

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 06/05/17

Auditor Information			
Auditor name: Patricia Riehl			
Address: 130 Norris Brook Rd, Middlebury Pa 16935			
Email: priehl@sam-inc.org			
Telephone number: 570-439-0240			
Date of facility visit: 11/7/16-11/10/16			
Facility Information			
Facility name: Zerby Gap Family Works			
Facility physical address: 116 Rebecca Lane, Spring Mills Pa 16875			
Facility mailing address: <i>(if different from above)</i> PO Box 68, Spring Mills Pa 16875			
Facility telephone number: 814-422-3540			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Andrea Fisher			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 13			
Current population of facility: 7			
Facility security levels/inmate custody levels: dependency and delinquency			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Kristen Dann		Title: Quality Assurance Coordinator	
Email address: Kdann@ccysb.com		Telephone number: 814-237-5731	
Agency Information			
Name of agency: Centre County Youth Services Bureau			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 325 W. Aaron Drive, State College, Pa 16803			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 814-237-5731			
Agency Chief Executive Officer			
Name: Andrea Fisher		Title: CEO	
Email address: Afisher@ccysb.com		Telephone number: 814-422-3540	
Agency-Wide PREA Coordinator			
Name: Theresa Kieffer		Title: Residential Program Director	
Email address: Tkieffer@ccysb.com		Telephone number: 814-237-53731	

AUDIT FINDINGS

NARRATIVE

The Zerby Gap Family Works boys home is interested in receiving compliance for PREA standards. Currently their population is primarily Dependant youth, however they do accept Delinquent youth also. The facility contacted me last Spring requesting an audit. I put together a proposal that outlined the process and the costs and sent that to the PREA Coordinator. They agreed to my requests and a contract was established and sent in. A date was tentatively arranged. The Pre Audit questionnaire was sent out as well as my contact information to be posted. As this date came closer I had not received any other correspondence and the date was cancelled and planned to be re-arranged. After discussions that more time was needed for the facility to prepare, a date of Nov. 7th thru the 11th, 2016 was set. Upon receiving the packet with some of the pre audit requested information it was evident that there was much more work to be done before the facility could be considered compliant. The Pre Audit documents received were only partial policies that I was expecting, some forms that would work as logs, but no policies to explain the process and no completed logs of any kind to review for compliance. After checking back with the facility for any additional items prior to my arrival, and receiving nothing additional, I planned my time on grounds to work on the standards with the staff and their policies, in conjunction to auditing the facility.

On grounds I toured the facility, visited the parent organization, met with the PREA Compliance manager and Coordinator as well as the CEO and Human Relations, completed staff interviews, resident interviews, specialized interviews, reviewed policies and files and contracts, made phone call interviews to outside medical providers. I also worked intensively with the PREA Coordinator and Compliance manager to enhance the policies that were already in place, develop additional policies that would meet the expected standards, worked with HR to project changes needed to some of their hiring policies, assisted the facility as they picked a new intake assessment tool, and discussed the needed practice changes and trainings that would have to be put in place for the facility to be able to be PREA certified.

At the time of the EXIT interview there were still several policies that would need to be drafted and approved, for the most part those were the components regarding Data collection and retention and all of the training policies for staff and residents. The unannounced log form was written, however they had not put the practice in place. During the exit each point was reviewed, I left a draft copy of my audit tool which outlined each standard and which ones needed to have work completed. In Feb. 2017 the facility passed along several of the updated policies and/or incomplete policies that were needed. Upon review of that packet this auditor made some additional requests. In May 2017 the facility was able to send a full and complete policy manual. This was complete and well done and met all of the expected standards. Documentation regarding staff training as well as resident training was submitted in June, 2017. Documentation was received that showed that the new Assessment tool was used shortly after the audit visit with all new residents. Documentation was received that after the new year the residents were trained. Documentation was received that after the visit unannounced rounds were initiated. I have all of this documentation on file.

At this time Zerby Gap will be APPROVED AS PREA COMPLIANT.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Zerby Gap facility is a 13 bed boys group home located in Centre County Pa. The facility is an extremely remote area off a dirt road, about 20 miles outside of State College, Pa. The 7 bedrooms are all located upstairs and are all shared rooms of two youth, except one single on the end. The boys are assigned and share one of three bathrooms on the 2nd floor. The facility often uses the one single for new arrivals until that youth can be fully acclimated to the home. Also on this floor is a large office space for staff as well as a conference room for staff off of the office.

The first floor is primarily used as the youth's living space. There is a large living room/TV lounge, off of this space is a glassed in office space for staff. The laundry facilities are on this floor as well as a half bathroom. About half of the first floor is the kitchen/dining area that has additional table space for youth to do projects. There is room off the entry way for the Director's office. The facility prides themselves that this is a "home" for these youth and does what they can to keep that vibe. The doors to the outside are locked for entrance purposes, however the youth can exit through those. Any doors from upstairs are alarmed, but do open. All youth attend the local schools.

The facility has a rather large yard, although some of it is hilly. They sit on an additional several acres that are used as a Ropes Course that Centre County Youth Services Bureau has an additional service.

The staff were all very welcoming and attentive to the youth.

SUMMARY OF AUDIT FINDINGS

This facility was very interested in pursuing PREA compliance, at the time of my onsite visit they have several standards yet to be worked on. Since my on site visit the facility has updated the necessary policies and procedures and have put them in place. Zerby Gap was only at about 2/3rds capacity during my visit. This has been about the standard for the facility lately. Also their compliment was all Dependant youth, so at this time their compliance is not mandatory. Of the standards met below many of those are that they have an adequate policy in place, however the practice needs to be put into place and this auditor needs to see documentation for that with in the next 180 days. The facility and myself set a tentative due date of March 2017 for their process to be completed. Thus giving us a small window prior to the actual June deadline for me to review all documentation for compliance.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

The facility has developed an adequate Zero Tolerance Policy. This auditor only recommended seeing language in a training policy about the methods and frequency that staff and residence will be informed. This recommendation was followed in the policy subsequently received.

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)

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This facility does not have any outside contracts for their provided services.

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)

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The facility has a staffing plan that was finalized while in the audit. The plan and policy meet the standards. The ratio is always maintained for staff. The documentation for unannounced rounds has been received. They show that beginning in Jan. 2017 at least every month there has been unannounced rounds logged for each shift. Staff were trained regarding the revision of this policy.

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)

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The facility does not do cross gender searches (they do not search anyone in this fashion). They do visual searches of back packs and belongings when youth come home from school or home visits. There were no logs to review as this is not their practice. All residents must change clothes and do personal hygiene in the bathrooms, these are single person facilities.

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 policy was written while on the grounds for the audit, it encompasses all of the standards. My recommendation was followed and the facility has sent the training logs to document the staff training was compliant with their policy.

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)

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This topic was discussed fully and there were changes made to their current hiring and promotions policy that now meet all the standards. The practice of hiring already followed the expectations, the language just needed to be included in the policy. This auditor has received the policy that now includes all the approved language and expectations.

Standard 115.318 Upgrades to facilities and technologies

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

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

There have been no upgrades in the past several years

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 facility relies on outside entities for the investigation. Both police and the Dept of Public Welfare conduct any abuse allegations in a licensed facility in PA. Zerby assures that residents would have access to forensic medical evals and the facility that they use (Mt. Nittany Medical Center) has all trained SANE and SAFE nurses. I interviewed the head nurse at this facility. They would use the Woman's Resource Center for Victim Witness services.

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 policy is there to ensure that appropriate referrals are made immediately. This is mandated by the State system for their license as well, so this has been the practice for years. There have been no reports made. Staff understands their expectations for reporting. This was

evidenced in their interviews and their training logs showed the compliance with PA Mandated Reporter training.

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 policy was received that meets the standards for PREA compliance. Training logs to verify this have been received and are on file with the documentation.

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.

HR has updated the policy manual to meet the PREA compliance language. The practice was already in place to meet the standards, however the policy language needed to be updated.

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 policy for resident training has been put into place, and additional pamphlets and information developed for this to be an ongoing training for residents. The residents receive this information upon intake and on an ongoing basis. The facility has the information posted to

be seen daily by the 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.

The facility is not responsible for their own investigations so there is really no need for specialized trainings regarding the investigation.

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)

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The medical facility that is used is Mt Nittany Medical Center. I spoke with the head nurse at this facility who said that all of their nursing staff is trained as a SANE nurse and most are also SAFE. The local CAC is also used for forensic interviews and all are certified as SANE and SAFE there.

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 facility adopted a new structured tool while this auditor was on site. The tool will meet all of the expectations for this standard. This auditor received the documentation for those admitted from the new year (2017) forward.

Standard 115.342 Use of screening information

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

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

The screening tool that will be put into place will meet all the standards. The facility doesn't do any isolation so that will not be effected. This auditor passes this standard as long as I see the documentation after 4 months useage. (which was received in June 2017) The use of this tool should possibly generate some Mental Health follow up for residents who report past abuse also.

Standard 115.351 Resident reporting

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

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

The facility has all of the expected standards of reporting available for residents and there are posters and information at the facility with this information on it. The interviews substantiated that the residents were aware of all of their options.

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.

This agency is not exempt to this standard and has the policy in place to meet the expectations. This auditor received documentation that staff and residents received training regarding this policy in Junec2017.

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.

This standard is addressed in the First Responder Policy and provides access to outside supports.

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.

This policy has been developed and includes the PREA standards language.

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 facility has a policy that addresses this standard and have trained staff regarding the expectations. The practice in place through the PA CPS Law addresses most of these standards, the facility follows their policy as well as the State’s CPS Law.

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.

The facility reports that this is practice and interviews from staff substantiate that they would protect. The facility has now put a policy together that outlines this practice. This policy has been incorporated into the training they are providing.

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.

The policy is clear and meets the expected standards. They have not had any of these incidents to check on this practice.

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 policy was reviewed and updated while on grounds for the audit and meets all the standards. This has been incorporated into the training of staff that was developed.

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.

This is part of the First Responder Policy

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.

This facility is non union, they have no outside contracts for services.

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.

This is part of their Grievance Policy. They have had no instances of reports so there was nothing to monitor. This auditor has asked the facility, as they go through the next few months of work to pass the PREA audit to review each point in the Grievance policy to assure all components for the retaliation are met. The policy has been updated to meet all points.

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.

the facility doesn not use segregated housing, this was documented from the tour and interviews as well as through out other documentation reviewed on site.

Standard 115.371 Criminal and administrative agency investigations

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

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

The facility does not conduct their own insvestigation as this is mandated to be law enforcement and the Children and Youth dept by state CPS Laws. These people would all have the expected trainings as per that state law to conduct those investigations.The facility will not be able to put any specific expecatations around those entities. The other components of this standard, ie 115.371(d) thru 115.371(k) have been addressed in the Investigative policy.

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)

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This is incorprated into the Investigative Policy

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.

Reporting To Residents and Disciplinary Sanctions policy addresses both this standard and the following standard and meets the expectations to be PREA compliant.

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.

While on grounds there was work completed with HR that would meet this standards' expectations to the employee handbook as well as the above policy to assure compliance with this standard.

Standard 115.377 Corrective action for contractors and volunteers

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

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

As in the previous standards statements the HR unit incorporated language that addresses the contracted and volunteers into their employee policy. The facility doesn't use contractors and rarely volunteers however this topic is address. The facility meets this standard.

Standard 115.378 Disciplinary sanctions for residents

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

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

The Reporting to Residents and Disciplinary Sanctions policy contains the expectations to meet this standard.

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 facility has adopted a screening tool while on grounds for the audit, they starting using this tool by early 2017 and the tool meets all of the expectations for the screening component. The policy for Medical and Mental Health Care meets the expectations for this standard as well as for 115.383, incorporating the language and practices for both standards criteria.

Standard 115.382 Access to emergency medical and mental health services

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

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

The facility offers emergency medical and therapeutic services to all residents in need, and since adopting the new screening tool that captures this information they seek treatment when needed. They have added the needed language into their currently policies to assure that the policy captures the standards, as well as their practice.

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

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

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

The Medical and Mental Health Policy meets the standards for the initial treatment as well as on going treatment for the care as per the standards.

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 facility wrote this language into the Investigative policy while on grounds that incorporates all the standards into it. At this point there have been no incidents to put it to use. As long as this policy is in our follow up packet of policies this standard will be met.

Standard 115.387 Data collection

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

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

The Data Collection Review and Storage Policy has been written and after review it meets the needed criteria for PREA compliance.

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 policy outlines what is expected and the facility has incorporated a form for the collection of data when needed.

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 Data Collection and Storage Policy addresses the collection and securing the data as per the PREA standards.

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.

Patricia A Riehl

6/5/2017i ha

Auditor Signature

Date