

**Prison Rape Elimination Act (PREA) Audit Report  
Juvenile Facilities**

Interim       Final

**Date of Report**    7.10.2020

**Auditor Information**

<b>Name:</b> Karen Murray	<b>Email:</b> karen@preauditing.com
<b>Company Name:</b> PREA Auditors of America	
<b>Mailing Address:</b> 14506 Lakeside View Way	<b>City, State, Zip:</b> Cypress, TX 77429
<b>Telephone:</b> 713.818.9098	<b>Date of Facility Visit:</b> February 24-25, 2020

**Agency Information**

<b>Name of Agency</b> Children's Home of York		<b>Governing Authority or Parent Agency (If Applicable)</b> Click or tap here to enter text.	
<b>Physical Address:</b> 77 Shoe House Road		<b>City, State, Zip:</b> York, PA 17406	
<b>Mailing Address:</b> same		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> Click or tap here to enter text.			

**Agency Chief Executive Officer**

<b>Name:</b> Ron Bunce	
<b>Email:</b> rbunce@choyork.org	<b>Telephone:</b> 717.755.1033 ext. 1227

**Agency-Wide PREA Coordinator**

<b>Name:</b> Terri Spiegel Tolomeo	
<b>Email:</b> ttolomeo@choyork.org	<b>Telephone:</b> 717.755.1033 ext. 1249
<b>PREA Coordinator Reports to:</b> Ron Bunce	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 0

### Facility Information

**Name of Facility:** IL Program at George Street

**Physical Address:** 1298 N. George Street

**City, State, Zip:** York, PA 17404

**Mailing Address (if different from above):**  
same

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** Click or tap here to enter

text.<https://www.childrenshomeofyork.org/who-we-are/prea-zero-tolerance-provision.html>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Council on Accreditation)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

Annual state licensing audits

### Facility Administrator/Superintendent/Director

**Name:** Terri Spiegel Tolomeo

**Email:** ttolomeo@choyork.org

**Telephone:** 717.755.1033 ext. 1249

### Facility PREA Compliance Manager

**Name:**

**Email:**

**Telephone:** Click or tap here to enter text.

### Facility Health Service Administrator N/A

**Name:**

<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b>	12
<b>Current Population of Facility:</b>	11
<b>Average daily population for the past 12 months:</b>	10
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	<b>15-21</b>
<b>Average length of stay or time under supervision</b>	126 days
<b>Facility security levels/resident custody levels</b>	Community Based Group Home
<b>Number of residents admitted to facility during the past 12 months</b>	28
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i>:</b>	28
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i>:</b>	28
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	13

<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	<b>4</b>
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	<b>0</b>
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	<b>0</b>
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	<b>0</b>

<b>Physical Plant</b>
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<p><b>Number of buildings:</b></p> <p><b>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</b></p>	<b>1</b>
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<p><b>Number of resident housing units:</b></p> <p><b>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way</b></p>	<b>0</b>
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<b>glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</b>		
<b>Number of single resident cells, rooms, or other enclosures:</b>		<b>0</b>
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>		<b>4</b>
<b>Number of open bay/dorm housing units:</b>		<b>0</b>
<b>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</b>		<b>0</b>
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>		<b>0</b>
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A	

Administrative Investigations	
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	0
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Iowa Department of Inspection and Appeals) <input type="checkbox"/> N/A

**Audit Findings**

**Audit Narrative**

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

**Pre-Onsite Audit Phase**

The Children's Home of York is located at 1298 North George Street in York Pennsylvania. The Children's Home of York was established in 1865 to provide services to the orphans of the York County community. During the 1970's, the Agency needed to re-engineer its service delivery to meet the needs of the children and youth served by providing smaller living situations. The Agency responded by developing group homes and foster care.

In March of 2020, the Children's Home of York contracted to complete their third audit cycle with PREA Auditors of America. PREA Auditors of America who then then contracted with DOJ PREA Auditor, Karen Murray to conduct the facilities audit. This is the Children's Home of York's third audit, making this audit the third audit in the third auditing cycle.

On April 19, 2020, the Auditor contacted PREA Coordinator Terri Tolomeo and introduced herself. This contact was intended to set a date for the facilities initial call with the Auditor to speak to first steps and the audit processes. On April 29, 2020, the Auditor conducted an audit processes introductory phone call with the Children's Home of York's PREA Coordinator. Mrs. Tolomeo and the Auditor then discussed communications moving forward. The decision was made contacting of one another could be made to either parties, at any time, and or the use of email communications through the secure email provided through PREA Auditors of America. The facility was provided instruction on the following:

1. A choice of how documentation for the audit would be uploaded. Terri Tolomeo was made aware of the Online Audit System or uploading to a secure Google Docs folder. Terri Tolomeo

chose to upload documentation to the secure Google Docs folder. The timeline of all documentation being uploaded six weeks before the onsite phase of the audit was then discussed and agreed upon.

2. The Auditor explained logistics to include unimpeded access to the facility, documents and staff once onsite.
3. The Auditors' role would be one of collaboration to achieve audit processes and purpose.
4. How collaboration would be accomplished to establish goals and expectations. The Auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
5. The Auditor informed Terri Tolomeo of the Issue Log for applicable areas of concern of uploaded documentation. The color process of the Issue Log was explained- red highlighted items would indicate further information was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements. Communication exchanged between the Children's Home of York and the Auditor would be documented on the Issue Log between both Terri Tolomeo and the Auditor and by uploading all documentation in the secure Google docs folder.
6. How discussion of corrective action could be accomplished during all phases of the audit.
7. The onsite audit phase would be scheduled for June 15-16, 2020.
8. The notice of the audit posting, for the first scheduled audit, needed to be posted by May 7, 2020. The posting was provided to Terri Tolomeo by the auditor in both English and Spanish. The notice provided included the auditor contact information and correct audit dates. The Auditor requested pictures of the posting and areas where the notice was posted. Pictures were provided on May 7, 2020 and were posted in the entry of the facility, staff and on resident board in the common area.
9. The PAQ and all supporting documentation was to be completed and uploaded by May 22, 2020. Areas not met before the onsite audit date and how those areas were satisfied are described throughout the standards below.

After the initial call with Terri Tolomeo, the Auditor emailed her the paper pre-audit questionnaire, (PAQ) a blank example of an issue log, a draft schedule of on the onsite audit schedule, staff specialized, visitor and resident request for information forms. The auditor also reminded Terri Tolomeo that this audit would cover a three-year period and all information uploaded would need to sustain this auditing period; however, documentation uploaded would need to be from the prior 12 months.

#### ***Document Review:***

Throughout the course of the next two months the Auditor completed a review of 80 documents uploaded onto the secure google drive and provided feedback to Terri Tolomeo via the issue log and email communications.

The following issues were noted on the issue log during the pre-onsite audit phase.

1. 115.311 (a): Many provisions were missing in the facility policy mandating zero tolerance toward all forms of sexual assault and sexual harassment when outlining the agency's approach to preventing, detecting and responding to such conduct. Program Procedure-PREA ILP@GeoSt was revised on 6.4.2020 to include prior missing provisions. The facility could not demonstrate employees had completed training on the policy revision, this provision was not satisfied at the time of the on-site audit phase. Please see compliance action plan to be achieved during the onsite phase of the audit, in the next section of this report.

2. 115.313 (a): The facility did not have a developed, implemented and documented staffing plan provided to include the 11 components required for this provision.
3. 115.317 (C): Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency could not demonstrate an attempt was made to complete institutional reference checks on recent or any past employees. This provision was not satisfied at the time of the on-site audit phase. Please see compliance action plan to be achieved during the onsite phase of the audit, in the next section of this report.
4. 115.321 (f): Local law enforcement are responsible for Administrative and Criminal investigations. A notification letter was drafted to Chief David Lash, Northern York County Regional Police Department on 5.1.2020. The letter notified the Chief of their responsibilities per PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. The notification did not clearly request the investigating agency follow the requirements of paragraphs (a) through (e) of this provision. On May 25, 2020 a revised letter was written, specifically requesting the Police Department be made aware of paragraphs (a) through (e) of this provision.
5. 115.321 (h): The facility relies on the YWCA to provide a qualified community-based staff member to be the individual who is appropriate to serve in the role for sexual assaults and forensic exams. On 5.1.2020 a notification letter to YWCA – York, Victim’s Assistance Center. The letter notified the YWCA of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. The notification did not clearly request the YWCA agree to provide advocate services particular to this standards’ provision. On 5.25.2020, a revised letter was written to specifically request victim support and advocate services were offered to the client to include: accompanying and supporting the victim through the forensic medical examination process and investigatory interviews as well as providing emotional support, crisis intervention, information and referrals.
6. 115.334 (a-c): Administrative investigations are completed by the Human Resource Manager. The facility was not aware if the Human Resource Manager had completed specialized training for investigations. The facility could not demonstrate the Human Resource Manager had completed specialized training for investigators. This provision was not satisfied at the time of the on-site audit phase. Please see compliance action plan to be achieved during the onsite phase of the audit, in the next section of this report.
7. 115.352 (d): Although the facility provided residents with grievance forms, the grievance policy and forms required residents to verbally attempt to resolve issues before reporting through the grievance process. Third party reporting (Grievance) forms for parents also required verbal attempts before filing a grievance. On 6.10.2020 both Grievance forms were revised to alleviate the verbal reporting process before filing a grievance. In addition, the facility PREA policy was revised to include language for emergency and anonymous grievances. Residents were trained on 6.10.20 to make them aware of the revisions. Third party reporting (Grievance) forms for parents also encouraged verbal attempts before filing a grievance. On 6.10.2020 the Third Party Grievance form was revised to alleviate the verbal reporting process before filing a grievance.
8. The Auditor highly recommends facility procedures and forms be dated to at least ensure residents and staff are trained to current or revised policy, procedures and or forms.

During the onsite phase of the audit the following issues were noted.

1. **115.311 (a)**: Many provisions were missing in the facility policy mandating zero tolerance toward all forms of sexual assault and sexual harassment when outlining the agency’s approach to preventing, detecting and responding to such conduct. Program Procedure-PREA ILP@GeoSt was

revised on 6.4.2020 to include prior missing provisions. The facility will demonstrate staff have been trained to and acknowledge an understanding of revisions by **6.19 2020**.

2. 115.313 (a): The facility did not have a developed, implemented and documented staffing plan provided to include the 11 components required for this provision. On day one of the on-site audit phase, the PREA Coordinator produced a Staffing Plan dated 6.11.2020, consisting of the required 11 components required. The auditor strongly recommends a system is put into place to monitor the door to the basement and or keep it locked when not in use.
3. 115.317 (C): Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency could not demonstrate an attempt was made to complete institutional reference checks on recent or any past employees. This provision was not satisfied at the time of the on-site audit phase. Please see compliance action plan to be achieved during the onsite phase of the audit, in the next section of this report.
  - a. The Director of Human Resources will revise the New Hire Checklist tool to include the Candidate Reference for Employment Form. This form was revised on 6.15.2020.
  - b. On 6.16.2020, the Director of Human Resources revised and dated the Promotion Policy to include a procedure for promoted staff to acknowledge each has not been involved in any sexual harassment or sexual abuse investigations before being promoted.
4. 115.317 (e): The agency did not demonstrate criminal background records checks at least every five years of current employees who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The facility administrative investigator's last background check was completed in 2001. On 6.15.2020 the five-year background check was submitted and results were received for the agency investigator.
5. 115.321 (f): Local law enforcement are responsible for Administrative and Criminal investigations. A notification letter was drafted to Chief David Lash, Northern York County Regional Police Department on 5.1.2020. The letter notified the Chief of their responsibilities per PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. The notification did not clearly request the investigating agency follow the requirements of paragraphs (a) through (e) of this provision. On May 25, 2020 a revised letter was written, specifically requesting the Police Department be made aware of paragraphs (a) through (e) of this provision. During the interview on 6.15.2020, with Detective Lebo of the Northern York County Regional Police the Auditor learned that although the Police Department communicates findings with the facility, he was not aware of the request to consider PREA standards while completing an investigation. Upon the Auditor explaining the request for consideration, the Detective agreed to consider these standards and asked for a single point of contact with the facility to ensure victim confidentiality when reporting outcomes. At this time, the Auditor confirmed with the PREA Coordinator that she would be the point of contact for Detective Lebo. PREA Coordinator, Terri Tolomeo will follow up with a letter of notification to Detective Lebo.
6. 115.331 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Although the Auditor could verify through interviews all employees had received training and education on the PREA Standards; employees did not have signed acknowledgments. On 6.15.2020, both employees signed acknowledgments stating they had received and understood the training they had received.
7. 115.334 (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Although the agency investigator had completed types of investigator trainings prior to the implementation of PREA standards within the agency, this training did not include specific training to or consideration of Standards 115.371 and 115.373.

8. 115.341 (a): Although Children's Home of York policy, Program Procedure-PREA, page 4-5, 115.341, states, "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's placement, the program obtains information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident, the facility did not demonstrate periodic assessments were completed. Upon the Auditor discussing this provision with the PREA Coordinator, an agreement was understood that assessments will be completed annually for each resident. To ensure periodic assessments are completed, on 6.16.2020, the PREA Coordinator revised the PREA Resident Education Training Log to include a column for annual assessments and bi-annual assessments for transgender and intersex residents. In addition, the Coordinated Response was revised on 6.16.2020 to include direction to reassess any resident involved in a sexual assault allegation.
9. 115.371 (g)(1)(2): Administrative Investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. An Administrative investigation was not completed for the incident which occurred on 6.4.2019. Through conversation between the agency investigator and the Auditor, the investigator now understands and has agreed to complete Administrative investigations for all allegations of sexual abuse and sexual harassment.

The following 80 documents and or resources provided, were reviewed.

1. Alleged Abuse and Sexual Assault Checklist, dated 6.6.2019
2. Alleged Abuse and Sexual Assault Checklist, not dated
3. Children' Home of York Team Member Handbook, dated March 2018
4. Children's Home Employment Application, not dated
5. Children's Home of York – I.L Program at George Street PREA Verbal Report Log (115.351), not dated
6. Children's Home of York (Staff) Discipline Policy, page 66, not dated
7. Children's Home of York Client Rights Policy, 300.29, dated 12.10.03
8. Children's Home of York Confirmation of Receipt – Pamphlet: Zero Tolerance for Sexual Abuse and Harassment, not dated
9. Children's Home of York George Street Program Rules, Expectations, Rewards, and Consequences, not dated
10. Children's Home of York Grievance Investigation Form, not dated
11. Children's Home of York Health and Safety Assessments/ILP@GeoSt, dated 7.14
12. Children's Home of York I.L. Program at George Street PREA Notification Log 115.363, not dated
13. Children's Home of York I.L. Program at George Street PREA Notification Log 115.373 (Reporting to Residents), not dated
14. Children's Home of York I.L. Program at George Street Resident Handbook Insert, Attachment A, not dated
15. Children's Home of York I.L. Program at George Street Residential Services Client Grievance Procedure 300.14(a), dated 2.00
16. Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Form, not dated
17. Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Tool, not dated
18. Children's Home of York I.L. Program at George Street –Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior tool adopted from the New Zealand Department of Corrections © Crown copyright 2003,

19. Children's Home of York Incident Report – 300.17a, dated 3.11
20. Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form, not dated
21. Children's Home of York Organizational Chart, not dated
22. Children's Home of York PAQ
23. Children's Home of York Parent/Guardian Grievance Investigation New Form, not dated
24. Children's Home of York Parent/Guardian Grievance Procedure, 300.14b, 30.14b, not dated
25. Children's Home of York Program Procedure-PREA, not dated
26. Children's Home of York Resident Grievance Form, not dated
27. Children's Home of York Staff Schedule, Sunday through Saturday, not dated
28. Children's Home of York Staffing Plan Review, dated 2018, signed 6.1.2018
29. Children's Home of York Zero Tolerance Provision, 23 PA.C.S. Child Protective Services Law, not dated
30. Children's Home of York's website: <http://childrenshomeofyork.org/about/about-zero-tolerance>
31. Children's Home of Your Search and Seizure Procedure for Residential Programs 300.32, dated 5.30.2012
32. Children's Home Resident Orientation Notice of Understanding, not dated
33. Children's Home Substantiated Allegation / Compliant Notification form, not dated
34. Children's Home Unsubstantiated Allegation / Compliant Notification form, not dated
35. Completed Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring dated 6.4.2019 through 8.1.2019.
36. Confirmation of Receipt – Pamphlet: Zero Tolerance for Sexual Abuse and Harassment
37. Email dated 6.15.2020 from eClearance ID 5277080, stating criminal background check was successfully received and submitted for agency investigator.
38. Employee Training Breakdown Grid, not dated
39. Employee Training Curriculum, not dated
40. End the Silence Zero Tolerance Brochure, not dated
41. End the Silence Zero Tolerance for Sexual Abuse and Sexual Harassment brochure, not dated
42. Facility website: [prea.report@dhs.state.ia.us](mailto:prea.report@dhs.state.ia.us)
43. George Street Organizational Chart, not dated
44. I.L. Program at George Street Resident Handbook Insert, Attachment A, not dated
45. I.L. Program PREA Resident Education Training Log, not dated
46. IL Program at George Street Team Members Memo dated 6.16.2020 - Notifying employees of Helping Residents who Primarily Speak Another Language and the use of interpreted services
47. IL Program at George Street Team Members Memo dated 6.16.2020 - Notifying employees of Updated PREA Policy
48. Juvenile PREA Intake Orientation, not dated
49. Mandated Reporting – From the Children's Home of York, handbook pages 14-17, not dated
50. Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
51. Notification letter to Wellspan – York Hospital, Emergency Department Director, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
52. Notification letter to YWCA – York, Victim's Assistance Center, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
53. Parent/Guardian and Third Party Reporting Grievance Investigation Form, dated 6.10.2020
54. Policy on background checks, not dated
55. PREA Compliance- Supervision and Monitoring Policy, dated 10.21.2019

56. PREA Coordinated Response Plan Policy, not dated
57. Revised Children's Home of York Parent/Guardian Grievance Form, 6.15.2020
58. Revised Children's Home of York Program Procedure-PREA, dated 6.4.2020
59. Revised Children's Home of York Resident Grievance Form, 6.15.2020
60. Revised Children's Home of York Staffing Plan Review, dated 6.11.2020
61. Revised Client Grievance Investigation Form, dated 6.9.2020
62. Revised New Hire Checklist, dated 6.15.2020
63. Revised Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.25.2020.
64. Revised Notification letter to YWCA – York, Victim's Assistance Center, dated 5.25.2020
65. Revised PREA Coordinated Response Plan Policy, dated 6.16.2020
66. Revised PREA Resident Education Training Log, dated 6.16.2020
67. Serious/Critical Incident Debriefing, PREA Compliant, (completed 6.11.2020)
68. Serious/Critical Incident Debriefing, PREA Compliant, blank sample, not dated
69. Sexual Abuse Incident Review Form, (completed 8.5.2020)
70. Sexual Abuse Incident Review Form, blank sample, not dated
71. Sexual Abuse Incident Review Form, not dated
72. Unannounced Rounds January 2018 – December 2018
73. Unannounced Rounds January 2020 –April 2020
74. Unannounced Rounds June 2017 – December 2017
75. Unannounced Rounds June 2019 – May 2020
76. Unannounced Rounds template, not dated
77. Understanding the Age of Consent in the State of Pennsylvania brochure, dated 2014
78. Website address for PA ChildLine (information on how to report child abuse)  
<http://www.dhs.pa.gov/citizens/childwelfareservices/calltoreportchildabuse/>
79. Zero Tolerance of Sexual Abuse and/or Harassment for contracted Employees and Volunteers, not dated

***Resident Demographics:***

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents;
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during risk screening;
6. All grievances and allegations made in the 12 months preceding the audit; and,
7. All incident reports from the 12 months preceding the audit.

***Reported Allegations – External Investigating Agencies:***

The Auditor was informed by the PREA Coordinator that there was one allegation of sexual abuse. Of this one allegation, the resident who reported sexual abuse was no longer in the program. The Administrative Investigations was not completed for this investigation.

***Facility Staff:***

The Auditor requested rosters to include volunteers, contracted personnel and staff roster to include staff names, position and years of service. The following staff names and information was received for:

1. Random staff;
2. All employees who serve as first responders and mandatory reporters;
3. Receiving staff who complete intake documentation to include risk assessments;
4. Shift supervisors, (only one supervisor at this program-day shift)

5. Staff who conduct unannounced rounds;
6. Retaliation monitors;
7. Sexual abuse review team members;
8. Staff Trainer;
9. Agency Investigators;
10. Human Resource Manager;
11. PREA Coordinator;
12. PREA Manager, (position vacant at this time);
13. Agency Head

**Outside Services:**

The facility post contact numbers for ChildLine, the state of Pennsylvania’s hotline and the Domestic Violence Center, an affiliate of the YWCA.

On 5.31.2020, the Auditor contacted the 1.800.932.0313 phone number on the End the End the Silence brochure. A recording began stating that the caller had reached the ChildLine Commonwealth of Pennsylvania hotline for reporting abuse. The message went on to state the caller could hold the line to report child abuse or report via [www.keepkidssafepa.gov](http://www.keepkidssafepa.gov). The Auditor stayed on the line and verified through the operator that any resident of the Children’s Home of York could report through this entity. The operator stated, “if this were a call from a resident, ChildLine would call the Domestic Violence shelter to work with the person who had been assaulted.”

On 5.31.2020, the Auditor contacted the 1.800.422.3204 phone number on the End the Silence brochure and reached the Domestic Violence Shelter and spoke with a resident counselor at the YWCA. The counselor explained the Domestic Violence Shelter/YWCA Access York was an affiliate of the YWCA. The counselor explained “the Domestic Violence Shelter provides services to victims of sexual assault and would go to the hospital for any victims of sexual assault or abuse. Right now the staff cannot go to the hospital because of COVID, but we do call them and stay on the phone. This is a shelter for those 18 or older, families, men and women.”

During the onsite audit phase on 6.15.2020 the Auditor spoke with Emily Huggins, RV, BSN, MHA, CEN, SANE-A, SAFE-P and the SANE/SAFE Unit Manager for the Forensic Examiner of Well Span Health, a division of the York Hospital, located at 1001 St. George Street, York, PA 17403, contact phone number 717.725.1605. Upon asking Emily Huggins the current process for investigations involving the Children’s Home of York, she reported the following:

- First the local hospital will identify there is someone in need of a forensic examination. Current and typical staffing is comprised of 80% on site and 20% on call. If nursing staff are not available a nurse will be dispatched.
- Ms. Huggins reported during COVID one person is allowed to be with victim. The victim would decide who can be with him/her, either the family member or facility staff. The advocate would provide services over the phone.
- Ms. Huggins reported the victim service provider is contracted. During the pre-examination the examiner will focus on and ensure acute medical needs are met; staff attempt to get a history of the patient and then conduct a full head to toe assessment.
- The examine will include collections when the window remains available.
- Once the exam is completed the examiner will contact law enforcement.
- At the end of each exam the victim is offered prophylactic preventatives and an explanation of the need of such. The victim is also offered help with ongoing medical care and help with current reporting laws to include reporting anonymously.

- Once the exam is complete and the victim is made aware of current reporting laws, the examiner will follow mandated reporting laws and either phone ChildLine or report the incident on the ChildLine website.
- Ms. Huggins reported her final report is available to any investigative agency, police department, Children's Home of York with the consent of the victim.
- When I asked Ms. Huggins if her unit had completed a SAFE/SANE exam on any resident of the in the last three years, Ms. Huggins reported there was one and all internal protocols were followed.

Ms. Huggins explained the team would engage the Comprehensive Victim Services of the York YWCA. This organization provides the following services:

- 24-hour confidential hotline
- Support groups
- Hospital response and medical advocacy
- Legal advocacy
- Individual and group counseling

On 6.15.2020, the Auditor contacted Detective Lebo of the Northern York County Regional Police Department. Detective Lebo stated the following:

- He conducts criminal investigations for the Children's Home of York
- The timeline for completed reports would depend on how the allegation is reported to the department. If the ChildLine hotline refers the allegation, he would respond within one day. The decision would then be made if a forensic interview needed to take place. If so, this process could take up to three weeks and he would not be a part of such interview.
- After the interview, if the victim is cooperative and decides to take action he begins to search for suspects and begin his investigation.
- Detective LeBo was the investigator in the investigation that took place in June of 2019 and stated a forensic interview did take place, the facility was notified of the outcome of the investigation and he would normally notify the victim; however, the victim had ran away making it difficult to find him.
- The Detective stated he was not aware of the consideration of PREA standards when conducting an investigation; however, would happily comply if the Children's Home of York could supply him with a single point of contact. The Auditor made the Detective aware that the agency PREA Coordinator would contact him with the point of contact information.

### **Research:**

Through internet and the agency website research, the Auditor did not find any negative outcome findings of the Children of York agency. Although the Auditor information was posted to prepare residents and staff of the upcoming audit, there was no confidential contact made before the audit.

Approximately one week before the onsite phase of the audit, this Auditor supplied the facility with a final on site schedule which consisted of day one beginning at 7:00 am through the time resident and staff interviews were completed, completion of the site review, resident and review of file audits. Day two was to begin 8:30 am to 1:00 pm, to complete final standard finding reviews, debrief with staff and explain next steps.

### **Onsite Audit Phase**

On Monday, June 15, 2020, at 6:45 am, the Auditor arrived at the Children's Home of York and met Terri Tolomeo, Children's Home of York PREA Coordinator. Due to the Auditor being from out of state she was asked to wear a mask due to COVID concerns, in which she complied during the on-site audit.

Staff and residents had the choice of wearing a mask of which none chose to do so. We then discussed rules and regulations for the Auditor, the schedule for the next two days and staff and resident names to be interviewed. Due to the facility having only 11 residents and seven staff, the Auditor asked that all residents and facility staff be interviewed. The Auditor then made the PREA Coordinator aware that all resident case files, staff personnel and training files would be reviewed.

Before the tour of the program, the Auditor interviewed two random third shift staff, two random first shift staff and the Program Coordinator (only facility supervisor) in order to give the residents time to wake up for the day. Once all residents were ready for the day, a tour of the facility was conducted.

*Tour:*

The Auditor was granted access to all areas of the facility where residents frequented for programming and where staff conducted day to day business. *(Reference specific facility information in the facility characteristics section below for a thorough walk through explanation.)*

*Processes:*

On day one the Auditor met with the PREA Coordinator and discussed the schedule for the next two days. Due to the facility having only 11 residents and eight staff, the Auditor decided all residents and staff would be interviewed and each of their case or personnel files would be reviewed. Next we moved into interviews of the Night Watch staff. Due to residents not being up for the day, the Auditor then concluded interviews of first shift staff, to include the only facility supervisor and two random staff. As residents began waking up for the day, ten residents were interviewed and one refused due to being too tired. All residents were random interviews. A facility tour was then conducted. The Auditor and the PREA Coordinator then traveled to the agency main campus where interviews of the Agency President and the Director of Human Resources and Training and staff file review were conducted. All personnel and training files were reviewed with the Director of Human Resources and Training. The Auditor and the PREA Coordinator then returned to the program. Two second shift random staff and the PREA Coordinator were then interviewed and resident file review was completed.

Day two consisted final standards needing revision being compiled. The PREA Coordinator then compiled all revised policies, forms and systems in response to standards requiring action. The Auditor conducted a final debrief with the Children's Home of York's PREA Coordinator, President and Program Coordinator. The debrief entailed standards needing corrective action during the pre-audit phase, standards requiring corrective actions during the onsite phase and documentation and or systems revised during the on-site audit phase, enabling those standards to be met.

The Auditor was allowed access to all areas of the facility and access to all requested records. All interviews were successful other than the one resident who refused.

The staff and residents were helpful, kind and made the Auditor to feel welcome during the entire onsite process.

*Other processes:*

1. Residents were able to request an official grievance or write their issues on any type of document and give to staff and or contact the state ChildLine hotline. Residents reported being able to verbally report sexual harassment or sexual assault to staff.
2. Cross gender announcements were made by female staff when entering the upstairs, bedroom area, of the facility.
3. Residents are allowed to carry cell phones and the facility cordless phone is available at the resident's request. Calls to the hotline number may be made at the resident's request.

4. The Auditor was allowed to speak with staff and residents during the site review. Interview results for both students and staff are documented below.

**Interviews:**

Due to the low amount of staff at the facility, all staff were interviewed. (Before each interview with staff and residents, the Auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood the process. All interviews were conducted in a private room.)

Staff Interview Category	Minimum Required	Completed
<b>Program Coordinator:</b> Warden/Facility Head	1	1
<b>Agency</b> PREA Coordinator	1	1
<b>Facility</b> PREA Manager – none at this time	1	0
<b>Random Staff:</b> All staff are responsible for supervision of residents, first responders, searches and mandatory reporters	6	6
<b>Specialized Staff</b>		
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds – Program Coordinator	1	1
Education staff	1	n/a
Program staff who work with youthful inmates – same as random staff in this review	1	Random staff
Medical staff – LPN	1	n/a
Mental health staff – Mental Health Authority	1	n/a
Non-medical staff involved in cross-gender searches – same as random staff in this facility	1	Random staff
Human Resource staff – Human Resource Manager,	1	1
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – Iowa State Hospital	1	1
Volunteers	1	n/a
Investigative staff at agency level –not applicable for this facility	1	0
Investigative staff at facility level – investigator(s) – same as Human Resource staff	1	1
Staff who perform screening for risk of victimization and abusiveness – Same as Program Coordinator	1	1
Staff who supervise inmates in segregated housed – same as random staff at this facility	1	n/a
Staff on the sexual abuse incident review team – same as PREA Coordinator	1	1
Designated staff member charged with monitoring retaliation - same as PREA Coordinator	1	1
First responders, security staff – all staff serve as first responders	1	All staff
First responders, non-security staff – all staff serve as first responders	1	All staff
Intake staff – same as Program Coordinator and PREA Coordinator	1	1
Total Specialized staff		9

**Targeted Staff:**

Targeted interviews included:

1. *Administration* - The President of the agency was new to the organization; however, he was able to validate his knowledge with agency policy, practices, speak to process for investigations, first responder requirements, mandatory reporter laws in Pennsylvania, grievances and discussion regarding needed training for the agency investigator.

2. *Administration* – The Agency PREA Coordinator has a 13-year history with the agency. She spoke to completing and or assisting with intakes, the use of the risk screening tool, risk levels being communicated to staff, completion of PREA education on the day of intake and within 10 days thereafter, third party reporting process, processes of investigations and incident reviewing of all investigations, having the autonomy to revise agency policy and forms, her access to the President to discuss and implement PREA within the program. Currently the PREA Coordinator serves as the PREA Manager until the agency decides if a new position is necessary or adding such job functions to an existing position would be prudent. The PREA Coordinator serves as the Retaliation Monitor and was able to demonstrate past retaliation monitoring documentation completed on a weekly basis.
3. *Medical* – There are no medical staff at this facility. Residents are seen by local providers, when necessary.
4. *Mental Health* –: There are no mental health staff at this facility. Residents are seen by local providers, when necessary.
5. *Education*– There are no education staff at this facility. Residents attend local school, if applicable.
6. *Shift Supervisors* – There is one Supervisor at the facility, who works Monday through Friday. The Shift Supervisor knew and understood PREA requirements for his work assignments. He stated he and agency administrative staff complete unannounced rounds throughout the week and month, was privy to outside investigation entities, served as a first responder, completed risk assessments as the primary intake staff, and completed searches. Although he did not serve as a retaliation monitor, he spoke to checking in with residents on a daily basis and would report any concerns to the PREA Coordinator.
7. *Human Resource*: The Director of Human Resources and Training demonstrated she understood necessary documentation related to PREA when hiring and promoting personnel. She was able to present initial and two to five-year background checks completed on all facility personnel. Due to a misunderstanding, the Director of Human Resources and Training did not realize the agency investigator needed a five year back ground check because she didn't physically work at the facility. The Auditor explained she would need a five-year background check as she would have access to residents when completing an investigation. The agency investigator background check was submitted and returned, with no criminal history findings, on the day of the interview. The Human Resource Director presented institutional questions with the new hire documentation and stated the same institutional questions were required for promoted staff. Although institutional questions were presented, current practice was not in place of asking past institutional employers these reference questions. To mitigate institutional questions not being asked for prospective new hires, these questions were added to the personnel new hire checklist to ensure future compliance.
8. *Trainer* – The Director of Human Resources serves as the facility trainer; however, PREA training records are maintained by the PREA Coordinator for both staff and residents. The Human Resource Director stated PREA training is delivered at new hire training and alternated each year for the completion of annual training. Although the staff trainer could articulate and demonstrate initial staff training took place, such training was not acknowledged electronically or in writing by herself or a newly hired staff. Such training was acknowledged, in writing, before the on-site portion of the audit was complete.
9. *Investigator* – The Director of Human Resources and Training serves as the agency investigator. Although the agency investigator had received investigation training through different professional and community venues, she was unable to articulate consideration for PREA investigative standards, when and if an administrative investigation is to be completed. In the last three years there had been one criminal investigation at the facility; however, the investigator was not aware an administrative investigation should have been completed, once the criminal investigation was closed. The investigator has committed to completing the specialized training for investigators by July 15, 2020.

**Random Staff:**

Of the random staff interviewed, two were females and four were males. Two of the random staff were from day shift who were assigned to all areas of the facility, two were from second shift, each assigned to all areas of the facility and two were from night shift, each assigned to all areas of the facility; however, assigned and office on the upper floor of the facility, in the vicinity of sleeping rooms. Employee tenure ranged from three months to 27 years of service within the organization and or facility.

Random staff interviewed were able to describe:

1. First responder and mandatory reporting responsibilities.
2. Staff interviewed could speak to the translation procedures and all knew translation services could not include the use of resident interpreting.
3. Staff were able to articulate internal and external ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary.
4. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to the ChildLine hotline, the acting supervisor and the PREA Coordinator, in that order.
5. All staff were aware of the outside advocates role for advocacy.
6. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make hotline calls through either resident personal cell phones or the cordless facility phone, immediately upon request.
7. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, how to preserve the room/evidence and report any such occurrence on an incident report once the situation was safe and proper notifications had been completed.
8. Staff interviewed knew the facility employed one investigator to conduct administrative investigations and local law enforcement for criminal investigations.
9. Staff interviewed stated female staff announced their presence when entering the upstairs of the facility where resident bedrooms were located.
10. Staff interviewed described that they had initial and annual training on PREA topics throughout the year.

**Staff training files:**

Staff training files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee\* Files Records template. Review of staff training files demonstrated staff had refresher training exceeding the requirement of every two years. Each staff file reviewed had completed all PREA training topics though facility PowerPoint Presentations and PREA policy and procedure. All staff had been trained on transgender or intersex pat down searches. As is described above, initial staff PREA training was not acknowledge electronically or in writing by two agency staff. This corrective action area was corrected during the on-site phase of the audit.

**Personnel files:**

Staff personal files (same as staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee\* Files Records template. All required components for staff files were reviewed for compliance from April 2018 through May 2020. Personal files reviewed were compliant with initial and five year requirements, accept for the agency investigator, which was completed during the on-site audit phase. Although a template for institutional questions was presented, such questions were not asked for staff hired in the past three years. This corrective action area was corrected during the on-site portion of the audit by adding the requirement onto the new hire checklist to ensure compliance, moving forward.

**Resident Interviews:**

On the first day of the on-site review, the auditor requested a current resident roster. The Auditor chose to interview all residents due there only being 11 in total. Of the students interviewed, all were random as none presented targeted interview guidelines.

Total population during on-site review 11	Total bed capacity 12
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Overall minimum number of resident interviews 10	Numbered required 10
Minimum number of random resident interviews 5	Number interviewed 11
Minimum number of targeted resident interviews 5	Numbered interviewed 0
Breakdown of required targeted resident interviews	
Residents with a physical disability - 1	Number interviewed 0 – no targeted residents at this facility
Residents who are blind, deaf, or hard of hearing - 1	Number interviewed 0 – no targeted residents at this facility
Residents who are LEP - 1	Number interviewed 0 – no targeted residents at this facility
Residents with a cognitive disability – 1	Number interviewed 0 – no targeted residents at this facility
Residents who identify as lesbian, gay, or bisexual - 2	Number interviewed 0 – no targeted residents at this facility
Residents who identify as transgender or intersex – 1	Number interviewed 0 - no targeted residents at this facility
Residents in isolation – 1	Number interviewed 0 – no targeted residents at this facility
Residents who reported sexual abuse – 1	Number interviewed 0 - no targeted residents at this facility
Residents who reported sexual victimization during risk screening - 1	Numbered interviewed 0 - no targeted residents at this facility

Of the eleven residents interviewed:

1. All residents interviewed felt safe and comfortable reporting to facility staff.
2. All residents reported the they had never been physically searched.
3. All residents stated they were educated on PREA at on the day of their arrival.
4. Although residents did not remember additional 10 day PREA education, all had signed documentation of training and ongoing training, exceeding the requirement for student PREA education.
5. Each resident interviewed was aware of several ways to report abuse internally and externally – mimicking facility documentation reviewed during the pre-audit phase.
6. Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own.
7. Residents interviewed stated telephone procedures for legal and or PREA calls could be made in private, without monitoring or recording, immediately upon request. Such phone calls were made using resident personal cell phones or the house phone. None reported making a hotline call during their stay.
8. Residents interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility.
9. Each resident interviewed was aware of his right to report anonymously.
10. Of the random interviews each were able and willing to answer questions with the exception of one resident who had just woken up and was too tired to talk.

Resident files reviewed were of those residents interviewed. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Every resident file reviewed was 100% compliant for all areas to include exceeding on going PREA education throughout resident stays at the facility. All resident files reviewed had intake documentation for risk assessments and PREA initial education.

***Other documents and information requested or reviewed:***

Inmates with disabilities	None at the facility
Inmates who are LEP	None at the facility
LGBTQI inmates	None at the facility
Residents in isolation	None at the facility
Residents who reported sexual abuse	None at the facility
Grievances made in the last 12 months preceding the audit	None at the facility
Incident reports from the 12 months preceding the audit	1 (June of 2019)
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	1 (June of 2019)
All hotline calls made during the 12 months preceding the audit	1 (June of 2019)

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### **Facility Characteristics:**

The Children's Home of York is a staff secure, community program, in a large Victorian home in a neighborhood within York, Pennsylvania. On the days of the onsite phase of the audit, the student population was 11. Of those residents all were male, ages 15-18 years of age. Upon entering the facility grounds, a small parking lot sits in the back of the property. Adjacent to the parking lot is a fenced in area for basketball court where residents are allowed to play at their discretion. A pathway leads to the large home porch where the backdoor is used as an entrance for staff and residents. When entering the front door of the home visitors are welcomed with facility, community and PREA education posters or pamphlets. On the first floor of the home there is:

- Directly inside the front door is a weight room for residents
- The PREA Coordinator office – End the Silence poster with hotline and advocate numbers posted
- The Program Coordinator office – intake process completed in this office
- Staff bathroom
- Large common area – PREA postings with PREA policy and upcoming audit postings
- Kitchen where meals are prepared by residents
- Large recreation room with couches, television and visiting area
- Stairway leading to the upstairs

The upper floor of the home there is:

- Four bedrooms, all of which are shared with one to three other residents, each with closets and storage area for each resident
- Two full size bathrooms
- One staff office for night watch staff, where two staff are always on shift

The basement of the home there is:

- An area for the washer and dryer – all wash is done by each individual resident
- Food storage
- Lockers for resident personal items
- The homes furnace and water heater

- Due to the basement being out of line of sight for staff, the Auditor recommended the door be locked at all times, when not in use.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

### Standards Exceeded

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.315, 115.322, 115.333

### Standards Met

**Number of Standards Met:** 39

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Program Procedure-PREA, not dated
3. Revised Children's Home of York Program Procedure-PREA, dated 6.4.2020
4. Children's Home of York Organizational Chart, not dated
5. George Street Organizational Chart, not dated
6. IL Program at George Street Team Members Memo dated 6.16.2020 - Notifying employees of Helping Residents who Primarily Speak Another Language and the use of interpreted services
7. IL Program at George Street Team Members Memo dated 6.16.2020 - Notifying employees of Updated PREA Policy

Interviews:

1. Random residents
2. Random staff
3. Supervisory staff
4. PREA Coordinator

Through interviews with residents and staff and review of student and staff files, it was evident that this facility interweaves requirements for this standard in their daily protocol. Both residents and staff could speak to the facility PREA practices and protocols being used as is described in the facility's policy Program Procedure-PREA

Site Review Observation:

During the tour of the facility, the Auditor witnessed several different Zero Tolerance posters and audit notification postings on both levels of the facilities. Posters included hotline and advocate contact information. During the tour the Auditor was taken through a basement door that led to the facility laundry and food storage areas. The basement has many blind spots and cameras are not placed at this facility. Staff spoke to the door being locked or staff being placed near the door in the common area, when the basement is not in use. However, throughout the audit, the Auditor noted the door was unlocked and staff were not present. The Auditor strongly recommended to the PREA Coordinator, Agency President and the Program Coordinator that the door be locked when not in use or a system be put into place to ensure opportunities are not available for possible sexual abuse through this area of the facility. At the time of the recommendation, the PREA Coordinator addressed the issue with the President and Program Coordinator and stated the system would remain in place of locking the basement door when not in use and staff were to be reminded of this systems requirements.

115.311

- (a) The Children's Home of York PAQ states the agency written policy Program Procedure-PREA, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract Program Procedure-PREA, page 1, paragraph (a) specifically speaks to the facilities approach to zero tolerance for sexual abuse or sexual harassment. This policy establishes this zero tolerance standard for the incidence of sexual abuse/assault in accordance with the Prison Rape Elimination Act of 2003 (PREA) and the National Standards to Prevent, Detect and Respond to Prison Rape.

The Children's Home of York has established this policy to help prevent, detect, respond and report any incident of sexual abuse, sexual harassment or retaliation for reporting within the facility. This policy establishes guidelines for action including, but not limited to: staff training

and education; reporting and investigative standards; student victim services and support; and data collection measures related to sexual abuse at the Children's Home of York.

Many provisions were missing in the facility policy mandating zero tolerance toward all forms of sexual assault and sexual harassment when outlining the agency's approach to preventing, detecting and responding to such conduct. Program Procedure-PREA ILP@GeoSt was revised on 6.4.2020 to include prior missing provisional language and procedures.

- (b) The agency employs an upper-level, agency wide PREA Coordinator. The PREA Coordinator demonstrates she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is in the agency organization chart as the Associate Director, who reports to the President, CEO.
- (c) The Children's Home of York PAQ states the facility does not have a facility PREA Manager. Upon the Auditor discussing the absence of the PREA Manager, the PREA Coordinator explained the agency were in current discussions of the position being filled or the duties would be given to an existing staff.

Through such reviews, the facility met the standards requirements.

### **Standard 115.312: Contracting with other entities for the confinement of residents**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

##### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ

### Interviews:

1. PREA Coordinator

115.312

- (a) The Children's Home of York PAQ states the Children's Home of York does not contract with private agencies for confinement services of their youth.

Through such reviews, the facility meets this standards requirements.

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  
 Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Staffing Plan Review, dated 2018, signed 6.1.2018
4. Children's Home of York Staffing Plan Review, dated 2019, signed 6.3.2019
5. Revised Children's Home of York Staffing Plan Review, dated 6.11.2020
6. Children's Home of York Staff Schedule, Sunday through Saturday, not dated
7. PREA Compliance- Supervision and Monitoring Policy, dated 10.21.2019
8. Unannounced Rounds June 2017 – December 2017
9. Unannounced Rounds January 2018 – December 2018
10. Unannounced Rounds June 2019 – May 2020
11. Unannounced Rounds January 2020 –April 2020
12. Unannounced Rounds template, not dated

### Interviews:

1. PREA Coordinator
2. Supervisory staff
3. Random residents
4. Random staff

Staff and students interviewed could attest to supervisory staff conducting unannounced rounds, many times throughout each day. In addition, staff spoke to administrative staff visiting the facility unannounced during weekends, nights and sometimes holidays. Staff interviewed stated when ratios were not met, mandatory overtime was implemented and or supervisory staff contacted off shift staff to work. (Proper staff to student ratios were witnessed throughout the on-site portion of the audit.)

### Site review observation:

Through interviews with residents and staff, all could attest to unannounced rounds being completed each day, at different time intervals. In addition, staff were consistently noticed driving through and around the perimeter of the campus throughout the morning, afternoon and evening.

The facility does not have cameras; however, administrative staff did speak to cameras being placed on the exterior of the building in the upcoming months.

### 115.313

- (a) The Children's Home of York PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is 12 and the staffing plan was predicated on 12 students.

The Children's Home of York policy Program Procedure-PREA, page 1, section 115.313 (a). states, "The program will ensure that the program is staffed as per expectations outlined by Pa

Department of Human Services Office of Children, Youth, and Families and outlined in the Program Description to protect clients against sexual abuse. Video monitoring is not employed by the program.

The facility provided a staff schedule demonstrating adequate coverage Sunday through Saturday. Staffing Plans from 2018 and 2019 were not developed to include the 11 components required for this provision. Through discussions between the Auditor and the PREA Coordinator during the pre-audit phase a staffing plan including the required 11 components was created and approved with the agency President and the PREA Coordinator.

- (b) The Children’s Home of York PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan. Children’s Home of York Program Procedure-PREA, page 1, section 115.313 (b)., states, “The program shall remain in compliance with the aforementioned staffing expectations at all times.”
- (c) The Children’s Home of York PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. In the last 12 months the facility has not deviated from the staffing ratios during awake or sleeping hours.

The facility provided unannounced rounds for 2018, 2019 and 2020. Rounds submitted demonstrate rounds are completed twice monthly, on different shifts. Rounds have detailed comments to include staff and resident locations during the time of each unannounced round.

- (d) The Children’s Home of York PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator. Children’s Home of York Program Procedure-PREA, page 1, section 115.313 (c)., states, “The Program Leadership will monitor staffing ratio to assess, determine, and document whether adjustments are needed to the staffing plan as per Supervision/Monitoring Program Policy.”
- (e) The Children’s Home of York PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment.

Through such reviews, the facility meets the standards requirements.

### Standard 115.315: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

##### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York policy Program Procedure-PREA, not dated
3. Children's Home of Your Search and Seizure Procedure for Residential Programs 300.32, dated 5.30.2012

#### Interviews:

1. Random residents
2. Random staff
3. Supervisory staff
4. PREA Coordinator

Interviews with random residents and staff, supervisory staff, and the PREA Coordinator demonstrated cross gender searches were never conducted. In addition, all residents reported they had never been physically touched during a search. Staff interviewed stated to date they have not had to conduct such searches.

#### Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake area, which was conducted in the Program Coordinator's office. Through interviews with the PREA Coordinator the Auditor learned the program does not conduct cross-gender viewing or searching. Female program staff are only allowed to ask residents to empty their pockets, take off their shoes, and submit to the search of their property (backpacks, rooms, etc.)

115.315

- (a) Children’s Home of York PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.
- Children’s Home of York policy, Program Procedure-PREA, page 1, section 115.315 (a), states, “The program shall not conduct cross-gender strip searches or cross-gender visual body cavity searches.”
- (b) Children’s Home of York PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Children’s Home of York policy, Program Procedure-PREA, page 1, section 115.315 (b)., states, “The program shall not conduct cross-gender pat-down searches.”
- (c) Children’s Home of York PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.
- (d) Children’s Home of York PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Children’s Home of York policy, Program Procedure-PREA, page 1, section 115.315 (c)., states, “The program enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.” Children’s Home of York policy, Program Procedure-PREA, page 1, section 115.315 (d)., states, “All staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.”
- (e) The Children’s Home of York PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Children’s Home of York policy, Program Procedure-PREA, page 1, section 115.315 (e)., states, “The program staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”
- (f) The Children’s Home of York PAQ states 0% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, Children’s Home of York policy, Program Procedure-PREA, page 2, section 115.315., states, “ Any and all necessary pat-down searches, and searches of transgender and intersex residents, shall be done in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

The program is able to ensure residents are safe without having to physically touch them during searches. Through such reviews, the facility exceeds this standards requirements.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated

#### Interviews:

1. Random residents

2. Random staff
3. Supervisory staff
4. PREA Coordinator

During interviews with random residents and staff and supervisory staff, all stated residents were not used for translation services, outside of resident to resident mentoring. Although language barriers are not common at Children’s Home of York, random and supervisory staff could speak to using bilingual staff at the facility or interpretation services “on a couple of occasions.”

115.316

- (a) (a) The Children’s Home of York PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Children’s Home of York Program Procedure-PREA, page ,2 section 115.316 (a), states, “In the event that a client enrolled in the program has a disability (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), the program will utilize the organization’s Risk Management process to ensure that the client has an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Possible assurances may include:

- Purchasing equipment that will allow communication with communication with residents who are deaf or hard of hearing,
- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively,
- Providing written materials in formats or through methods that ensure effective communication with these residents.

The agency is in current negotiations with an interpretation service. Until such time, the facility uses Language Line for interpretation services.

- (b) The Children’s Home of York PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Children’s Home of York addresses compliance for this measure, in measure (a) of this provision.
- (c) The Children’s Home of York PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters.

Through such reviews, the facility meets this standards requirements.

**Standard 115.317: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York policy Program Procedure-PREA, not dated
3. Children's Home Employment Application, not dated
4. Children' Home of York Team Member Handbook, dated March 2018
5. Policy on background checks, not dated
6. Revised New Hire Checklist, dated 6.15.2020
7. Email dated 6.15.2020 from eClearance ID 5277080, stating criminal background check was successfully received and submitted for agency investigator.

#### Interviews:

1. PREA Coordinator
2. Director of Human Resources and Training

Interviews with the PREA Coordinator and the Director Human Resources and Training demonstrated applicants determined to have been convicted of sexual abuse or sexual harassment charges were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.

#### Site Review Observation:

During review of staff personnel files reviewed, this Auditor noted that institutional references were not completed for applicable staff. On 5.18.2020, the Human Resource Manager and facility administration revised the Iowa Department of Human Services, Children's Home of York New Employee Reference Check Form to include institutional questions of past employers for applicable newly hired staff. The facility demonstrated institutional questions were documented for promoted staff.

In addition, files reviewed demonstrated each had criminal and applicable background checks conducted upon hire and within five years of hire date, thereafter. Additionally, the same practice of background checks exists for all contractors and volunteers who have contact with residents.

115.317

- (a) The Children's Home of York PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who

may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard. Children's Home of York Employee Handbook, section 2.6 Child Abuse Prevention, detection and Reporting Policy states abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

- (b) The Children's Home of York PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents. Children's Home of York Employee Handbook, under the header "Offenses that Prohibit Employment in a Child Residential or Day Treatment Facility" state the following disqualifiers.
- Section 3122.1 (relating to statutory sexual assault).
  - Section 3123 (relating to involuntary deviate sexual intercourse).
  - Section 3124.1 (relating to sexual assault).
  - Section 3125 (relating to aggravated indecent
  - Section 5903(c) or (d) (relating to obscene and other sexual
  - materials and performances).
  - Section 6301 (relating to corruption of minors).
  - Section 6312 (relating to sexual abuse of children).

(b) The Children's Home of York PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months 13 persons were hired that may have contact with residents who have had criminal background checks.

Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency could not demonstrate an attempt was made to complete institutional reference checks on recent or any past employees. This provision was not satisfied at the time of the pre-audit phase. Please see compliance action plan to achieved during the on-site phase of the audit.

- a. The Director of Human Resources and Training revises the New Hire Checklist tool to include the Candidate Reference for Employment Form. This form was revised on 6.15.2020.
- b. On 6.16.2020, the Director of Human Resources revised and dated the Promotion Policy to include a procedure for promoted staff to acknowledge each has not been involved in any sexual harassment or sexual abuse investigations before being promoted.

- (d) The Children's Home of York PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were 0 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. Children's Home of York Policy on Background Checks, Employee Manual, page 35, under header, Background Checks, Qualifications and Training, states, "Anyone who works in or wishes to work in a child residential or day treatment facility must have three types of background checks: Pennsylvania Child Abuse

History Clearance, a Pennsylvania State Police (PSP) Criminal Background Check, and an Federal Bureau of Investigations (FBI) Criminal Background Check.

The agency did not demonstrate criminal background records checks at least every five years of current employees who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The facility administrative investigator's last background check was completed in 2001. On 6.15.2020 the five-year background check was submitted and results were received for the agency investigator.

- (e) The Children's Home of York PAQ states the agency requires background checks to be completed every five years. Children's Home of York Program Procedure-PREA, page 8, section E.5., states, "The Children's Home of York Employee Handbook, section 2.6(3) Background Check states, "For current team members and volunteers, this background check will be updated at least every five (5) years.
- (f) Agency Employee Handbook, section 2.6.1. (2), states, "This screening process will include specific questions regarding the existence of any prior claims of inappropriate behavior with respect to children."
- (g) The Children's Home of York PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Through such reviews, the facility meets this standards requirements.

### **Standard 115.318: Upgrades to facilities and technologies**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

##### **115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Document Review:

1. Children's Home of York PAQ

Interviews:

1. PREA Coordinator

Site Review Observation:

1. Facility

During a tour of the facility, the Auditor did not witness any recent and or current construction to the facility.

115.318

- (a) The Children's Home of York PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.
- (b) The Children's Home of York PAQ states the facility has not installed electronic surveillance system since the last PREA audit.

Through such reviews, the facility meets this standards requirements.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
4. Revised Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.25.2020.
5. Notification letter to Wellspan – York Hospital, Emergency Department Director, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
6. Notification letter to YWCA – York, Victim's Assistance Center, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
7. Revised Notification letter to YWCA – York, Victim's Assistance Center, dated 5.25.2020

Interviews:

1. Random residents
2. Random staff
3. Supervisory staff
4. PREA Coordinator
5. Forensic Medical Team at York Hospital

Interviews with all students and staff interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and abuse. Of those interviewed, each were comfortable reporting internally; however, each understood how to report on the hotline, a trusted adult or legal representative. Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When each were asked where this information was located, staff stated on the coordinated response found on the employee information board in the common area.

115.321

(a) The Children's Home of York PAQ states the facility is responsible for conducting Administrative sexual abuse investigations. The Director of Human Resources and Training is responsible.

- (a) This provision is applicable as the Children's Home of York does conduct administrative investigations. Children's Home of York Program Procedure – PREA, page 2, section 115.321 (a), states, "The agency/program will follow a uniform evidence protocol (as directed by the Northern Regional Police Department, who will be called in the event that a client makes an allegation of Sexual abuse or sexual harassment) that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. "The Children's Home of York PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There has been one medical exam, SAFE/SANE exam

performed in the last 12 months. Children's Home of York Program Procedure – PREA, page 2-3, section 115.321 (b), states, "In the event that a client makes an allegation of sexual abuse, the program will engage the assistance of Wellspan Health Systems and the local Child Advocacy Center to secure a forensic medical examination without financial cost to the client. This examination will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), or another qualified medical practitioner.

During the onsite audit phase on 6.15.2020 the Auditor spoke with Emily Huggins, RV, BSN, MHA, CEN, SANE-A, SAFE-P and the SANE/SAFE Unit Manager for the Forensic Examiner of Well Span Health, a division of the York Hospital, located at 1001 St. George Street, York, PA 17403, contact phone number 717.725.1605. Upon asking Emily Huggins the current process for investigations involving the Children's Home of York, she reported the following:

- First the local hospital will identify there is someone in need of a forensic examination. Current and typical staffing is comprised of 80% on site and 20% on call. If nursing staff are not available a nurse will be dispatched.
- Ms. Huggins reported during COVID one person is allowed to be with victim. The victim would decide who can be with him/her, either the family member or facility staff. The advocate would provide services over the phone.
- Ms. Huggins reported the victim service provider is contracted. During the pre-examination the examiner will focus on and ensure acute medical needs are met; staff attempt to get a history of the patient and then conduct a full head to toe assessment.
- The examine will include collections when the window remains available.
- Once the exam is completed the examiner will contact law enforcement.
- At the end of each exam the victim is offered prophylactic preventatives and an explanation of the need of such. The victim is also offered help with ongoing medical care and help with current reporting laws to include reporting anonymously.
- Once the exam is complete and the victim is made aware of current reporting laws, the examiner will follow mandated reporting laws and either phone ChildLine or report the incident on the ChildLine website.
- Ms. Huggins reported her final report is available to any investigative agency, police department, Children's Home of York with the consent of the victim.
- When I asked Ms. Huggins if her unit had completed a SAFE/SANE exam on any resident of the in the last three years, Ms. Huggins reported there was one and all internal protocols were followed.

Also engaged will be the Comprehensive Victim Services of the York YWCA. This organization provides the following services:

- 24-hour confidential hotline
- Support groups
- Hospital response and medical advocacy
- Legal advocacy
- Individual and group counseling

- (d) The Children's Home of York PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

- (e) The Children's Home of York PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.
- (f, h) The Children's Home of York PAQ states the agency is not responsible for Administrative investigations and relies on another agency to conduct criminal investigations.

The facility provided notification letters to the following entities:

- Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
- Notification letter to Wellspan – York Hospital, Emergency Department Director, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
- Notification letter to YWCA – York, Victim's Assistance Center, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.

Local law enforcement is responsible for Administrative and Criminal investigations. A notification letter was drafted to Chief David Lash, Northern York County Regional Police Department on 5.1.2020. The letter notified the Chief of their responsibilities per PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. The notification did not clearly request the investigating agency follow the requirements of paragraphs (a) through (e) of this provision. On May 25, 2020 a revised letter was written, specifically requesting the Police Department be made aware of paragraphs (a) through (e) of this provision.

During the interview on 6.15.2020, with Detective Lebo of the Northern York County Regional Police the Auditor learned that although the Police Department communicates findings with the facility, he was not aware of the request to consider PREA standards while completing an investigation. Upon the Auditor explaining the request for consideration, the Detective agreed to consider these standards and asked for a single point of contact with the facility to ensure victim confidentiality when reporting outcomes. At this time, the Auditor confirmed with the PREA Coordinator that she would be the point of contact for Detective Lebo. PREA Coordinator, Terri Tolomeo will follow up with a letter of notification to Detective Lebo.

The facility relies on the YWCA to provide a qualified community-based staff member to be the individual who is appropriate to serve in the role for sexual assaults and forensic exams. On 5.1.2020 a notification letter to YWCA – York, Victim's Assistance Center. The letter notified the YWCA of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. The notification did not clearly request the YWCA agree to provide advocate services particular to this standards' provision. On 5.25.2020, a revised letter was written to specifically request victim support and advocate services were offered to the client to include: accompanying and supporting the victim through the forensic medical examination process and investigatory interviews as well as providing emotional support, crisis intervention, information and referrals.

Through such reviews, the facility meets this standards requirements.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)  Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Alleged Abuse and Sexual Assault Checklist, not dated
4. Children's Home of York Incident Report – 300.17a, dated 3.11
5. Sexual Abuse Incident Review Form, not dated

Interviews:

1. Random residents
2. Random staff
3. Supervisory staff

Resident and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault. Staff reported all allegations of sexual abuse or sexual harassment are reported immediately and when safe to do so, they would complete an incident report.

Site Review Observation:

1. Facility House
2. Investigation (*referred for criminal investigation*)

During the tour of the facility, the Auditor witnessed available grievance forms and boxes on the first and second floor of the building.

115.322

- (a) The Children's Home of York PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had 1 allegation of sexual abuse and sexual harassment that was received. In the past 12 months 1 allegations resulted in an Administrative and Criminal investigation.

The facility provided the investigation, which demonstrated the incident was reported to the hotline within one hour of the report of the incident. Police notification for criminal investigation was reported approximately 13 hours after the allegation was reported to staff.

- (b) The Children's Home of York PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the Children's Home of York, when completing Administrative investigations. Children's Home of York Program Procedure-PREA, page 3, section 115.322 (a-c), states, "In the event that a client makes an allegation of sexual abuse or sexual harassment, the program staff on duty will immediately notify a member of the Program Leadership. The member of the Program Leadership will direct the program staff to notify the Northern Regional Police Department of the allegation if the program staff has not already done so. Program staff will follow all directives given by the Northern Regional Police regarding securing

the area and any evidence handling. The organization procedure regarding incident reporting will be followed, completing the appropriate Children's Home of York Incident Reporting forms as well as The Sexual Abuse Incident Review Form. The Alleged Abuse and Sexual Assault Checklist will be completed throughout the process to ensure that all necessary steps are taken in response to an allegation.

The facility provided Alleged Abuse and Sexual Assault Checklist. The checklist serves as a coordinated directive for employees to follow in the event of an allegation of sexual assault.

The facility provided a sample of the Children's Home of York Incident Report – 300.17a, dated 3.11 used for internal documentation of allegations of sexual abuse or sexual harassment. The incident report includes a "Nature of Incident" category for Inappropriate Sexual Contact.

The facility provided a sample of the Sexual Abuse Incident Review Form to include Incident Characteristics, Notification of Investigative Findings to Victims, Sexual Abuse Incident Review Information Gathering, and Findings and Recommendations.

The facility provided a completed report of sexual abuse, which occurred at the facility. The facility followed all agency protocols from first reporter notification through retaliation monitoring. This report includes a detailed summary of events, proper notification to the hotline, supervisory staff, county worker, parents and law enforcement. During the on-site phase, the Auditor completed a PREA Audit – Juvenile Facilities Documentation Review – Investigations tool. With the assistance of the PREA Coordinator, the Auditor was easily able to access all required documentation in relation with the audit tool and the investigation.

- (c) The facility website <https://www.childrenshomeofyork.org/who-we-are/prea-zero-tolerance-provision.html> information provides information to refer allegations of abuse. Instruction includes the following: To report allegations or suspicions of sexual abuse or sexual harassment
- Contact The Children's Home of York at (717) 755-1033
  - Notify the Child Abuse Hotline at 1-800-932-0313
  - And/or contact law enforcement in the jurisdiction of the facility

All reports are taken seriously and investigated as outlined in the PREA standards. Any knowingly false accusations may be prosecuted.

The Children's Home of York's Independent Living Program at George Street is participating in the process to become compliant regarding the Prison Rape Elimination Act (Department of Justice, 28 CFR-Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape). Recently, the expectations outlined in these standards have been applied to non-prison programs such as ILP@GeoSt that provide residential services to clients involved in the Juvenile Justice System. The Act requires organizations such as ours to comply with national standards to eliminate sexual abuse. The standards include the prevention, detection, and prosecution of any sexual abuse within juvenile facilities.

The Children's Home of York is committed to providing our clients facilities that promote healthy and safe environments. And has always taken great measures to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact, nonconsensual sex, or consensual sex regardless of a juvenile's age, sexual orientation, or sexual identification."

Through such reviews and the facilities impeccable records and response in regard to the investigation,

the facility exceeds this standards requirements.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent?  Yes  No

### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
 Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ

2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Understanding the Age of Consent in the State of Pennsylvania brochure, dated 2014
4. Children's Home of York Confirmation of Receipt – Pamphlet: Zero Tolerance for Sexual Abuse and Harassment, not dated
5. Employee Training Breakdown Grid, not dated
6. Employee Training Curriculum, not dated
7. Mandated Reporting – From the Children's Home of York, handbook pages 14-17, not dated
8. Zero Tolerance of Sexual Abuse and/or Harassment for contracted Employees and Volunteers, not dated

Interviews:

1. Random staff
2. Staff trainer

Interviews with random and training staff demonstrated all were aware of and received initial and booster training annually; however, due to many groups for residents, staff stated training occurs several times throughout the year.

Site Observation:

Although the Auditor could verify through interviews all employees had received training and education on the PREA Standards; administrative employees did not have signed acknowledgments. On 6.15.2020, both employees signed acknowledgments stating they had received and understood the training they had received.

115.331

- (a) The Children's Home of York PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard. Children's Home of York Program Procedure-PREA, page 10, section III. A. 1. A-j, states, "The Children's Home of York shall train all new and existing employees who may have contact with students on:
- a. Children's Home of York zero-tolerance policy for sexual abuse and sexual harassment;
  - b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - c. Resident's right to be free from sexual abuse and sexual harassment;
  - d. The right of residents and employees to be free from retaliation for reporting sexual abuse or harassment;
  - e. The dynamics of sexual abuse and harassment in juvenile facilities;
  - f. The common reactions of juvenile victims of sexual abuse and sexual harassment;
  - g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between agreed upon sexual contact and sexual abuse between residents;
  - h. How to avoid inappropriate relationships with residents;
  - i. How to communicate effectively and professionally with all residents, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming residents;
  - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility provided a PowerPoint training, staff tests and rosters demonstrating all areas described in facility policy are trained to employees who have access to residents.

(b) The Children’s Home of York PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. Children’s Home of York Program Procedure-PREA, page 10, section III. A. 2., states, “Such training shall be tailored to suit the needs, attributes, and gender of the residents of the Children’s Home of York.” The training curriculum provided demonstrates the training is tailored to the unique needs and attributes of the residents at the Children’s Home of York.

The facility provided the Employee Training Curriculum, which is comprised of:

- The purpose
- Intended Audience
- Curriculum:
  - Unit 1: The Prison Rape Elimination Act: Overview of the Law and Your Role (1.5 hours)  
Presentation Slides
  - Unit 2: Inmates’ Rights to be Free From Sexual Abuse and Sexual Harassment and Inmates’ Rights to be Free From Retaliation for Reporting (1.5 hours)  
Presentation Slides  
Key Terms Handout
  - Unit 3.1: Prevention and Detection of Sexual Abuse and Sexual Harassment (2.75 hours)  
Presentation Slides
  - Unit 3.2: Response and Reporting of Sexual Abuse and Sexual Harassment (1.75 hours)  
Presentation Slides  
First Responder Role Play Activity – Facilitator Sheet
  - Unit 4: Professional Boundaries (1.75 hours)  
Presentation Slides  
Professional Boundary Scenarios
  - Unit 5: Effective and Professional Communication With Inmates (2.25 hours)  
Presentation Slides

(c) The Children’s Home of York PAQ states 13 staff currently employed by the facility, who may have contact with residents, were trained or retrained on the PREA requirements enumerated above. Employees who have contact with residents receive annual refresher training. Children’s Home of York Program Procedure-PREA, page 4, section 15.331., states, “All current employees who have not received such training will be trained within one year of the effective date of the PREA standards. Each employee will be provided a mandatory refresher training every two years. The aforementioned training will be documented on the employee’s training record.

The facility provided an employee training breakdown of all training expectations, training materials utilized, the source of the training material, and objectives. Training components are inclusive of audit standard areas required for new and existing employees.

(d) The Children’s Home of York PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. Children’s Home of York Program Procedure-PREA,

page 10, section III. A., states, "The Children's Home of York shall document, through employee signature or electronic verification that employees understand the training they have received."

The facility provided a sample of a "Confirmation of Receipts – Pamphlet: Zero Tolerance for Sexual Abuse: statement, used for both initial and refresher training for employee trainings. This confirmation states the employee acknowledgment of receipt and understanding of the information presented. The facility also provided and posts a one page "Age of Consent" brochure for the staff and residents. This is helpful for residents and staff and serves as a tool to ensure each is aware of consent laws in their state.

Through such reviews, the facility meets this standards requirements.

### **Standard 115.332: Volunteer and contractor training**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

##### **115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

##### **115.332 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Document Review:**

1. Children’s Home of York PAQ
2. Children’s Home of York Policy Program Procedure-PREA, not dated
3. Confirmation of Receipt – Pamphlet: Zero Tolerance for Sexual Abuse and Harassment
4. Understanding the Age of Consent in the State of Pennsylvania brochure, dated 2014

**115.332**

- (a) The Children’s Home of York PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and harassment prevention, detection, and response. The facility has zero volunteers and contractors and volunteers.

Children’s Home of York, Program Procedure-PREA, page 4, section 115.332, states, “The program will ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures as well as be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Although the facility does not have volunteers or contractors, they did provide a ‘Confirmation of Receipt – Pamphlet: Zero Tolerance for Sexual Abuse and Harassment and an ‘Understanding the Age of Consent in the State of Pennsylvania brochure’, would be used, if needed.

- (b) The Children’s Home of York PAQ states all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Children’s Home of York, Program Procedure-PREA, page 11, section B. 2., states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”
- (c) The Children’s Home of York PAQ states the agency would maintain documentation confirming that the volunteers and contractors understand the training they have received.

Through such reviews, the facility meets this standards requirements.

**Standard 115.333: Resident education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020
4. Juvenile PREA Intake Orientation, not dated
5. End the Silence Zero Tolerance Brochure, not dated
6. I.L. Program PREA Resident Education Training Log, not dated
7. Revised PREA Resident Education Training Log, dated 6.16.2020
8. Children's Home Resident Orientation Notice of Understanding, not dated
9. Children's Home of York George Street Program Rules, Expectations, Rewards, and Consequences, not dated

#### Interviews:

1. Random residents
2. Random staff
3. PREA Coordinator

During interviews with the 10 random residents, each reported their knowledge on PREA, reporting options to staff, the grievance process, being able to tell a trusted adult, notifying a parent and the hotline numbers posted on Zero Tolerance Posters throughout the facility.

Site Observation:

Of the 11 resident files reviewed, each demonstrated evidence of PREA education within 24 hours of intake. All residents had additional 10-day PREA education, to include multiple additional training throughout each year.

115.333

- (a) The Children's Home of York PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 28 residents admitted in the past 12 months were given information at intake. Children's Home of York Program Procedure-PREA, page 4, section 115.333, states, "During the intake process, all residents will receive information explaining, in an age appropriate fashion, the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."

The facility provided a Juvenile PREA Intake Orientation worksheet, which speaks to the facilities Zero Tolerance policies and 14 additional specific areas of education for residents. Each area is initialed by the resident and the staff member who explains each area. This worksheet also includes the phone number to ChildLine, the resident's hotline for reporting abuse. Worksheets also include the resident's name, date of placement and date of orientation. The facility provided a 'Resident Orientation Notice of Understanding', an affirmation residents understand, acknowledge were provided an opportunity to ask any questions about their education on PREA.

The facility provided an End the Silence Zero Tolerance for Sexual Abuse Brochure, to include the name and contact information for the facility PREA Coordinator, ChildLine hotline and advocacy phone numbers. In addition, the brochure provides instruction on reporting, sexual abuse and sexual harassment definitions, examples of voyeurism tips for avoiding abuse and notice of failing to report.

The facility provided a George Street Program Rules, Expectations, Rewards, and Consequences rule sheet, to include zero tolerance for:

- "Youth or staff engaging in or attempting to engage in a sexual act with another resident.
  - Pressuring a resident to engage in a sexual act.
  - Threatening or intimidating someone sexually.
  - Inappropriate touching.
  - Making sexual comments that may include profane or abusing language or gestures.
- If you are found to have engaged in these behaviors, you may be legally charged and/or unsuccessfully discharged from the program."

- (b) The Children's Home of York PAQ states within the past 12 months, 28 residents received age appropriate PREA education within 10 days of intake. Children's Home of York Program Procedure-PREA, page 4, section 115.333, states, "Within 10 days of intake, the program will provide comprehensive age-appropriate education to residents regarding their rights to be free

from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. “

The facility provided a PREA Resident Education Training Log to include resident name, date of placement, intake training date, 10-day training date and any additional training dates.

- (c) The Children’s Home of York PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. Children’s Home of York Program Procedure was revised to include the following statement. “Residents transferred from one facility to another shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility.”
- (d) The Children’s Home of York PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. Children’s Home of York resident education worksheet has specific instructions for staff to read to any if the resident is cannot read or is not proficient in English.
- (e) The Children’s Home of York PAQ states the facility maintains documentation of resident participation in PREA education sessions. Children’s Home of York Program Procedure-PREA, page 4 section 115.333., states, “The program will maintain documentation of resident participation in these education sessions.”
- (f) The Children’s Home of York PAQ states The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Children’s Home of York Program Procedure-PREA, page 4, section 115.333., states, “In addition to the aforementioned client education experiences, the program will ensure that key information is readily available or visible to residents through posters, resident handbooks, or other written formats.”

The facility provided and provides multiple on going completed PREA education trainings for residents. In addition, residents and staff interviewed could speak to ongoing groups held where reviewing PREA and maintaining a safe environment is consistently discussed.

Through such reviews, the facility exceeds this standards requirements.

### **Standard 115.334: Specialized training: Investigations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
 Yes  No  NA

### 115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated

Interviews:

1. PREA Coordinator
2. Agency Investigator

Interviews with facility investigator, the PREA Coordinator and file review demonstrated that agency investigator did not possess current investigator training and such training was completed annually. Although the agency investigator had completed types of investigator trainings prior to the implementation of PREA standards within the agency, this training did not include specific training to or in consideration of Standards 115.371 and 115.373.

115.334

- (a) The Children's Home of York PAQ states the agency policy is applicable as the facility does employ investigators to conduct Administrative or Criminal investigations. Children's Home of York Program Procedure-PREA, page 4, section 115.334., states, "N/A- Program staff do not conduct investigations of sexual abuse."
- (c) The Children's Home of York PAQ states the agency does not maintain documentation showing that investigators have completed the required training. The Children's Home of York PAQ states the facility currently has 0 investigators currently employed who have completed specialized investigator training.

The agency investigator has completed specialized investigator training as of XXXX

Through such reviews, the facility exceeds this standards requirements.

**Standard 115.335: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
 Yes  No  NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated

Interviews:

1. PREA Coordinator

During the pre-audit phase of the audit, the PREA Coordinator explained that residents do not receive medical services through the Children of York or its agency. All medical services are provided by local services.

115.335

- (a) The Children's Home of York PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities; however, the facility does not employ medical or mental health staff. Children's Home of York Program Procedure-PREA, page 4, section 115.335, states, "N/A- Program staff do not conduct medical/mental health follow-up to abuse allegations. All program staff are expected to complete the State mandated CPSL Training and Sanctuary Training." Through informal discussion with the PREA Coordinator, this Auditor learned the facility does not employ any medical or mental health staff. The residents receive medical and mental health care at outside providers.
- (b) The Children's Home of York PAQ states their medical staff do not conduct forensic medical exams.
- (c) The Children's Home of York PAQ states the agency does not maintain documentation showing that medical and mental health practitioners have completed the required training.

Through such reviews, the facility exceeds this standards requirements.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (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?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained during classification assessments?  Yes  No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ

2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York I.L. Program at George Street –Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior tool adopted from the New Zealand Department of Corrections © Crown copyright 2003,

Interviews:

1. Intake staff
2. Supervisory staff

Interviews with intake and supervisory staff demonstrated that they complete a risk assessment with each student within 24 hours of admission. Each stated that the student risk level is communicated to Direct Staff Personnel and could describe the importance of sharing information for all aspects of programming residents. Intake and supervisory were not aware residents were to be re-assessed upon an allegation of sexual abuse and periodically.

Site Observation:

During review of 16 student files, this Auditor noted each student had received screening on the day of admission. This Auditor noted assessments were not taking place after sexual abuse allegations, periodic review students in the program longer than 12 months or those who identify as transgender or intersex. On 5.18.2020 the facility appointed the Word Processor II, who keeps the master student roster records, to notify staff one month before the due date of students to be reassessed. Additionally, the PREA Manager revised investigation forms to prompt staff to re-assess students who report sexual abuse. A site wide email was also sent to all appropriate staff on 5.18.2020, informing them of this change in procedure.

115.341

- (a) The Children's Home of York PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 28 residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Children's Home of York policy, Program Procedure-PREA, page 4-5, 115.341, states, "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's placement, the program obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident."

Although Children's Home of York policy, Program Procedure-PREA, page 4-5, 115.341, states, "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's placement, the program obtains information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident, the facility did not demonstrate periodic assessments were completed. Upon the Auditor discussing this provision with the PREA Coordinator, an agreement was understood that assessments will be completed annually for each resident. To ensure periodic assessments are completed, on 6.16.2020, the PREA Coordinator revised the PREA Resident Education Training Log to include a column for annual assessments and bi-annual assessments for transgender and intersex residents. In addition, the Coordinated Response was revised on 6.16.2020 to include direction to reassess any resident involved in a sexual assault allegation.

- (b) The Children's Home of York PAQ states the facility conducts risk assessments by using an objective screening instrument. Children's Home of York policy, Program Procedure-PREA, page 5,

section 115.341, states, “These assessments are conducted using the standard Health and Safety Assessments and the Vulnerability Assessment Instrument.”

(c) Children’s Home of York policy, Program Procedure-PREA, page 5, section 115.341 states, “At a minimum, the information obtained pertains to:

- Prior sexual victimization or abusiveness;
- 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;
- Current charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The residents own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The facility provided the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior tool adopted from the New Zealand Department of Corrections © Crown copyright 2003, which includes each provision of this standard requirements.

(d) Children’s Home of York policy, Program Procedure-PREA, page 5, section 115.341., states, “This information may also be gathered vis-à-vis conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.”

(e) Children’s Home of York policy, Program Procedure-PREA, page 5, section 115.341, states, “The sharing of this information is managed through the agency’s confidentiality policy.

Through such reviews, the facility meets this standards requirements.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children’s Home of York PAQ
2. Children’s Home of York Policy Program Procedure-PREA, not dated

#### Interviews:

1. Random residents
2. Random staff
3. Supervisory staff
4. Intake Staff

Interviews with the PREA Coordinator demonstrated that the facility does not utilize isolation.

#### Site Observation:

During review of 11 resident files, this Auditor noted each resident had received screening on the day of admission. This Auditor noted assessments were not taking place after sexual abuse allegations, periodic review students in the program longer than 12 months or those who identify as transgender or intersex. This program does not have rooms utilized for isolation. This issue was addressed in standard 115.341.

#### 115.342

- (a) The Children’s Home of York PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Children’s Home of York Program Procedure-PREA, page 5, section 115.343, states, “The program will use all information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.”

- (b) The Children’s Home of York PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.
- (c) The Children’s Home of York PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Children’s Home of York Program Procedure-PREA, page 5, section 115.342., states, “Lesbian, gay, bisexual, transgender, or intersex residents are not to be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.”
- (d) The Children’s Home of York PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis. Children’s Home of York Program Procedure-PREA, page 5, section 115.342, states, “Placement and programming assignments for each transgender or intersex resident are reassessed during quarterly case reviews to review any threats to safety experienced by the resident.”
- (f) Children’s Home of York Program Procedure-PREA, page 14, section B. 6., states, “A transgender or intersex student’s own view with respect to his or her own safety shall be given serious consideration.”
- (g) Children’s Home of York Program Procedure-PREA, page 14, section 115.342., states, “As is the case with all residents of the program, transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- (h) The Children’s Home of York PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.
- (i) The Children’s Home of York PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed.

Through such reviews, the facility meets this standards requirements.

## REPORTING

### Standard 115.351: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

##### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

##### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

##### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York – I.L Program at George Street PREA Verbal Report Log (115.351), not dated
4. I.L. Program at George Street Resident Handbook Insert, Attachment A, not dated
5. Website address for PA ChildLine (information on how to report child abuse)  
<http://www.dhs.pa.gov/citizens/childwelfareservices/calltoreportchildabuse/>
6. Children's Home of York I.L. Program at George Street Residential Services Client Grievance Procedure, dated 2.00

#### Interviews:

1. Random staff
2. Random residents

Resident interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Each stated telephone procedures for legal and or PREA calls, which could be made in private, without monitoring or recording, immediately upon request. Such phone calls could be made using resident personal cell phones or the house phone. Students interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility. Each student interviewed was aware of his right to report anonymously. Of the random students interviewed, each were able and willing to answer questions.

#### Site Observations:

Student files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

115.351

- (a) The Children’s Home of York PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. Children’s Home of York, Program Procedure-PREA page 6, section 115.351, states, “The program provides 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.”

The facility provided the Children’s Home of York I.L. Program at George Street Residential Services Client Grievance Procedure. The procedure encourages resident’s express concerns verbally; however, if an acceptable resolution is not achieved within five working days, residents may address their concerns in writing.

- (b) The Children’s Home of York PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Residents have access to the ChildLine hotline, YWCA Child Advocates and or are able to report through a web address for PA ChildLine (information on how to report child abuse) through <http://www.dhs.pa.gov/citizens/childwelfareservices/calltoreportchildabuse/>

- (c) The Children’s Home of York PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Children’s Home of York, Program Procedure-PREA, page 6, section 115.351, states, “Staff who receive reports verbally, in writing, anonymously, or from third parties and must promptly, immediately upon receipt, document any verbal reports.”

- (d) The Children’s Home of York PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or 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. Children’s Home of York, Program Procedure-PREA, page 6, section 115.351, states, “The program provides residents with access to tools necessary to make a written report.”

- (e) The Children’s Home of York PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11).

The facility provided a Children’s Home of York – I.L Program at George Street PREA Verbal Report Log (115.351)/ The form allows for a staff name, date of verbal report, time of verbal request, name of resident making report and report details from the resident. The report provides instruction to staff to immediately report disclosure to supervisor, police notification, completion of an incident report and the offering of medial/mental health services being accepted or declined.

The program provides a method for staff to privately report sexual abuse and sexual harassment of residents through the organization's Harassment Policy as well as the fact that they are all Mandated Reporters, and it is expected that all staff comply with these expectations.

Through such reviews, the facility meets this standards requirements.

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020

4. Children's Home of York I.L. Program at George Street Residential Services Client Grievance Procedure 300.14(a), dated 2.00
5. Children's Home of York Grievance Investigation Form, not dated
6. Revised Client Grievance Investigation Form, dated 6.9.2020
7. Children's Home of York Resident Grievance Form, not dated
8. Revised Children's Home of York Resident Grievance Form, not dated
9. Children's Home of York Parent/Guardian Grievance Procedure, not dated
10. Parent/Guardian and Third Party Reporting Grievance Investigation Form, dated 6.10.2020
11. Children's Home of York Parent/Guardian Grievance Investigation New Form, not dated
12. Revised Children's Home of York Parent/Guardian Grievance Form, not dated
13. Children's Home of York I.L. Program at George Street Resident Handbook Insert, Attachment A, not dated

Interviews:

1. Random residents
2. PREA Coordinator

Residents interviewed were aware of the grievance procedures and understood a trusted adult could assist them, if needed. No students interviewed stated they had used the facility grievance system.

Site Observation:

Grievance boxes, third party postings and third party reporting forms were available in the common areas trafficked by residents and visitors.

115.352

- (a) The Children's Home of York PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The Children's Home of York Program Procedure-PREA, page 6, section 115.352, states, "All clients are covered under the organization's Client's Rights Policy and Client Grievance Policy."
- (b) The Children's Home of York PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The Children's Home of York Program Procedure-PREA, page 16, section 115.352, states, "The program does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse."
- (c) The Children's Home of York PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The Children's Home of York Program Procedure-PREA, page 6, section 115.352, "The Children's Home of York shall ensure that:
  - a. A student who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
  - b. Such grievance is not referred to the staff member who is the subject of the complaint."

- (d) The Children's Home of York PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:
- there have been zero grievances filed alleging sexual abuse;
  - zero grievances alleging sexual abuse that reached final decision within 90 days, after being filed;
  - zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and;
  - zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Children's Home of York Client Grievance Procedure instructs residents to first express your concern verbally or in writing to the Program Supervisor or Director. If an acceptable resolution is not achieved within five (5) working days, you may address your concern in writing, or verbally to the Assistant Executive Director of the Children's Home of York and request a meeting. The Assistant Executive Director will meet with you within five (5) working days of the receipt of the request. If appropriate, the Program Supervisor or Director may be asked to attend the meeting. The Assistant Executive Director will review all pertinent material and will respond, in writing, within five (5) working days of the meeting with you.

Although the facility provided residents with grievance forms, the grievance policy and forms required residents to verbally attempt to resolve issues before reporting through the grievance process. Third party reporting (Grievance) forms for parents also required verbal attempts before filing a grievance. On 6.10.2020 both Grievance forms were revised to alleviate the verbal reporting process before filing a grievance. In addition, the facility PREA policy was revised to include language for emergency and anonymous grievances. Residents were trained on 6.10.20 to make them aware of the revisions.

- (e) Children's Home of York Program Procedure-PREA, page 6, section 115.352, states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

The facility provided Grievance (third party reporting) forms for third parties, which also encouraged verbal attempts before filing a grievance. On 6.10.2020, the Third Party Grievance form was revised to alleviate the verbal reporting process before filing a grievance.

- (f) The Children's Home of York PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within five days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

Children’s Home of York Program Procedure-PREA, did not originally address accommodations for anonymous or emergency grievances. On 6.4.2020, the facility policy was revised to state, “A resident and file a grievance relating to a report of sexual harassment or abuse without first trying to resolve the issue verbally. In regards to grievance relating to reports of sexual harassment and abuse this policy contains allowance for emergency and/or anonymous grievances.”

- (g) The Children’s Home of York PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith. Children’s Home of York Program Procedure-PREA, does not address this provisions’ requirement.

Through such reviews, the facility meets this standards requirements.

### **Standard 115.353: Resident access to outside confidential support services and legal representation**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### **115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Client Rights Policy, 300.29, dated 12.10.03
5. Notification letter to Chief David Lash, Northern York County Regional Police Department, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
6. Notification letter to Wellspan – York Hospital, Emergency Department Director, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
7. Notification letter to YWCA – York, Victim's Assistance Center, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape.
8. End the Silence Zero Tolerance for Sexual Abuse and Sexual Harassment brochure, not dated
9. Children's Home of York I.L. Program at George Street Resident Handbook Insert, Attachment A, not dated

#### Interviews:

1. Random residents

Residents interviewed demonstrated their reporting knowledge externally to include calling the hotline, or telling a trusted adult at the program or in the community. Each student interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse to staff.

Site Observation:

Student files reviewed demonstrated each had been educated on reporting requirements at the time of intake.

115.353

- (a) The Children’s Home of York PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:
- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
  - Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
  - Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

Children’s Home of York Program Procedure-PREA, page 6-7 section 115.353, states, “The program provides residents with easy access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.”

The facility provided the Children’s Home of York’s Client Rights Policy, 300.29, describing the resident rights regarding their right to be free of abuse, in any fashion The facility provided the End the Silence Zero Tolerance for Sexual Abuse and Sexual Harassment brochure, which clearing documents the residents right to report, how to report, external and internal reporting options with contact information.

On 5.31.2020, the Auditor contacted the 1.800.932.0313 phone number on the End the Silence brochure. A recording began stating that the caller had reached the ChildLine Commonwealth of Pennsylvania hotline for reporting abuse. The message went on to state the caller could hold the line to report child abuse or report via [www.keepkidssafepa.gov](http://www.keepkidssafepa.gov). The Auditor stayed on the line and verified through the operator that any resident of the Children’s Home of York could report through this entity. The operator stated, “if this were a call from a resident, ChildLine would call the Domestic Violence shelter to work with the person who had been assaulted.”

On 5.31.2020, the Auditor contacted the 1.800.422.3204 phone number on the End the Silence brochure and reached the Domestic Violence Shelter and spoke with a resident counselor at the YWCA. The counselor explained the Domestic Violence Shelter/YWCA Access York was an affiliate of the YWCA. The counselor explained “the Domestic Violence Shelter provides services to victims of sexual assault and would go to the hospital for any victims of sexual assault or abuse. Right now the staff cannot go to the hospital because of COVID, but we do call them and stay on the phone. This is a shelter for those 18 or older, families, men and women.”

The facility provided the Children’s Home of York Resident Handbook Insert, Attachment A. For Counseling services, the facility policy states, “If you have been the victim of sexual abuse or assault you may seek counseling or advice. The I.L. Program at George Street has a partnership with the YWCA and VAC (Victim’s Assistance Center). Program staff can help you schedule an appointment or you can call 1(800) 422-3204. You can find more information about their services by visiting: [http://www.ywcayork.org/site/c.7oIIJOPrGgIUf/b.8384921/k.A670/Victim\\_Services.htm](http://www.ywcayork.org/site/c.7oIIJOPrGgIUf/b.8384921/k.A670/Victim_Services.htm) “ This link provides access to the YWCA of York, with options to ask for help when in need of counseling services.

- (b) The Children’s Home of York PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Children’s Home of York Program Procedure-PREA, page 7 section 115.353, states, “The aforementioned services are not monitored unless court ordered.”

- (c) The Children’s Home of York PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a notification letter to YWCA – York, Victim’s Assistance Center, dated 5.1.2020 of PREA policies and procedure 28 CFR-Part 115, National Standards to Prevent, Detect and Respond to Prison Rape. Although this is not an agreement, the Domestic Violence Shelter provides advocacy services to anyone who contacts the shelter for assistance.

- (d) The Children’s Home of York PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. The facility provided Children’s Home of York, Client Rights, policy 300.29, which states, “You have the right to communicate with others by telephone subject to reasonable program policy and written instructions from the referring agency or court, if applicable, regarding circumstances, frequency, payment, time and privacy. You have the right to visits with family members at least once every two weeks, at a time and location convenient for the family, you and the program, unless the visits are restricted by court order. More frequent family visits may be permitted. Visits with your family may not be used as a reward or sanction.”

Through such reviews, the facility meets this standards requirements.

### **Standard 115.354: Third-party reporting**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.354 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children’s Home of York PAQ
2. Children’s Home of York Policy Program Procedure-PREA, not dated
3. Facility website: [prea.report@dhs.state.ia.us](mailto:prea.report@dhs.state.ia.us)
4. Children’s Home of York’s website: <http://childrenshomeofyork.org/about/about-zero-tolerance>
5. Children’s Home of York Zero Tolerance Provision, 23 PA.C.S. Child Protective Services Law, not dated
6. Children’s Home of York Grievance Investigation Form, not dated
7. Children’s Home of York Parent/Guardian Grievance Procedure, 300.14b, 30.14b, not dated

#### Interviews:

1. Random residents
2. Random staff
3. Supervisory staff

Residents and staff interviewed demonstrated their reporting knowledge of third party reporting.

115.354

- (a) The Children’s Home of York PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Children’s Home of York Program Procedure-PREA, page 7, section 115.354, states, “The Children’s Home publically distributes information on how to report sexual abuse and sexual harassment on behalf of a resident via the organizations website.” Web address <http://childrenshomeofyork.org/about/about-zero-tolerance>. The facility provided a hard copy third party grievance/reporting form used for all third party reports.

Through such reviews, the facility meets this standards requirements.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

**115.361 (d)**

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

**115.361 (e)**

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  
 Yes    No
  
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians?  Yes    No
  
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation?  Yes    No

**115.361 (f)**

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?  Yes    No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
  
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Document Review:**

1. Children’s Home of York PAQ
2. Children’s Home of York Policy Program Procedure-PREA, not dated
3. Alleged Abuse and Sexual Assault Checklist, dated 6.6.2019

**Interviews:**

1. President
2. PREA Coordinator
3. Supervisory staff
4. Random staff

Interviews with the President, PREA Coordinator, supervisory staff, random staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

115.361

- (a) The Children’s Home of York PAQ states the agency requires all staff to report immediately and according to agency policy 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Children’s Home of York Program Procedure-PREA, page 7, section 115.361, states, “The Children’s Home requires all staff to report immediately 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

- (b) The Children’s Home of York PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Measure (a) of this standard provision is addressed in facility policy, by stating, “The Children’s Home also requires all staff to comply with any applicable mandatory child abuse reporting laws.”
- (c) Children’s Home of York PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Children’s Home of York Program Procedure-PREA, page 7, section 115.361, states, “Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.”
- (d) Children’s Home of York Program Procedure-PREA, page 7, section 115.361, states, Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.”
- (e) Children’s Home of York Program Procedure-PREA, page 7, section 115.361, states, “Upon receiving any allegation of sexual abuse, the program will promptly report the allegation to the appropriate agency office and to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.”

The facility provided an ‘Alleged Abuse and Sexual Assault Checklist, instructing staff on procedures to be completed upon learning of a sexual abuse allegation. The procedure outlines

processes to be followed from learning of the notifying the victim of an outcome of the investigation.

- (f) Children’s Home of York Program Procedure-PREA, page 7, section 115.361, states, “Upon receiving any allegation of sexual abuse, the program will promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.”

Through such reviews, the facility meets this standards requirements.

### Standard 115.362: Agency protection duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children’s Home of York PAQ
2. Children’s Home of York Policy Program Procedure-PREA, not dated
3. Children’s Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Form, not dated

#### Interviews:

1. President
2. PREA Coordinator
3. Staff Retaliation Monitor

Interviews with the President, PREA Coordinator and facility investigator demonstrated the facility staff acts promptly and responds properly at the discovery of the incident.

Site Observation:

Review of one allegation demonstrated the residents were separated when appropriate and a safety plan was put in place to ensure resident felt safe.

115.362

- (a) The Children’s Home of York PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports one resident was subject to substantial risk of imminent sexual abuse. Upon discovery of resident being subject to substantial risk, the facility immediately separated the victim from the perpetrator, made notification and completed incident reporting requirement in under one hour.

Children’s Home of York Program Procedure-PREA, page 7, section 115.362, states, “When the program learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident.”

The facility provided a Children’s Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Form completed for a resident, initiated on 6.4.2019. Weekly checks occurred on 6.10.2019, 6.17.2019, 6.24.2019, 7.1.2019, 7.9.2019, 7.18.2019, 7.22.2019, 7.30.2019. Checks where stopped weeks 9-13 as residents went AWOL from the program. Retaliation notes demonstrated the resident was not experiencing retaliation on each documented check. Retaliation monitoring was completed by the facility PREA Coordinator.

Through such reviews, the facility meets this standards requirements.

**Standard 115.363: Reporting to other confinement facilities**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

**115.363 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

**115.363 (c)**

- Does the agency document that it has provided such notification?  Yes  No

**115.363 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York I.L. Program at George Street PREA Notification Log 115.363, not dated

#### Interviews:

1. President

The interview with the President demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, he had the responsibility to notify the head of the facility where the allegation occurred.

#### 115.363

- (a) The Children's Home of York PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.

Children's Home of York Program Procedure-PREA, page 8, section 115.363., states, "Upon learning of an allegation that a client was sexually abused while at a previous facility, the following steps will be taken:

- The Program leadership will report this allegation to the PREA Compliance Manager, who will notify agency leadership. The appropriate investigative agency will be notified by the PREA Compliance Manager or designee. The Program leadership will notify the head of the facility where the abuse was alleged to have occurred as soon as possible but within 72 hours.
- The Program leadership will ensure that the allegation is reported as per this PREA Procedure and according to CPSL expectations.

- The Program leadership will document all notifications.

In the event that the Program leadership receives a report from another facility, the same process shall occur. The facility policy was revised to state, "The program Leadership will report this allegation to the Program Administrator, who will notify agency leadership."

- (b) The Children's Home of York PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The Children's Home of York PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation.

The facility provided a Children's Home of York I.L. Program at George Street PREA Notification Log 115.363 to demonstrate the following procedure is completed. "Per standard 115.363, upon receiving an allegation that a resident was sexually abused while confined at another facility, the program supervisor or VP of programs must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred as soon as possible, but no later than 72 hours from the time the allegation was made." The log includes the date and time, person making the allegation, date of allegation, facility where allegation occurred, facility personnel informed of allegation, method of notification and signature of the reporting party.

- (d) The Children's Home of York PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities. Children's Home of York Program Procedure-PREA, page 19, section C. 2., states, "Upon receiving an allegation from another facility that a student was sexually abused while a resident at the Children's Home of York, the allegation shall be investigated."

Through such reviews, the facility meets this standards requirements.

### **Standard 115.364: Staff first responder duties**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.364 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated

#### Interviews:

1. Random staff
2. Supervisory staff
3. Agency Investigator

Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities. Each could clearly articulate they would separate, protect the scene and report when the situation was safe to do so.

#### Site Observation:

Documentation review of the allegations of sexual abuse reported, each demonstrated staff responded accurately and promptly.

115.364

- (a) The Children’s Home of York PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, one allegations occurred where a resident was sexually abused. During the one allegation, a none security staff member was the first responder.

Children’s Home of York Program Procedure-PREA, page 8, section 115.364, states, “Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The facility provided an occurrence of this type of allegation and all required facility steps outline on the coordinated response were followed.

- (b) The Children’s Home of York PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the one allegation which occurred, the first responder requested that the alleged victim not take any action that could destroy physical evidence and notified security staff, “Children’s Home of York Program Procedure-PREA, page 9, section 115.364 (4), was revised to include this standard language in policy.

Through such reviews, the facility meets this standards requirements.

## **Standard 115.365: Coordinated response**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.365 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. PREA Coordinated Response Plan Policy, not dated
4. Revised PREA Coordinated Response Plan Policy, dated 6.16.2020

#### Interviews:

1. President
2. PREA Coordinator
3. Supervisory staff
4. Random staff

Interviews with the President, PREA Coordinator, supervisory and random staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.

#### Site Observation:

Review of the institutional plan and coordinated response demonstrates clear direction to staff to ensure first responder duties are fulfilled.

#### 115.365

- (a) The Children's Home of York PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Children's Home of York Program Procedure-PREA, page 8, section 115.365, states, "The Children's Home of York's Director of Compliance, who ensures that the organization conforms to all legal and oversight expectations, will coordinate the agency's response to an allegation of sexual abuse and/or harassment."

The facility provided a coordinated response that dictates action to be taken in the event of a sexual abuse or sexual harassment incident.

Through such reviews, the facility meets this standards requirements.

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

##### 115.366 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

- Children's Home of York PAQ

#### Interviews:

- PREA Coordinator

Interviews with the PREA Coordinator determined that they do not contract with any unionized entity for employment or resident services.

115.366

(a) The Children's Home of York PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit.

Through such reviews, the facility meets this standards requirements.

### Standard 115.367: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

##### 115.367 (b)

- Does the agency employ multiple protection measures, such as housing 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?  Yes  No

##### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Tool, not dated
4. Completed Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring dated 6.4.2019 through 8.1.2019.

Interviews:

1. PREA Coordinator
2. Supervisory staff

Interviews with the PREA Coordinator and the Program Coordinator demonstrated each would and have completed retaliation monitoring; however, the PREA Coordinator documents the monitoring. The Program Coordinator checks in verbally with residents and would voice any concerns to the PREA Coordinator.

Site Observation:

Review of retaliation monitoring demonstrated the facility kept records for up to 90 days. Of the monitoring documented the notes did not show the youth was retaliated against, in any way.

115.367

- (a) The Children's Home of York PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Children's Home of York Program Procedure-PREA, page 8-9, section 115.367, states, "The Children's Home of York prohibits any form of retaliation against any individual (client or staff) who, in good faith, reports sexual abuse or harassment and/or cooperates with sexual abuse or sexual harassment investigations." The agency designates Associate Director/PREA Coordinator Terri Tolomeo with monitoring for possible retaliation.
- (b) Children's Home of York Program Procedure-PREA, page 20, section F.2, states, "The program leadership will be sensitive to and monitor retaliation and report any suspicion of retaliation to the PREA Compliance Manager."
- (c-e) The Children's Home of York PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the student is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had one incident of retaliation.

Children's Home of York Program Procedure-PREA, page 9, section 115.367, states, "The PREA Compliance Manager will monitor (for at least 90 days) the treatment of client's and/or staff who report sexual abuse to ascertain if there may be retaliation in play. The program leadership will perform periodic one-on-one checks with those involved to ask if they feel that retaliation has been an issue. Multiple protective measures will be instituted such as removal of alleged abuser, limiting contact with victims and witnesses, emotional support services for residents and/or staff."

The facility provided a Children's Home of York I.L. Program at George Street Sexual Abuse Retaliation Monitoring Form completed for a resident, initiated on 6.4.2019. Weekly checks occurred on 6.10.2019, 6.17.2019, 6.24.2019, 7.1.2019, 7.9.2019, 7.18.2019, 7.22.2019, 7.30.2019. Checks were stopped weeks 9-13 as residents went AWOL from the program. Retaliation notes demonstrated the resident was not experiencing retaliation on each documented check. Retaliation monitoring was completed by the facility PREA Coordinator

Through such reviews, the facility meets this standards requirements.

## Standard 115.368: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

- Children's Home of York PAQ
- Children's Home of York Policy Program Procedure-PREA, not dated

#### Interviews:

- PREA Coordinator
- Random staff
- Supervisory staff
- Random residents

Random resident interviews conducted demonstrated that residents had not nor had they heard of a resident being placed in isolation during their residency. Interviews with the PREA Coordinator, random and supervisory staff demonstrated that the facility did not utilize seclusion nor was such a space available at the facility.

Site Observation:

No seclusion rooms or locations at the facility.

115.368

(a) The Children’s Home of York PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.” In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation. The facility does not utilize isolation.

Through such reviews, the facility meets this standards requirements.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

##### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

##### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

##### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

##### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020

#### Interviews:

1. PREA Coordinator
2. Agency Investigator
3. Criminal Investigator

Interviews with the PREA Coordinator, agency and criminal investigator demonstrated none had completed specialized investigator training where considering PREA standards. Each clearly articulated how each would proceed during an investigation; however, without consideration to PREA standards.

#### 115.371

- (a) The Children's Home of York PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. Children's Home of York Program Procedure-PREA, page 9, section 115.371., states, "the Organization does not conduct criminal investigation of sexual abuse." Since the last PREA audit, the facility has had one criminal investigations referred to law enforcement.
- (b) Although the agency investigator had completed types of investigator trainings prior to the implementation of PREA standards within the agency, this training did not include specific training to or consideration of Standards 115.371 and 115.373. **The agency investigator has agreed to complete specialized investigator training by July 15, 2020.**

- (c) Children’s Home of York Program Procedure-PREA, page 21, section A. 2., states, “The appropriate individuals shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview student victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”
- (d) The Children’s Home of York PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “the agency shall no terminate an investigation solely because the source of the allegation recants the allegation.
- (e) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”
- (f) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as a resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of an allegation.”
- (g) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “Administrative Investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

An Administrative investigation was not completed for the incident which occurred on 6.4.2019. Through conversation between the agency investigator and the Auditor, the investigator now understands and has agreed to complete Administrative investigations for all allegations of sexual abuse and sexual harassment.

- (h) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.”
- (i) The Children’s Home of York PAQ states there has been one sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date.
- (k) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide for a basis for terminating an investigation.”
- (m) Children’s Home of York Program Procedure-PREA, page 10, section 115.371, was revised to state, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

Through such reviews, the facility meets this standards requirements.

### Standard 115.372: Evidentiary standard for administrative investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated

#### Interviews:

1. Agency Investigator

The interview with the facility investigator(s) demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

#### 115.372

- (a) The Children's Home of York PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Children's Home of York Program Procedure-PREA, page 9, section 115.372, states, "Any administrative investigation includes the organization Compliance Office as lead investigator. The Children's Home of York will impose no higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated and responded to in an appropriate manner."

Through such reviews, the facility meets this standards requirements.

### Standard 115.373: Reporting to residents

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

##### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

##### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

##### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York I.L. Program at George Street PREA Notification Log 115.373 (Reporting to Residents), not dated
4. Children's Home Substantiated Allegation / Compliant Notification form, not dated
5. Children's Home Unsubstantiated Allegation / Compliant Notification form, not dated

### Interviews:

1. Agency Investigator
2. PREA Coordinator

Interviews with the PREA Coordinator and the agency investigator demonstrated notification requirements to victims was given in writing and properly documented and stored.

115.373

- (a) The Children's Home of York PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been zero criminal and or administrative investigations.

Children's Home of York Program Procedure-PREA, page 9, section 115.373, states, "The program will ensure that the client be kept updated as to the status of the allegation (substantiated, unsubstantiated, unfounded, etc.) as it received information from the investigative agency. This obligation shall terminate upon the client's discharge from the program."

The facility provided a completed Children's Home of York I.L. Program at George Street PREA Notification Log 115.373 (Reporting to Residents), with documentation demonstrating findings from a substantiated allegation of abuse were communicated to the resident. Documentation demonstrates the date of notification occurred on 6.4.2020.

The facility provided a Children's Home Substantiated Allegation / Compliant Notification form, and a Children's Home Unsubstantiated Allegation / Compliant Notification form. Each form requires information regarding the unsubstantiated or substantiated compliant notification, name of resident, date of incident, name of author and date of report. The body of the form requires information on the investigation completed and the finding of the investigation. Once complete, this investigation is given to the victim and provided to the Program Supervisor, Associated Director of Programs Director of Human Resources, CEO of Agency, referring worker and the investigation file.

- (b) The Children's Home of York PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been one investigation of alleged resident sexual abuse, which was completed by an outside agency. The resident was informed of the results of the investigation.
- (c) The Children's Home of York PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
- The staff member is no longer posted within the resident's unit;
  - The staff member is no longer employed at the facility;
  - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has been one substantiated or unsubstantiated complaint of sexual abuse committed by staff against a resident in the last 12 months.

- (d) The Children's Home of York PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) The Children’s Home of York PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been one notification to a resident, pursuant to this standard. Of those motivations, in the past 12 months, one was documented.

Through such reviews, the facility meets this standards requirements.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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?  Yes  No

#### 115.376 (d)

- Are 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, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are 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, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Document Review:**

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.2.2020
4. Children's Home of York (Staff) Discipline Policy, page 66, not dated

**Interviews:**

1. PREA Coordinator
2. Director of Human Resources and Training

**Site Observation:**

In the last 12 months, the facility had zero staff who was disciplined for violation of an agency sexual abuse or sexual harassment policy.

115.376

- (a) The Children's Home of York PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Children's Home of York Program Procedure-PREA, page 9, section 115.376 refers to Children's Home of York (Staff) Discipline Policy. Page 66, section 6.5 Discipline Process outlined the steps involved in applying progressive discipline. and including termination for violating agency sexual abuse or sexual harassment policies.
- (b) The Children's Home of York PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.
- (c) The Children's Home of York PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

Children's Home of York Program Procedure-PREA, page 11, section 115.376 was revised to state, "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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."

- (d) The Children's Home of York PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

Children's Home of York Program Procedure-PREA page 11, section 115.376 was revised to state, "All terminations for violations of agency sexual abuse or harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law

enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Through such reviews, the facility met this standards requirements.

### Standard 115.377: Corrective action for contractors and volunteers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

##### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020

Interviews:

1. PREA Coordinator

Site Observation:

During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies. Currently the facility has no volunteers or contractors.

115.377

- (a) The Children’s Home of York PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.

Children’s Home of York Program Procedure-PREA, page 9, section 115.373, states “The program does not use volunteers.”

The Children’s Home of York has not experienced an incident where a contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.

- (b) The Children’s Home of York PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Children’s Home of York Program Procedure-PREA, page 9, section 115.373, states “If a client makes an accusation against a contractor, the program will respond in the same manner as if the accusation was made against a staff member, including a formal safety plan insuring that the contractor has no contact with the client until the investigation has been completed.” Children’s Home of York Program Procedure-PREA page 12, section 115.377 was revised to state, “Any contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” “The program shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor.”

Through such reviews, the facility meets this standards requirements.

**Standard 115.378: Interventions and disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020

### Interviews:

1. Sexual Abuse Incident Team member – PREA Coordinator
- Interviews with PREA Coordinator, who serves as a member of the sexual abuse incident team demonstrated residents who falsely reported PREA allegations would not earn a good week and possible privileges would be lost. Staff explained students who do not earn good weeks could result in not being allowed privileges in recreation areas of programming, reduction of level, and earlier bedtimes.

### 115.378

- (a) The Children's Home of York PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been one criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.

Children's Home of York Program Procedure-PREA, page 12, section 115.378, states, "A client may be subject to disciplinary action following an administrative finding that the resident engaged in sexual abuse of a peer or following a criminal finding of guilt."

Children's Home of York utilizes a point system for behavior. Children's Home of York does not sanction youth to confinement as discipline. When a youth commits an incident, it is brought before the Treatment Team comprised of staff and professionals involved in the residents' treatment plan. The sanctions include reduction in the level system, reduction in 'weeks', removing privileges, etc.

- (b) The Children's Home of York PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse. Children's Home of York Program Procedure-PREA, page 12, section 115.378, states, "A report of sexual abuse made in good faith cannot be addressed as a disciplinary issue."
- (c) Children's Home of York Program Procedure-PREA page 12, section 115.378 was revised to state, "Consensual sexual activity between residents does not constitute 'sexual abuse' unless otherwise stipulated by Commonwealth law."
- (d) The Children's Home of York PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Children's Home of York Program Procedure-PREA page 12, section 115.378 was revised to state, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

- (e) The Children's Home of York PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. Children's Home of York Program Procedure-PREA page 12, section 115.377 was revised to state, "The agency may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact."
- (f) The Children's Home of York PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Children's Home of York Program Procedure-PREA, page 12, section 115.378, states, "A report of sexual abuse made in good faith cannot be addressed as a disciplinary issue."
- (g) The Children's Home of York PAQ states the agency prohibits all sexual activity between residents. Children's Home of York Program Procedure-PREA, page 12, section 115.378 states,

“Consensual sexual activity between residents does not constitute “sexual abuse” unless otherwise stipulated by Commonwealth law.”

Through such reviews, the facility meets this standards requirements.

## MEDICAL AND MENTAL CARE

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Document Review:**

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020
4. Children's Home of York Health and Safety Assessments/ILP@GeoSt, dated 7.14
5. Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form, not dated

**Interviews:**

1. PREA Coordinator
2. Program Coordinator

Interviews with the PREA Coordinator and the Program Coordinator demonstrated disclosure reports are reported to the PREA Coordinator. Documentation of disclosures and follow up appointments are scheduled with a medical or mental health provider in the community.

**115.381**

- (a) The Children's Home of York PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been 10.7% of residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

Children's Home of York Program Procedure-PREA, page 12, section 115.381., states, "The program will ensure that all follow-up medical and/or mental health appointments are available to the client.

The facility provided a sample Children's Home of York Health and Safety Assessments/ILP@GeoSt, form. Question 20 asks, "Have you been sexually abused?" If the resident answers 'Yes' the assessment questions if the resident would like a 'Follow Up Meeting.' If the resident states 'Yes' the assessment provides entry for the follow meeting date.

- (b) The Children's Home of York PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months there have been 25% residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process.

Children's Home of York Program Procedure-PREA, page 12, section 115.381, states, "If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening."

The Children's Home of York provided Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form. The form captures the date and time of the appointment and reason for visit.

- (c) The Children's Home of York PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Children's Home of York Program Procedure-PREA, page 12, section 115.381, states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law."

- (d) The Children's Home of York PAQ states, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Children's Home of York Program Procedure-PREA, page 12, section 115.381 states, "Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18."

The facility provided Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form. The Medical/Mental Health Follow Up Appointment form asks the resident, "If client is 18 y.o. or older, provider obtained consent for treatment?"

Through such reviews, the facility meets this standards requirements.

## **Standard 115.382: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Health and Safety Assessments/ILP@GeoSt, dated 7.14
4. Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form, not dated

#### Interviews:

1. Random residents
2. Random staff
3. Random staff
4. Program Coordinator
5. PREA Coordinator

Interviews with residents, random staff and supervisory personnel demonstrated that residents are aware of access to emergency medical and mental health services.

#### 115.382

- (a) The Children's Home of York PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature

and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences.

Children’s Home of York Program Procedure-PREA, page 13, section 115.382, states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.”

The Children’s Home of York provided Children’s Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form. The form captures the date and time of the appointment and reason for visit.

- (c) The Children’s Home of York PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Children’s Home of York Program Procedure-PREA, page 13, section 115.382, states, “Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.”

- (d) The Children’s Home of York PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Children’s Home of York Program Procedure-PREA, page 11, section 115.382 states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The facility provided Children’s Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form. The Medical/Mental Health Follow Up Appointment form requires the mental health provider to document treatment services.

Through such reviews, the facility meets this standards requirements.

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

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.383 (h)**

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

**Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Children's Home of York Health and Safety Assessments/ILP@GeoSt, dated 7.14
4. Children's Home of York Independent Living Program @ George Street 115.381 PREA Medical/Mental Health Follow Up Appointment Form, not dated

#### Interviews:

1. Random residents
2. Random staff
3. Random staff
4. Program Coordinator
5. PREA Coordinator

Interviews with residents, random staff and supervisory personnel demonstrated that residents are aware of access to emergency medical and mental health services.

#### 115.383

- (a) The Children's Home of York PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Children's Home of York Program Procedure-PREA, page 13, section 115.383 states, "The program shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse while in program.

- (b) Children's Home of York Program Procedure-PREA, page 13, section 115.383, states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (c) Children's Home of York Program Procedure-PREA, page 13, section 115.383 states, "The program shall provide such victims with medical and mental health services consistent with the community level of care.

- (d) The Children's Home of York PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is not applicable. The Children's Home of York is an all-male facility.
- (e) The Children's Home of York PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is not applicable. The Children's Home of York is an all-male facility.
- (f) They Children's Home of York PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Children's Home of York Program Procedure-PREA, page 13, section 115.383, states, "Client victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate."
- (g) Children's Home of York Program Procedure-PREA, page 13, section 115.383, states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."
- (h) The Children's Home of York PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. "Children's Home of York Program Procedure-PREA, page 13, section 115.383 states, "The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Through such reviews, the facility meets this standards requirements.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

##### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

##### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. Revised Children's Home of York Policy Program Procedure-PREA, dated 6.4.2020
4. Sexual Abuse Incident Review Form, (completed 8.5.2020)
5. Sexual Abuse Incident Review Form, blank sample, not dated
6. Serious/Critical Incident Debriefing, PREA Compliant, (completed 6.11.2020)
7. Serious/Critical Incident Debriefing, PREA Compliant, blank sample, not dated

#### Interviews:

1. President
  2. PREA Coordinator – Incident Review Team
- An interview with the President and PREA Coordinator demonstrated sexual abuse incident reviews take place after each Administrative Investigation.

#### 115.386

- (a) The Children's Home of York PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one criminal and one administrative investigation of alleged sexual abuse completed at the facility,
- (b) The Children's Home of York PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, on criminal and one administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. Children's Home of York Program Procedure-PREA, page 14, section 115.386, states, "The program shall conduct a sexual abuse

incident review at the conclusion of every sexual abuse investigation through the agency's Serious Incident Review Process."

The facility provided one Serious/Critical Debriefing review for an Administrative Investigations conducted from 6.4.2020 to 8.5.2020. This review was completed outside of the 30-day requirement due to waiting for an outcome from law enforcement.

- (c) The Children's Home of York PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The Children's Home of York PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

Children's Home of York Program Procedure-PREA, page 14, section 115.386 (b), was revised to state, "The data is collected and reported via the Survey of Sexual Valence Summary."

- (e) The Children's Home of York PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so. Children's Home of York Program Procedure-PREA, page 14, section 115.386 (c), was revised to state, "The program shall implement the recommendations for improvement, or shall document the reasons for not doing so."

Through such reviews, the facility meets this standards requirements.

### Standard 115.387: Data collection

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

##### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

##### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

##### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. 2019 Agency/Facility Annual Report at  
[https://dhs.iowa.gov/sites/default/files/2019\\_PREA\\_Report.pdf?040820200239](https://dhs.iowa.gov/sites/default/files/2019_PREA_Report.pdf?040820200239)

115.387

(a)/(c)-1,2

The Children's Home of York PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Children's Home of York Program Procedure-PREA, page 14, section 115.387 (a/c), states, "The program collects data from every allegation of sexual abuse." "The data is collected and reported via the Survey of Sexual Violence Summary."

- (b) The Children’s Home of York PAQ states the agency aggregates incident-based sexual abuse data at least annually. Children’s Home of York Program Procedure-PREA, page 14, section 115.387, states, “This data is aggregated on an ongoing basis and shared with the organization’s Compliance and CQI Director.”

The facility provided aggregate data for years 2016 through 2019, documenting one incident of sexual abuse in the year of 2019.

- (d) The Children’s Home of York PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Children’s Home of York Program Procedure-PREA, page 14, section. 115.387, states, “Upon request the agency shall provide all aforementioned dated to the Department of Justice.”
- (e) The Children’s Home of York PAQ states the agency does not contract for the confinement of residents.
- (f) The Children’s Home of York PAQ states the Department of Justice has requested agency data for the year 2018 or 2019. The facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes the format necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV), conducted by the Department of Justice.

The facility provided aggregate and comparison data for 2016 through 2019.

Through such reviews, the facility meets this standards requirements.

### Standard 115.388: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Document Review:

1. Children's Home of York PAQ
2. Children's Home of York Policy Program Procedure-PREA, not dated
3. 2019 Agency/Facility Annual Report at [https://dhs.iowa.gov/sites/default/files/2019\\_PREA\\_Report.pdf?040820200239](https://dhs.iowa.gov/sites/default/files/2019_PREA_Report.pdf?040820200239)

#### Interview/Site Observation:

1. PREA Coordinator
- An interview conducted with the PREA Coordinator and review of the 2019 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.

115.388

- (a) The Children’s Home of York PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:
- Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Children’s Home of York Program Procedure-PREA, page 14, section 115.388, states, “All related data will become part of the organizations Continuous Quality Improvement efforts as well as the organizations Formal Risk Management process.

- (b) The Children’s Home of York PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. In the last three years, the facility has not had an incident which constituted changing agency or facility current practices.
- (c) The Children’s Home of York PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. Children’s Home of York Program Procedure-PREA, page 14, section 115.387, states, “All incidents, as well as the annual date, will be reviewed by the Director of Compliance.” “The Risk Management process is an agency-wide Clinical Risk Management Team that includes Associate Directors, Clinicians, and Program leaders. The purpose of the Clinical Risk Management team is the management of risks in a professionally competent and clinically sound manner by evaluating real or perceived risks against the current professional literature representing the current knowledge base of the profession. The primary goal of the process is to identify and put into place accommodations needed to successfully manage the presenting concerns, and confounding and mitigating circumstances.”
- (d) The Children’s Home of York PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Through such reviews, the facility meets this standards requirements.

### **Standard 115.389: Data storage, publication, and destruction**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

##### **115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Interviews:

##### 1. PREA Coordinator

Through interviews with the PREA Coordinator, she demonstrated the data is secured on the Agency's secure intranet with limited access to Department Supervisory staff. Aggregate, redacted data, is available on the agency website.

#### 115.389

- (a) The Children's Home of York PAQ states the agency ensures that incident-based and aggregate data are securely retained. Children's Home of York Program Procedure-PREA, page 14, section 115.389 states "All information and data collected pursuant to 115.387 are securely retained as per Children's Home of York's record keeping procedures."
- (b) The Children's Home of York PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

- (c) The Children’s Home of York PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. Children’s Home of York Program Procedure-PREA, page 14, section 115.389, states “All data and information collected pursuant to 115.387 will be kept for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Through such reviews, the facility meets this standards requirements.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### 115.401

- (a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.
- (b) This is the third audit cycle for Children’s Home of York and the first year of the third audit cycle.
- (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.
- (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).
- (m) The Auditor was permitted to conduct private interviews with residents.
- (n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Through such reviews, the facility meets this standards requirements.

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- b. The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.403

(b) The agency has posted the current 2017 PREA audit report, on their website.

Through such reviews, the facility meets this standards requirements.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen d Murray

6.22.2020

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.