (Meadville, PA)
- Interview with Agency PREA Coordinator
- Interviews with Mental Health Staff

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.

The HHYS PREA Policy states within 24 hours of intake, a resident's risk of victimization and/or sexually aggressive behavior will be assessed by the Vulnerability Assessment Instrument. This objective screening obtains information that includes:

1. Prior sexual victimization or abuse;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;

6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The resident's own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Reassessments are completed after 30 days and every 6 months (and more often as indicated). There have been 94 youth admitted into the facility during the past 12 months. All of the residents have received the above-mentioned screening as stated in the HHYS PREA Policy.

Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy. In addition, 5 resident's files were reviewed and contained the screening assessments; completed as per policy.

Interviews with the intake staff and staff responsible for performing the screening for risk of victimization and abusiveness indicated staff are complying with HHYS policy and that they were aware of the importance of securing vital information during this process to ensure the resident's safety. Staff reported the risk assessment takes place at intake and more often if needed.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ Vulnerability Assessment Instrument
- ❖ Health & Safety Assessment
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Intake Staff
- ❖ Interviews with Staff Responsible for Risk Screening
- ❖ Interviews with Randomly Selected Residents
- ❖ Review of Resident's Files

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.

According to the HHYS PREA Policy, the information obtained from the Vulnerability Assessment Instrument is used to assist in determining the resident's housing assignment, necessary security, and protective precautions required to ensure a resident's sexual safety. Housing assignments/bedroom assignments are based on the resident's needs and current group dynamics. Random staff interviews and a review of the Vulnerability Assessment Instrument supported this policy. Residents confirmed through interviews that screenings are being administered per policy. Isolation is not used at HHYS for any reason, as mandated by Chapter 3800 Regulations.

The HHYS PREA Policy also prohibits placing lesbian, gay, bisexual, transgender, or intersex residents housing, bed, or other assignments solely based on such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident. There have not been any transgender or intersex residents admitted into the facility during the past 12 months.

Interviews with randomly selected staff, the Assistant Executive Director, and PREA Compliance Manager confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is

not considered as an indicator of the likelihood that the resident will be sexually abusive.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Pennsylvania Regulatory Compliance Guide (55 Pa. Code Chapter 3800)
- Interview with Assistant Executive Director
- Interview with Facility PREA Compliance Manager
- Interviews with Staff Responsible for Risk Screening
- Interviews with Randomly Selected Staff

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.

HHYS has established multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Upon intake, residents are provided a handbook (Guide to Preventing and Reporting Sexual Abuse) and followed with detailed discussion on the contents, including the methods of how to report such incidents. These methods include making a direct report to various levels of staff members, Treatment Directors, Therapists, Chaplain, and transport staff. The handbook also includes a grievance form which can be submitted, anonymously if chosen, to any staff person or placed in an accessible locked box located within the living unit. The locked box is checked on shift by the Facility Compliance Manager daily.

HHYS also provides several external ways for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Resident's may report incidents of sexual abuse or harassment directly to: a teacher; approved persons on their contact list; their caseworker or probation officer; community service providers; and Guardian ad Litum, if appointed. Residents are permitted to send/receive mail with persons approved on their contact list, without correspondence being read by staff. Contact information for agencies capable of receiving reports of sexual abuse and harassment is also posted throughout the housing units and provided in the handbook; these letters may be given to any staff member or placed in the locked box (stamps provided at no cost) and will be immediately put into outgoing mail without being read by staff. Should a resident wish to remain anonymous in their written report to an outside agency, they may write PREA over the return address in place of their name.

Staff document and accept reports made verbally, in writing, anonymously, and from third parties. Residents are provided access to the tools necessary for making written reports of abuse and harassment, retaliation by other residents or staff for reporting incidents, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may file a written grievance, addressing the letter to a Treatment Director, so that the grievance is not submitted to, or referred to, the staff member who is the subject of the complaint. All residents have access to the grievance form which is in the Guide to Preventing and Reporting Sexual Abuse and Harassment.

HHYS requires all staff members to report any knowledge or information they receive regarding any incident of sexual abuse, any act of retaliation against residents or staff who reported such incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are Mandated Reporters and receive required training on reporting requirements during initial staff training; refresher trainings are required every two years.

Numerous posters were observed throughout the facility during the tour. These posters highlighted the various ways youth and staff can report incidents.

All the residents interviewed confirmed they have received information through several venues instructing them how to report any

allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they understood the grievance process.

Staff interviewed were also very knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, and retaliation.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Resident Handbook
- Zero Tolerance Pamphlet
- PREA Posters in Living Units
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interviews with Randomly Selected Staff
- Interviews with Randomly Selected Residents

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.

Not Applicable: The agency does not consider the grievance process as a formal mechanism to report sexual abuse. However, if the agency would receive a grievance alleging sexual abuse, it would be treated as a written submission.

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.

HHYS provides residents access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of the local victim advocacy/rape crisis organization (Women's Services, Inc.) Contact information is included in the Guide to Preventing and Reporting Sexual Abuse and posters with contact information are posted and visible in each living unit.

HHYS informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored as well as the requirement of such services to follow mandated reporting laws that apply to disclosures of sexual abuse.

HHYS provides residents with reasonable and confidential access to their attorneys or other legal representation. Residents are also provided reasonable access to their parents or legal guardians, unless limited by the courts and/or county agency. All residents are permitted contact, through telephone and visitation, with persons approved for contact at the discretion of the county representative and/or courts.

HHYS posts and distributes information on third-party reporting. This information is publicly distributed within parent handbooks, posters in each living unit, and the agency website and details how to report resident sexual abuse or sexual harassment on behalf of residents.

Interviewed residents were aware of how to access outside agencies and all of them stated they would have access to a telephone if they needed to report anything. All staff interviewed were also aware of how residents can access outside agencies.

A Memorandum of Understanding (MOU) is in place between HHYS and the Woman's Center, Inc. (Meadville, PA) in accordance with this standard. This MOU was reviewed by the auditor during the pre-audit phase. This MOU confirms each party's responsibility regarding this standard.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Resident Handbook
- Zero Tolerance Pamphlet
- PREA Posters in Living Units
- MOU with Woman's Center, Inc. (Meadville, PA)
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interviews with Randomly Selected Staff
- Interviews with Randomly Selected Residents

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 HHYS PREA policy states HHYS accepts third-party reports of resident sexual abuse or sexual harassment. This information is posted on the agency's website to inform the public about reporting resident sexual abuse or sexual harassment on behalf of residents. For any report made directly to staff, they would immediately document on a Significant Incident Report and forward to the PREA Compliance Manager and subsequently the treatment team and PREA Coordinator.

In addition, third parties are permitted to assist the resident in filing a grievance that is PREA related. Parents or legal guardians may file a grievance alleging sexual abuse of a resident. Residents are provided this information during the intake process.

Interviews with residents confirmed that they were aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on behalf of the resident.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Agency Public Website

- PREA Posters
- Resident Guide to Preventing and Reporting Sexual Abuse & Sexual Harassment
- Resident Handbook
- Zero Tolerance Pamphlet
- HHYS Parent Handbook
- Interviews with Randomly Selected Residents

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.

The HHYS PREA Policy requires all HHYS staff to immediately report:

- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

HHYS requires all staff comply with mandatory child abuse reporting laws. Regardless of a third-party report of sexual abuse or sexual harassment, the staff receiving the report is required to notify the appropriate Supervisor or Treatment Director, complete an agency Significant Incident Report, and complete a Childline report. For incidents meeting criminal criteria, the Pennsylvania State Police will be contacted; for those incidents in which question arises for reporting to law enforcement, Crawford County Children and Youth Services will be consulted for determination. Additionally, the resident's parent/guardian and county caseworker/ probation officer will be notified. Within 24 hours, the Unit Supervisor or Treatment Director will also complete the online HCSIS (Home and Community Service Information System) for regulatory compliance of a reportable incident. The Significant Incident Report is submitted to the PREA Compliance Manager and subsequently forwarded to the PREA Coordinator.

Apart from reporting to designated supervisors or officials and designated State or local service agencies, HHYS requires staff to abide by confidentiality and not reveal information to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Any breaches of this policy shall result in disciplinary action.

All staff interviewed were able to describe the reporting process. The staff stated they would take all allegations seriously regardless of how they received the report. All staff were aware of their status as mandated reporters. Staff stated they would immediately make a verbal report to the appropriate Supervisor and/or Treatment Director and complete a written report immediately (but no later than prior to the end of their shift).

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Assistant Executive Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interviews with Mental Health Staff
- Interviews with Randomly Selected Staff

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.

When HHYS learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident (action to assess and implement appropriate protective measures without reasonable delay). These concerns will be immediately discussed between the Treatment Director/PREA Compliance Manager, Unit Supervisor, and treatment team members. The safety outcome is documented in a Health and Safety Plan.

The Pre-Audit Questionnaire indicated there were no residents that the facility determined was subject to substantial risk of imminent sexual abuse.

Interviews with the Agency PREA Coordinator, Facility PREA Compliance Manager, and randomly selected staff indicated that the report or allegation would be taken seriously. They also stated the resident and the alleged perpetrator would be separated until the report could be investigated. If the perpetrator was a staff, interviews confirmed that the staff would be placed on Administrative Leave until an investigation is completed by DHS. It was also noted; if the allegation was substantiated the presumptive action would be termination.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Facility PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interviews with Randomly Selected Staff

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.

HHYS requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the staff receiving the allegation would report the allegation to a Supervisor and/or the Treatment Director/PREA Compliance Manager. The staff would also document the allegation on any agency Incident Report. Within 72 hours of receiving the allegation, the HHYS Assistant Executive Director, or designee, will notify the head of the facility or the appropriate office of the facility where the sexual abuse is alleged to have occurred. The notification shall then be documented on agency Incident Report.

Should notification be received from another facility or agency that a resident was sexually abused while a resident at HHYS, the same protocol will be followed with full cooperation with any investigative process.

Interviews with the Agency Head, Assistant Executive Director, and the Facility PREA Compliance Manager confirmed this process. There has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. There have also not been any reports received from other agencies noting a resident was sexually abused while residing at HHYS. Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Agency Head
- Interview with Assistant Executive Director
- Interview with Facility PREA Compliance Manager

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 HHYS PREA Policy states upon learning of an allegation a resident was sexually abused, the first staff member to respond to the report shall be required to:

1. Seek assistance. Assess physical/mental condition. If life threatening or safety cannot be maintained, staff are required to call 911.
2. Separate the victim from the alleged perpetrator(s). Separate alleged perpetrators from each other, if more than one.
3. Preserve/protect any crime scene.
4. Notify the appropriate Supervisor for further direction and determine required and immediate notifications.
5. Seek medical services by contacting the Meadville Medical Center to confirm presence of a SAFE/SANE examiner to perform the forensic examination and notify of pending arrival. If no SAFE/SANE is present, or if the assault was more than 72 hours, seek direction to an alternative location.
6. Document, using an agency Incident Report, specific details of what has been seen or heard.
7. Complete and file all required reports.

First responder duties for non-direct care staff are the same as direct care staff. Staff have been trained appropriately in the above-mentioned duties as a first responder.

All the staff interviewed could articulate the steps they would take as first responders. There responses were consistent with HHYS policy.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Facility PREA Compliance Manager
- Interviews with Randomly Selected Staff
- Interviews with First Responders

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.

HHYS has developed a documented institutional plan (Checklist for Alleged Sexual Assault/Abuse) to coordinate actions taken in response to an incident of sexual abuse amongst staff first responders, medical and mental health practitioners, investigators, and HHYS leadership. To ensure completion of all required steps, this plan is outlined in a checklist that is to be attached to a Special Incident Report. For each alleged incident, an Administrative Review will occur and the findings of the review will be documented.

This auditor was able to review the Checklist for Alleged Sexual Assault/Abuse and the Sexual Incident Review Form. The Sexual Incident Review Form has sections to document findings and recommendations following the administrative review.

Interviews with direct care staff, mental health practitioners, and administrators indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Checklist for Alleged Sexual Assault/Abuse
- Sexual Incident Review Form
- Interview with Facility PREA Compliance Manager
- Interviews with Randomly Selected Staff
- Interviews with Mental Health Staff

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.

Not Applicable: HHYS has not entered into any collective bargaining agreements since August 20, 2012, nor do they have a Union for staff members at their facility.

Reviewed documentation to determine compliance:

- Interview with Agency Head

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 HHYS PREA Policy states any employee or resident is prohibited from retaliating against other employees or resident for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. HHYS is required to act promptly to remedy any form of retaliation.

The Treatment Director/PREA Compliance Manager is the person charged with monitoring retaliation. HHYS employs multiple protection measures, such as housing unit changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at HHYS will continue for at least 90 days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing, or program changes, negative performance reviews, and reassignments of staff. HHYS administrative staff conduct periodic status checks on the resident. It is also noted, HHYS's obligation to monitor will cease should the allegation be deemed "unfounded".

The Pre-Audit Questionnaire indicated that there were zero incidents of retaliation, known or suspected, that occurred during the past 12 months.

An interview with the Treatment Director/PREA Compliance Manager indicated she serves as the facility retaliation monitor. She stated HHYS would take actions immediately to ensure the resident was safe. It is the expectation of HHYS that the resident would be monitored for at least 90 days or until the resident's release.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Assistant Executive Director
- Interview with Facility PREA Compliance Manager

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.

Not Applicable: This standard does not apply because HHYS does not utilize isolation. It is prohibited by 55 PA Code Chapter 3800 Regulations. This auditor interviewed the Executive Director, Treatment Director/PREA Compliance Manager, and PREA Coordinator and they confirmed this. During the tour of the facility, no locations a resident could be isolated were viewed.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- 55 PA Code Chapter 3800 Regulations
- Interview with Agency Head
- Interview with Agency PREA Coordinator

- ❖ Interview with Facility PREA Compliance Manager

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 HHYS PREA Policy describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states HHYS does not complete criminal investigations of alleged sexual misconduct. All such investigations are referred to and completed by the Pennsylvania State Police. Departure of the alleged abuser or victim from employment or supervision shall not provide a basis for terminating investigations. Substantiation of incident and referral for prosecution is completed by the Pennsylvania State Police.

For any administrative investigation for an alleged incident of sexual misconduct, HHYS is limited to review of the circumstances to gather sufficient information to file the appropriate reports for DHS and then cooperating with their regulatory investigation to ensure proper personnel decisions and corrective action is made. HHYS possesses no authority to determine whether allegations of sexual misconduct are substantiated. HHYS will not terminate/request termination of any investigation strictly because the source recants the allegation. In addition, any resident who alleges sexual misconduct, shall not be required to submit to a polygraph as a condition for reporting an incident to proceed for investigation. The departure of the alleged abuser or victim from employment or supervision will not provide a basis for terminating investigations.

There was 1 allegation of sexual harassment reported in the past 12 months. This allegation was referred to DHS for investigation. This allegation was not numbered and was not investigated by DHS. However, the incident was reviewed by the HHYS Incident Review Team and the necessary corrective action was implemented (the alleged perpetrator was moved to another living unit at the facility). The HCSIS Report which was submitted to DHS was reviewed by this auditor and it was confirmed the necessary corrective action was implemented at the facility.

Interviews with the facility Compliance Manager and agency PREA Coordinator confirmed the protocols in place for criminal and administrative agency investigations.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ Review of HCSIS Report
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interview with Agency PREA Coordinator

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.

HHYS holds no authority in the determination whether allegations of sexual abuse or sexual harassment are substantiated, but will not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This falls under the determination of DHS and the Pennsylvania State Police.

An interview with the Executive Director confirmed DHS and the Pennsylvania State Police use no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Interview with Agency Head

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 HHYS PREA Policy requires that following an investigation into a resident's allegation of sexual abuse by a staff member, HHYS will inform the resident as to whether the allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded; whenever the staff is no longer assigned within the resident's living unit; no longer employed at the facility; or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and sexual harassment shall receive notification of determined outcomes using the "PREA Resident Notification" form. The Treatment Director will share the outcome with the resident, obtaining the resident's signature as proof of receipt, before the form is placed in the resident's file as documentation of notification. HHYS's obligation to provide this information is voided should the alleging resident be no longer be under HHYS supervision.

The facility provided 0 notifications to residents during the past 12 months following investigations as there were no formal investigations completed by DHS or the Pennsylvania State Police. 1 resident alleged sexual harassment against another resident at the facility; however, the alleging resident was removed from HHYS on the same day the allegation was made.

An interview with the Facility PREA Compliance Manager indicated that residents would notified, in writing, of the results of an investigation. The process described was consistent with the agency policy.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- HHYS PREA Resident Notification Form
- Interview with Facility PREA Compliance Manager

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 HHYS PREA Policy states the following regarding staff disciplinary sanctions:

1. HHYS will enforce disciplinary sanctions up to and including termination for staff violating agency sexual abuse policies.
2. Termination will occur in all founded/substantiated allegations of sexual abuse.
3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and all relevant licensing bodies as warranted.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies during the past 12 months. Additionally, there were no staff disciplined for violations of the zero-tolerance policy. This was confirmed during interviews with the PREA Compliance Manager and Human Resources Specialist.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Pre-Audit Questionnaire
- Interview with Facility PREA Compliance Manager
- Interview with Human Resources Specialist

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 HHYS PREA Policy requires that any contractor or volunteer who engages in sexual abuse will be terminated, prohibited from further contact with residents, and reported to law enforcement agencies and to any applicable licensing body. This is noted in the Service Contractor/Acknowledgement form that each volunteer and contractor signs prior to entering the facility. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents during the past 12 months.

The Assistant Executive Director and Treatment Director/PREA Compliance Manager stated in interviews that the facility would immediately remove the contractor or volunteer from the facility and would not allow them to return until the completion of an investigation.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ HHYS Service Contractor PREA Agreement/Acknowledgement Form
- ❖ Interview with Assistant Executive Director
- ❖ Interview with Facility PREA Compliance Manager

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.

HHYS prohibits all sexual activity between residents and may discipline residents for such activity. HHYS does not define such activity to constitute sexual abuse if it is determined the activity is not coerced. In addition, HHYS may only discipline a resident for sexual conduct with a staff upon a finding that the staff member did not consent to such conduct.

The HHYS Resident Handbook describes, in detail, the disciplinary sanctions for minor and major rule violations and the resident's due process. This auditor was assured that if the resident's mental disabilities or mental illness contributed to his or her behavior that this would be taken into consideration when determining sanctions. Sanctions for sexual abuse could range from criminal prosecution and removal from the program to a program restriction including the loss of privileges.

The Pre-Audit Questionnaire indicated that there were no administrative findings of resident on resident sexual abuse, no criminal findings of guilt for resident on resident sexual abuse, and no residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse during the past 12 months. HHYS does not use isolation or segregation as a disciplinary measure for rule violations.

The Treatment Director/PREA Compliance Manager confirmed the above-mentioned protocol and confirmed the facility does not use isolation for rule violations.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ Resident Handbook
- ❖ Zero Tolerance Pamphlet
- ❖ Interview with Facility PREA Compliance Manager

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.

The HHYS PREA Policy requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether is occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening.
Any information from the Admission Screening Interview Form related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and management decisions, including housing, bed, and program assignments. Reassessments are completed every 6 months and more often as indicated with the goal of keeping residents safe and free from sexual abuse and sexual harassment.

During interviews, mental health staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with them. They related that services would be offered and these include evaluation, developing a treatment plan, developing a new safety plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow up meeting.

The Pre-Audit Questionnaire reported no residents have disclosed prior victimization during screening. As a result, no residents were offered follow-up meetings with a mental health practitioner. This was confirmed during interviews with the Facility PREA Compliance Manager and mental health staff.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Vulnerability Assessment Instrument
- Health & Safety Assessment
- Interview with Facility PREA Compliance Manager
- Interviews with Mental Health Staff

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.

After notification of an alleged incident of sexual abuse, HHYS will follow the coordinated response protocol (Checklist for Alleged Sexual Assault/Abuse). Emergency medical services will be sought through the Meadville Medical Center and emergency victim services will be sought through Woman's Services, Inc. The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.

HHYS has MOU's in place with the Meadville Medical Center and Woman's Services, Inc. to provide medical/mental health services at no cost to the victim. These MOU's were reviewed by this auditor and both agencies were contacted to ensure delivery of services in the event of an alleged incident of sexual abuse.

Interviews with administrative staff and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services.

There were no victims of sexual abuse during the past 12 months; therefore, there were no medical records for the auditor to review for resident victims.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ MOU with Meadville Medical Center (Meadville, PA)
- ❖ MOU with Woman's Services, Inc. (Meadville, PA)
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Mental Health Staff
- ❖ Interviews with First Responders

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.

HHYS will offer to any resident who has been victimized by sexual abuse, referral for medical and mental health evaluation and/or ongoing services. Evaluation and treatment of such shall include, as appropriate:

- ❖ Follow up services
- ❖ Treatment Plans
- ❖ Referral for continued care following interagency transfer or discharge from the facility (as appropriate)

All residents alleging an incident of sexual abuse shall be offered forensic medical exams, conducted by a SAFE or SANE, which includes testing for: sexually transmitted infections as medically appropriate; female residents will be offered pregnancy tests and comprehensive information about and timely access to all lawful pregnancy-related medical services. All treatment services will be provided to the resident without financial cost to them and regardless of whether the abuser is named or they cooperate with any investigation arising out of the incident.

Interviews with the agency PREA Coordinator and mental health staff confirmed the above-mentioned process.

HHYS had no victims of sexual abuse in the past 12 months; therefore, the auditor was not able to interview any resident victims or review any corresponding documentation of practice.

Reviewed documentation to determine compliance:

- ❖ HHYS PREA Policy
- ❖ Interview with Agency PREA Coordinator
- ❖ Interviews with Mental Health Staff

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.

The HHYS PREA Policy states within 30 days of the conclusion/receipt of the investigation, the facility shall conduct a sexual abuse incident review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. These reviews will be conducted by a review team that includes upper-management members and input from the unit supervisor and treatment team members. From this review, a report of the findings and determinations will be prepared and will take into consideration:

1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Whether physical barriers in the area may enable abuse.
4. Whether staffing ratios are adequate.
5. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Agency Head and Facility Compliance Manager.
7. The facility must implement the recommendations for improvement, or must document its reasons for not doing so.

HHYS document the incident reviews on "Sexual Incident Review" forms. All requirements listed in standard 115.386 are reviewed and considered by the facility.

The Pre-Audit Questionnaire indicated that there were 0 administrative investigations of alleged sexual abuse completed at the facility during the past 12 months. All investigations at the facility are completed by DHS.

During an interview with the Facility PREA Compliance Manager, she stated Incident Review teams consists of upper level management officials, the agency PREA Coordinator, and treatment team members. She also confirmed the above-mentioned policy would be following in the event of allegation of sexual abuse that was either Substantiated or Unsubstantiated.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- HHYS Sexual Incident Review Form
- Interview with Facility PREA Compliance Manager
- Interview with Incident Review Team Member

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.

HHYS maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. All data is maintained on the Sexual Violence Summary, analyzed annually, and provided for the required time periods for submission to required/identified agencies and further forwarded to state and federal entities, including the Department of Justice, upon request.

The 2015 Survey of Sexual Victimization was completed and submitted to the Department of Justice. This survey is posted on the agency

website and was reviewed by this auditor.

An interview with the Agency PREA Coordinator indicated that she keeps detailed records to generate her annual reports and/or data required by the US Department of Justice. She stated she keeps data from every allegation made throughout the agency. Names are redacted from the reports and data. The PREA Compliance Manager stated that she also keeps data from every incident and every incident review.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- HHYS Sexual Violence Summary
- 2015 US Department of Justice Survey of Sexual Victimization
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

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.

The facility PREA Compliance Manager and agency PREA Coordinator collect and review all data for every allegation of sexual abuse collected and aggregated pursuant to standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its findings from its data review. This data is documented in the agency annual report (Sexual Violence Summary). The annual reports are approved by the Executive Director and made available through the agency's website or through other means. Specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program, but must indicate the nature of the material redacted.

Upon request, the agency provides all program specific data from the previous calendar year to the Department of Justice. This survey was completed by the agency PREA Coordinator and posted on the agency website (most recent survey from 2015).

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- Agency's Website
- HHYS Sexual Violence Summary
- 2015 US Department of Justice Survey of Sexual Victimization
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

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.

The HHYS PREA Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.

The agency's Annual Report (Sexual Violence Summary) is reviewed and approved by the Executive Director and made available to the public through its website. The PREA Coordinator noted that no personally identifiable information is included in the report. The most recent annual report was reviewed by this auditor during the on-site visit.

Reviewed documentation to determine compliance:

- HHYS PREA Policy
- HHYS Sexual Violence Summary
- Interview with Agency Head
- Interview with Agency PREA Coordinator

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.

Matthew A Burns _____ August 17, 2017

Auditor Signature Date