

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report April 5, 2018

Auditor Information

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Company Name: Kehoe Correctional Consulting, LLC	
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Telephone: (804) 873-4949	Date of Facility Visit: November 7 – 9, 2017

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Northampton County Juvenile Justice Center		Northampton County Court of Common Pleas	
Physical Address: 650 Ferry Street		City, State, Zip: Easton, PA 18042	
Mailing Address: Click or tap here to enter text.		City, State, Zip:	
Telephone: (610) 829-6850		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The mission of the Northampton County Juvenile Justice Center is to provide leadership and instill positive change for youth, family units, and communities. Accountability is a vital component and each child will be provided with legitimate, alternative pathways to adulthood with equal access. Public safety is a principal concern in all of our practices and policies as well as the safety and welfare of each juvenile in our care. We operate with professionalism, competence, and honesty in the performance of our duties as juvenile care professionals while reducing recidivism.

Agency Website with PREA Information: <http://www.nccpa.org/juvenile-justice-center>

Agency Chief Executive Officer

Name: Alan Pfizenmayer	Title: Director
Email: apfizenmayer@northamptoncounty.org	Telephone: (610) 829-6850

Agency-Wide PREA Coordinator

Name: Nicholas J. Dailey	Title: Training Coordinator/PREA Coordinator
Email: ndailey@northamptoncounty.org	Telephone: (610) 829-6850
PREA Coordinator Reports to: Director	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Northampton County Juvenile Justice Center			
Physical Address: 650 Ferry Street, Easton, PA 18042			
Mailing Address (if different than above):			
Telephone Number: (610) 829-6850			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: The mission of the Northampton County Juvenile Justice Center is to provide leadership and instill positive change for youth, family units, and communities. Accountability is a vital component and each child will be provided with legitimate, alternative pathways to adulthood with equal access. Public safety is a principal concern in all of our practices and policies as well as the safety and welfare of each juvenile in our care. We operate with professionalism, competence, and honesty in the performance of our duties as juvenile care professionals while reducing recidivism.			
Facility Website with PREA Information: http://www.nccpa.org/juvenile-justice-center			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Alan Pfizenmayer	Title: Director
Email: apfizenmayer@northamptoncounty.org	Telephone: (610) 829-6850

Facility PREA Compliance Manager

Name:	Title:
Email:	Telephone:

Facility Health Service Administrator

Name: Dr. Albert B. DeFranco, M.D.	Title: Doctor
Email:	Telephone: (610) 829-6850

Facility Characteristics	
Designated Facility Capacity: 84	Current Population of Facility: 53
Number of residents admitted to facility during the past 12 months	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	
Number of residents on date of audit who were admitted to facility prior to August 20, 2012: 0	
Age Range of Population:	10 - 21
Average length of stay or time under supervision:	Detention 14 days Treatment 11 mo.
Facility Security Level:	Maximum
Resident Custody Levels:	Secure
Number of staff currently employed by the facility who may have contact with residents:	74
Number of staff hired by the facility during the past 12 months who may have contact with residents:	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 5
Number of Multiple Occupancy Cell Housing Units:	2
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>This facility has 74 cameras that are strategically located throughout the facility. No additional cameras have been added since the last audit. There is a very large control center that is located in the middle of the facility with good vision down the main corridor. The control center also monitors all cameras throughout the facility. The control center is always staffed and frequently has two staff assigned per shift.</p>	
Medical	
Type of Medical Facility:	Small doctor's/nurse's office
Forensic sexual assault medical exams are conducted at:	St. Luke's Hospital, Anderson Campus
Other	

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	7
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

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.

The second PREA Audit of the Northampton County Juvenile Justice Center (NCJJC) was conducted on November 7 -9, 2017 in Easton, PA. The Designated Auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to the Court Administrator J. Jermaine Greene, Sr., NCCJC Director (i.e. Superintendent) Stephen L. Tone, PREA Coordinator and Training Coordinator Nicholas J. Dailey, and all the employees of this facility for their hospitality, professionalism, and kindness throughout the audit.

The PREA Coordinator mailed the facility's Mission and Vision Statements, policies and procedures related to PREA, table of organization, the complete training packages for employees and residents, including PowerPoints, acknowledgement forms, and exams, facility floor plans, shift schedules, and a statistical report that describe the admissions and releases and a demographic profile of the residents to the Auditor a few weeks before the audit.

The Auditor contacted Just Detention International prior to the audit to inquire if that agency had received any information regarding the NCJJC. A check of their records showed no complaints on file regarding the NCJJC.

The PREA Audit Entrance Meeting was held in the Conference Room in the Administrative Suite at 8:21 a.m. on Tuesday, November 7, 2017. Mr. Toner and Mr. Dailey were present. The Auditor thanked the facility leadership for continuing to be involved in the PREA process and for inviting him back for the second PREA Audit. The Auditor reviewed the audit process and reviewed the Audit schedule.

The site review of the facility was conducted on November 7, 2017 from 9:50 a.m. to 11:35 a.m. Accompanying the Auditor on the tour was the Director, Stephen Tone and the PREA Coordinator, Nicholas Dailey. All areas where residents may be found were seen.

Mr. Toner and Mr. Dailey gave the auditor a list of all current employees and a list of all residents. Residents who were identified as being in specialized categories were also identified. The Auditor randomly selected a list of residents, by living unit, and staff, by shift, to be interviewed, in addition to those who are in specific groups.

It should be noted that following the audit, the facility Director moved into another position within the Court. A few months after the on-site audit, Mr. Alan Pfizenmayer was appointed as the NCJJC

Director. The NCJJC Director reports to the Court Administrator. The previous PREA Coordinator also moved to another organization. The PREA Coordinator position was also vacant for several months. Mr. Dailey was appointed PREA Coordinator a few weeks before the audit.

This facility has not had any allegations of sexual abuse or sexual harassment so there were no investigative reports to review. Following the on-site audit, a resident did write to the PREA Coordinator and reported that he felt he was being sexually harassed. The auditor reported the allegation to the PREA Coordinator who immediately responded to the resident. In addition, the auditor sent the resident a written reply. The PREA Coordinator did inform the auditor that in addition to the investigation, the resident will be monitored to prevent any retaliation. The resident wrote two more letters to the auditor (three in all). The auditor replied to each letter. To save time in responding, the auditor emailed his reply via the PREA Coordinator. Each time, the PREA Coordinator informed the auditor of the actions the staff were taking to help the resident. The auditor felt the facility was responding in a professional and thorough manner.

Sixteen interviews were conducted of randomly selected and targeted residents. At least two residents were selected from each of the seven living units and were also selected on the basis of gender. Eight residents were interviewed as "randomly selected" residents. Eight residents were identified who met the criteria in the targeted populations. No resident reported being sexually abused in the facility. One resident was interviewed as having limited English proficiency. Two residents identified as being gay. Five residents disclosed a prior victimization during risk screening. There were no transgender residents. The two residents identified as being gay reported that they are treated respectfully by the staff and other residents.

Twelve youth care workers, who were randomly selected by the auditor from all shifts, were interviewed. Seventeen interviews were conducted with staff or contractors in specialized areas and included the Superintendent, PREA Coordinator (also interviewed using the PREA Compliance Manager questionnaire), two investigators, mental health professional, human resources staff, two staff who screen for victimization and abusiveness, two intake staff, two staff who supervise residents in room confinement, a contractor (also asked about being a first responder), an Incident Review Team member, mid-level managers who make unannounced rounds, and the PREA Coordinator who monitors for retaliation. It should be noted that some of the staff have multiple responsibilities so a few individuals were interviewed twice if their duties covered more than one specialized area. In all, the auditor conducted 45 interviews.

Interviews with residents clearly indicated that they are well informed about PREA, their rights, and how to report an abuse. New admissions are informed about PREA during the intake process. All staff who are authorized to do admissions are well trained on how to conduct the PREA interview and education section of the admission process. New residents receive a blue brochure during intake that explains the Zero Tolerance Policy, how to report sexual abuse or sexual harassment. Residents acknowledged they were given the brochure.

The academic program at the facility is provided under an agreement with the Colonial Intermediate Unit #20. As part of the academic program, teachers provide a PREA class to students using illustrated materials the residents refer to as "the comic books." Students are tested at the completion of the PREA training. This is an excellent approach to educating students/residents and teachers about PREA.

Staff training is very thorough. PREA training is provided at least once a year, usually more often. During interviews with the Youth Care Workers, it was obvious they had all received the training and that the training has become part of the culture of this facility. Youth care workers described procedures for the preservation of evidence, protecting residents from harm or threats of retaliation, and the mandatory reporting requirements. Training records were reviewed and provided documentation that the training was provided. Employees were tested at the completion of each section of the PREA training. The testing "acknowledges" the employee understands the material. Training materials included information from the National Institute of Corrections, American University Washington College of Law, and subject matter that was developed by the facility. Employees have also received training in how to conduct cross-gender searches and searches of transgender and intersex residents. Every random employee described correctly how he/she would conduct a cross-gender search or search of a transgender or intersex resident.

The auditor was impressed with the 74 cameras that are positioned throughout the facility. The Master Control Room has several large screens that are showing what the cameras are viewing throughout the facility. The resolution of the cameras and wide-screens are excellent. Individuals can be easily identified with these cameras. The system has an automatic 90 days of storage. The auditor reviewed the cameras as they were recording and also reviewed recordings from days earlier.

Medical and mental health services are provided to the residents of the NCJJC. Medical services are provided by Dr. Albert B. DeFranco, M.D. Wide-ranging mental health services are provided by Pennsylvania Forensic Associates (PFA). Both the employees on-site from PFA and Dr. DeFranco have been PREA trained and received the specific medical and mental health training required under PREA, and have received the required background checks. As was noted during the previous audit, there is no nurse position in this facility. In an emergency, the doctor would be called and the resident would be transported to the hospital. Given the role that nurses can play in PREA screening for risk of victimization and abusiveness and given the average daily population of the facility, it is surprising that the facility is still without a nurse position. This is not directly a "PREA issue," but one that can impact how residents are protected from sexual abuse and sexual harassment. St. Luke's Hospital Anderson Campus confirmed, in writing, that the hospital maintains a Sexual Assault Nurse Examiner Program for adult and pediatric populations. NCJJC will transport, or call "911" to take a resident who is the victim of sexual abuse to this facility.

The NCJJC and the Easton Police Department have an Agreement of Cooperation which clearly states that the Easton Police Department will investigate all allegations of sexual assault, abuse or misconduct. NCJJC supervisors have taken the National Institute of Corrections Online Three-Hour, PREA Investigator Training and have certificates that document they completed the course. This enables them to conduct administrative investigations, but they cannot conduct criminal investigations since they are not law enforcement officers.

The facility's staffing plan was rewritten as part of the corrective action following the first audit and met the requirements of the standard. However, when the PREA Coordinator left NCJJC, the staffing plan was not reviewed annually, as required by the standard. The auditor found the facility did not meet this standard during the second audit. The PREA Coordinator discussed the elements of a Staffing Plan with the Auditor and the Facility Director and rewrote the Staffing Plan. The plan is now in compliance.

NCJJC has written 2015 and 2016 Annual Reports. The 2017 Annual PREA Report would be written in early 2018.

When the on-site audit was completed, the auditor conducted an exit meeting at 3:05 p.m. The Director and PREA Coordinator were present. While the auditor could not give the facility a final finding, as there are several standards needing further review and attention, the auditor did give an overview of the audit. The auditor stated that because of the extended vacancy in the PREA Coordinator position, the auditor felt there had been some "slippage" in the facility's maintenance with some of the standards, however, the auditor also stated that in the majority of the standards the facility has maintained its compliance. The auditor stated that he and the PREA Coordinator would begin working on a corrective action plan over the next several weeks. The auditor thanked the Director, the PREA Coordinator and the staff of the Northampton County Juvenile Justice Center for their hard work and commitment to the full implementation of the Prison Rape Elimination Act.

Facility Characteristics

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 Description

The Northampton County Juvenile Justice Center (NCJJC) was opened in January 2001 at 650 Ferry Street in Easton, PA. The need to upgrade and expand the existing juvenile detention center drove the decision for a new facility. The facility, located in the heart of Easton, PA, was designed to provide juvenile detention services and a residential treatment program under one roof, but enable the two programs to operate virtually independently. This two-story facility provides a comfortable, safe, and secure environment. The facility also has courtrooms, probation offices and administrative offices that support the court's services.

In 2011, four additional housing units were added to bring the current design capacity to 84. Sixty-one beds are in single occupancy rooms and 23 beds are in multiple occupancy rooms. There are three living units on the second level that are for pre-adjudicated residents. Detention Pods (DP1, DP2, and DP3) each have 12, single occupancy rooms. Unit DP3 is closed because the population has been down. There is one treatment unit, TP4 that is located on the second floor and has 12 residents in single rooms. Treatment units TP1, TP2, and TP3 are located on the first floor. TP1 and TP2 have multiple occupancy rooms. TP1 has three rooms that are double occupancy and two rooms that are triple occupancy for a unit total of 12 residents. TP2 has four rooms that are double occupancy, one room that is triple occupancy, and one room that is single occupancy. There are no open bay dorms. Most of the sleeping rooms are referred to as "dry rooms" because they do not have a toilet or sink facilities in the room. There are two video cameras in every housing pod and several in the halls and in all areas where residents may be found. The facility has been well maintained and was clean and orderly on the days of the audit.

The programs provide a range of services to the residents and hold residents accountable for their behaviors. Those youth in the treatment program are assigned a therapist. The therapists are employed by Pennsylvania Forensic Associates (PFA). NCJJC has a contract with the PFA to provide the clinical and therapeutic services to the residents in the treatment program and to do screening for risk of victimization and abusiveness and crisis intervention for residents in the detention program.

The intake area, the dining hall, gym, and outdoor recreation area serve both the detention and treatment populations. There are separate classrooms for residents who are detained and for those in the treatment program. The administrative offices of the NCJJC are located on the first floor. The facility is licensed by the Pennsylvania Department of Public Welfare.

On the first day of the audit, there were 74 authorized and funded positions, including six PFA contracted positions (three therapists, two case managers, one training coordinator). Seven Youth Care Worker positions and one supervisor position were vacant. Since the one detention unit was closed, these vacancies were understandable.

The Mission Statement and Vision Statement are found on the agency the agency's Web site and are stated as follows:

"Mission Statement

The Mission of the Northampton County Juvenile Justice Center is to provide leadership and instill positive change for youth, family units, and communities. Accountability is a vital component and each child will be provided with legitimate alternative pathways to adulthood with equal access. Public safety is a principle concern in all of our practices and policies as well as the safety and welfare of each juvenile in our care. We operate with professionalism, competence, and honesty in the performance of our duties as juvenile care professionals while reducing recidivism."

"Vision Statement

The Northampton County Juvenile Justice Center's professional care workers value each child's potential to lead successful and productive lives. Our vision is to teach children to value family and community through coordinated efforts. We will assist each child in experiencing success in life by making the appropriate choices. We assume this responsibility through an understanding that our actions affect children today and will determine the quality of our tomorrow."

Population Demographics

The detention and treatment programs serve male and female youth between 10 and 21 years of age. Approximately 80% of the admissions are males and 20% are females. Youth can be detained in the detention program in pre-dispositional status awaiting a trial. The Court can also commit an adjudicated juvenile to the non-secure treatment program. Approximately 45% of the admissions are from counties who purchase bed-space from the NCJJC, which reflects the facility's role as a regional provider of detention and treatment services. Participating counties are:

Berks
Bradford
Carbon

Cumberland
Lackawanna
Lebanon
Luzerne
Lycoming
Monroe
Northumberland
Pike
Schuylkill
Sullivan
Susquehanna
Wayne
Wyoming

On the first day of the audit, there were 21 residents in detention status, 13 males and 8 females. The treatment units had 32 residents, 24 males and 8 females. The total population was 53 residents.

Detention Program

The detention program has three housing pods with 12 beds each for a total of 36 detention beds. The purpose of the detention unit is to detain youth who require secure care pending their adjudication and dispositional hearings. Youth who are awaiting placement or release are also held in detention. The detention facility is considered maximum security and all the residents are locked in their rooms at night. The detention program is a highly structured program that focuses primarily on behavior and education. Because this is a temporary holding program, counseling services are primarily focused on residents who need short term counseling or those who are already in a program. The education program is administered by the Colonial Intermediate Unit #20. The average length of stay in detention is approximately 15 days.

Treatment Programs

The treatment program has four housing pods with 12 beds each for a total capacity of 48 beds. There are three different treatment programs operated much like a community-based residential facility. Residents are not locked in the rooms for any reason. The Short Term Offenders (STOP) is a graduated sanction program that functions much like an eight-bed group home. The average length of stay is 29 days.

The Specialized Treatment Unit is a 12-bed unit designed for the treatment of youth adjudicated for more serious charges such as sexual offenses, arson, and domestic violence. This program provides individual and family therapy and a behavior modification program. The average length of stay is 12 to 18-months.

The Treatment Program is a 12-bed group home type program for males. The focus in this program is to hold youth accountable for their behavior, protect the public and teach residents skills which will enhance their successful return to the community. Family involvement is essential in this program. The average length of stay is six to nine months.

The Female Residential Treatment Program is a 12-bed group home type program designed specifically for female juveniles. This gender specific program is individualized to meet the specific treatment needs of the female resident. Thus, the length of stay will vary.

The purpose of all the treatment programs is to keep residents close to home where families can more easily participate in therapy and counseling sessions and to provide a high level of professional counseling services to offenders.

Overall Impressions

The NCJJC is a very good program that is built on principles of collaboration and professionalism. Agreements and contracts with other agencies and service providers have enabled a strong collaborative culture to develop in an environment where teamwork is seen as a pathway to helping residents.

The following agencies contribute significantly to the total success of the program :

Pennsylvania Forensic Associates (PFA) is a community-based program that provides treatment, training and consultation services to staff and selected specialized residents of the NCJJC. Specialized residents include sex offenders, fire setters, violent youth, as well as youth previously unsuccessful in other treatment programs. Consultation is also provided to detention center staff as needed and regularly scheduled training is provided on a variety of subjects concerning treatment and management of the juvenile offenders. PFA has six full-time staff assigned to the NCJJC. PFA is also the designated agency for providing emotional support to victims of sexual assault in this facility.

The Colonial Intermediate Unit #20 operates and manages the education program. In addition to providing for the educational needs of residents, this school unit also provides a two and a half hour PREA class for all residents in the facility. This is an impressive program that combines a curriculum that has been developed by American University Washington Law School with a curriculum that was developed by staff at the facility.

The Pennsylvania Department of Public Welfare also collaborates with the NCJJC and oversees state regulations and standards to ensure the quality of care at this facility remains a model for the Commonwealth of Pennsylvania.

Overall, the Auditor was impressed with this very comprehensive program and its staff and residents.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 2

115.331

115.333

Number of Standards Met: 40

Number of Standards Not Applicable: 1

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Corrective actions can be found in the applicable standards.

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.

The NCJJ has a Zero Tolerance Policy and all residents and employees are aware of it. The PREA Coordinator is an employee of PFA but in his role as the PREA Coordinator and Training Coordinator, he reports directly to the NCJJC Director. He states that he has time to serve as the PREA Coordinator and the Training Director. While the PREA Coordinator was only in the position a short time before the audit, the auditor was impressed by how quickly the PREA Coordinator took on the full weight of the duties of the position.

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 OR the response to 115.312(a)-1 is "NO".) 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*)
- Not Applicable**

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.

NCJJC does not contract for the confinement of its residents with any other provider.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: 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 only until October 1, 2017.) 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 only until October 1, 2017.) 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 only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) 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.

Following the first audit, the facility wrote a Staffing Plan that met all the requirements of the standard. However, when the PREA Coordinator left the position the vacancy was not filled and the Staffing Plan was not reviewed annually. Following this audit, the auditor and the PREA Coordinator agreed that the best corrective action would be for the PREA Coordinator to update the Staffing Plan and review it with the new NCJJC Director for his approval. During the corrective action period, the PREA Coordinator updated the staffing plan and submitted it to the Director for his approval. The Staffing Plan was then forwarded to the auditor.

The plan is very comprehensive and meets all the requirements of the standard. The plan takes into consideration generally accepted juvenile detention and secure residential practices. NCJJC reviewed several documents, including the position statement of the National Partnership for Juvenile Services.

The Plan states there are no findings of inadequacy from any court, Federal investigative agencies, or internal or external oversight agencies.

All components of the physical plant, including "blind spots were reviewed.

The composition of the resident population is addressed, as well as the activity schedule of the facility.

The plan states that the facility operates under the Pennsylvania Department of Public Welfare 3800 Regulations.

The plan also states that the facility will comply with the plan except in limited and discrete exigent circumstances and will fully document all deviations from the plan. At the time of the on-site audit, the facility was meeting and in many cases exceeding the 1:8 and 1:16 ratio.

According to the Plan, “Annually, and preferably during the first supervisor’s meeting of each year, with the PREA Coordinator, the facility’s staffing plan and prevailing staffing practices shall be evaluated and changes or suggestions made or suggestions will be made, documented and evaluated.

If the reviewing staff members deem that changes are absolutely necessary to ensure the safety of the juveniles and compliance to the PREA Standards (NCJJC) shall consult with the Court of Common Pleas and the Northampton County Prosecuting Attorney’s Office in order to commit necessary resources to do so.

During the Annual Review of the Staffing Plan, the supervisors will also evaluate the facility’s deployment of video and audio monitoring systems and other monitoring technologies shall be evaluated and changes or suggestions will be documented and made. The Facility Operations Vulnerability Assessment will be used during the Annual Assessment. At a minimum, the Annual Assessment will be conducted by the PREA Coordinator, the Facility Director, and the Maintenance Manager or designee. The facility will consult with the Court of Common Pleas to commit the necessary resources. Changes will also include and evaluation of how the upgrades or changes will impact the ability of the staff to protect residents against sexual abuse.

The NCJJC Policy 6.10 requires that Administrators and Supervisors conduct and document unannounced rounds at least twice per month to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds are conducted on all shifts. The policy also states that staff are prohibited from alerting other staff members that the unannounced rounds are or will be occurring , unless the announcement is related to the legitimate operational functions of the facility.

The auditor interviewed three supervisors who conduct unannounced rounds who confirmed the procedures. One supervisor said sometimes they make the unannounced rounds in pairs. The supervisors all said they move around the building throughout their shifts and staff are never aware which visit may be the unannounced round because they usually just come into the unit. The auditor was also told that the Supervisors may monitor the units via the cameras in each unit. One supervisor said that if they are called on the radio and asked for his/her location, the supervisor says, “I’ll give you a call.” Supervisors log their unannounced rounds in a PREA Announced Rounds Log Book which is kept in the Shift Office. The auditor reviewed the log book and confirmed the documentation of the unannounced rounds.

The auditor finds the NCJJC is in complete compliance with this standard.

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 implement policies and 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

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The residents and staff all reported that cross-gender searches are never permitted, except in an exigent circumstance. The Commonwealth of Pennsylvania has strict rules against cross gender searches. All residents confirmed that all staff announce their presence when they enter a living unit where there may be residents of the opposite gender. All staff acknowledged that they received training on how to conduct a cross-gender searches and searches of transgender and intersex residents. Staff described, in detail how they would conduct such a search. The auditor was impressed with their level of detail in describing the procedure.

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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NCJJC works closely with the Colonial Intermediate Unit #20 to ensure that any resident with any disability will be given an individualized learning plan that is consistent with the resident's needs. Since the Colonial Intermediate Unit #20 provides the PREA education for the residents, residents with special needs will receive the PREA education in a way that will be understood. This curriculum was developed in cooperation with American University Washington School of Law and took into consideration young readers with special needs.

The auditor interviewed one resident with intellectual disabilities. He stated the teachers and staff provided him the PREA education in a way that he was able to understand. He said it was the "comic book." He also said he took the PREA test which he was able to complete.

The staff the auditor interviewed said they would never use another resident as an interpreter or reader. Several staff said there were staff on each shift who are fluent in Spanish. One of the staff interviewed was one such person. She said there is always someone who can interpret. If in some unusual

circumstance there is no one available, the staff can call the interpreter service that is used by the Courts.

At the time of the audit, the auditor found that the facility did not meet 115.316 (b) because it does not provide the PREA signage in Spanish and English. Educational materials are printed in English and Spanish. The corrective action required that facility have all PREA signage translated into Spanish. The facility sent the auditor photographs of the PREA signage in Spanish. The facility is in full compliance with this standard.

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, or 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)

- Unless prohibited by law, 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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Pennsylvania is the leading state for conducting criminal and child abuse background checks. Criminal background checks are conducted annually by the Pennsylvania State Police on all employees, teachers, contractors, and volunteers who have direct contact with residents. FBI background checks are done every three years, and the Pennsylvania Child Abuse Registry is checked every two years. The Director's office maintains a spread sheet of all employees that shows the date background checks and child abuse registry checks are due. Teachers, PFA therapists, and the doctor are treated the same as employees.

The secretary to the Facility Director handles all the personnel files and coordinates all background checks and follow-up criminal background and child abuse registry checks, as required by the law and the PREA Standard. She showed the auditor the spreadsheet she uses to ensure all the follow-up checks are completed on time. She also informed the auditor that the facility would provide information on a substantiated allegation of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work.

The auditor reviewed five staff files and found that all the criminal background checks and checks of the Child Abuse Registry were in complete order including checks that were required annually or every two years. The records of the doctor, the dentist, the barber, and all the teachers showed the appropriate checks were completed, as well.

At the time of the audit, however, the auditor found that NCJJC did not meet the standard because the facility was not asking all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this standard in any interviews or written self-

evaluations conducted as part of reviews of current employees or as part of the promotional process. The NCJJC Director and PREA Coordinator also needed to review the facility's policy to insure it include this form in the annual performance evaluations.

Following the on-site audit, the PREA Coordinator created a form that asked all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph(a) of this standard in any interviews or written self-evaluations conducted as part of reviews of current employees or as part of the promotional process. The PREA Coordinator then had all employees complete and sign the form. The PREA Coordinator sent several samples to the auditor.

The NCJJC policy was also amended to include the requirement that the questions be asked in written applications and/or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employee.

NCJJC is in compliance with the Standard.

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

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NCJJC has 74 cameras. All cameras and monitoring equipment are of high quality and provide excellent images. No new cameras have been provided since the previous audit. The auditor reviewed camera coverage that had been retained from days before the audit and found the coverage to be of excellent quality.

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 evidentiarily 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? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) 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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NCJJC has a written Agreement of Cooperation with the Easton Police Department "specifically regarding criminal investigations pertaining to the Prison Rape Elimination Act."

Administrative investigations will be conducted by NCJJC supervisors who have received the National Institute of Corrections PREA Investigator Training.

PFA is the designated agency that will provide assistant to any victim of sexual abuse at the NCJJC during the forensic exam process. NCJJC will also provide "emotional support," as requested by the victim/resident.

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 such publication 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

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NCJJC has a written Agreement of Cooperation with the Easton Police Department "specifically regarding criminal investigations pertaining to the Prison Rape Elimination Act." NCJJC does not meet the standard because the NCJJC has not "published such policy on its website or made the policy available through other means."

At the time of the on-site audit, NCJJC had not placed its PREA policies on the NCJJC Web site. Following the audit and the amending of some of the NCJJC's PREA policies, the PREA Coordinator had the PREA policies put on the Web site.

The facility is in compliance with the Standard.

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*)

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The NCJJC has an excellent PREA training program for staff that is very comprehensive in scope and includes scenarios and PowerPoint presentations. All employees are tested following major sections of the training. Training records document an employee's participation in the training and testing confirms the employee's understanding of the material. All new employees receive the required training and refresher training is provided at least annually. The training materials are drawn from a number of sources including the PREA Resource Center and the National Institute of Corrections. The auditor reviewed five (5) employee training files and found the appropriate documentation. The PREA Coordinator is also the Training Coordinator for the facility.

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

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The auditor interviewed the Principal of the school program and was told the teachers receive the same comprehensive PREA training all employees receive. Volunteer and contractor training is based on a three-tiered platform that is determined by the amount and type of contact the volunteer or contractor will have with the residents. The more contact the more training. Tier 1 includes juvenile probation officers, program counselors, school teachers, medical and mental health staff, and support staff. Tier 2 includes maintenance workers, barber and beautician. At a minimum, all volunteers and contractors are given the brochure titled, "Zero Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers. The NCJJC PREA Policy also addresses volunteer and contractor training and outlines the required subject areas, based on the tier system.

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 such education? 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*)

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

The resident education program begins at Intake when the youth care worker does the initial screening for risk and explains the juvenile his/her rights and reviews the PREA brochure (known by the residents as the “Blue Brochure”). Within ten days after admission, a member of the Education Department staff will provide a class on PREA to the new residents. This includes a presentation using a publication titled “PREA Educational Information for New Residents” and a PowerPoint. In addition, the resident is given “End Silence...Youth Speaking Up About Abuse in Custody” which was created by The Project on Addressing Prison Rape at the American University, Washington College of Law. There are different versions of this publication to address specific needs of residents. The residents refer to these documents as the “comic books.” It should be said that this expression is used respectfully by the residents. Following the class, residents take a written exam and confirm in writing they have received the educational information. The auditor was very impressed by this training and how the school district has played such a leadership role in providing the resident PREA education. This is an excellent example of PREA collaboration, at its best. This two-tiered approach to resident education exceeds requirements. A resident who may have a disability would be provided individual instruction, based on their specific condition and circumstance. Of the 16 sixteen residents the auditor interviewed, one said he was still unsure of his rights, but he did get the materials. The other residents reported that they received the initial orientation and brochure at intake and the “Comic Book” during the training they received in the classroom. One resident reported, when asked if he had received the training, “Immediately, they’re super big on the whole thing.”

It must be noted that the educational materials are available in English and Spanish.

This facility has developed such an outstanding and comprehensive educational program for residents that the auditor finds the NCJJC exceeds the standard and can be used as an example of resident education, at its best.

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

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All the shift supervisors at the NCJJC have taken the National Institute of Corrections (NIC) Online course for PREA Investigators titled "Investigation Sexual Assaults in a Confined Setting" and have certificates that document they completed the course.

The Easton Police Department has said that they would be using the PREA training protocol, as well.

The auditor interviewed two of the supervisors who completed the training. One had taken it earlier and wanted to take it again. Both described what the training included.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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The PFA employees who work at the NCJJC have received the required training for medical and mental health providers and the PREA basic training required of contractors. Dr. DeFranco and the dentist, Dr. Gohn have also received the required training and the training as a contractors. It must be noted that in addition to PREA Medical and Mental Health training, Dr. DeFranco and mental health staff have also received considerable training around trauma informed care. Dr. DeFranco is national recognized for his work in trauma care with victims of violence.

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: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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

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Although NCJJC has a very comprehensive screening process, the Resident Classification/Intake Screening instrument, at the time of the audit did not meet the requirements of the standard because it did not include all the information required by the standard. The form did not include the staff's subjective observation regarding any gender non-conforming appearance, 115.341 (c)(2), and current charges, 115.341(c)(3). During the interviews with the residents and staff, the auditor also learned that reassessments are not being done, "periodically throughout a resident's confinement" or when new information is made known that could impact on a resident's risk of vulnerability or risk of abusiveness. The plan for the corrective action was the PREA Coordinator and auditor will work with the PFA staff to include the missing items in the screening instrument as part of the corrective action. The PREA Coordinator and NCJJC Director will also review the procedure to incorporate a procedure that will define "periodic" as a specific number of months or months.

The PREA Coordinator documented that adjustments were made to the form and the policy was changed to read as follows:

- Within 72 hours of intake, and periodically throughout a resident's confinement, the Vulnerability Assessment Instrument shall be administered to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or to a resident.

- In a detention population, a new Risk Assessment will be conducted approximately every 60 days that a resident resides within the facility. In treatment, a new Risk Assessment will be generated every 120 days that a resident resides in the facility.
- Information shall also be obtained through conversations with the resident, by reviewing court records, resident files, psychological assessments and other relevant documentation.
- Residents will not be disciplined for not answering questions regarding disability or sexual preference.
- NCJJC shall follow appropriate procedures and controls on the dissemination of sensitive information to ensure that information is protected.

The NCJJC meets the requirements of the Standard.

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? Yes No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual 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 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 paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) 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? 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*)
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The auditor found that the facility was not using the information on the Resident Classification/Intake Screening (i.e., PREA Risk Assessment) to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The

Standard states, "The agency shall use all information obtained pursuant to 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse."

The Mental Health Clinician said that if a resident identified as transgender, he/she would be housed with the general population, but not on a housing unit with any sexually aggressive residents. The facility's policies regarding transgender, lesbian, gay, bi-sexual and intersex residents meet the requirements of the standards. The auditor interviewed one resident who identified as being gay and another who identified as being bi-sexual. Both residents said they were in the general population and are treated respectfully. They said they had no problems with other residents or staff. All residents shower separately. All residents stated they are never naked in full view of staff or other residents.

The facility does not have any isolation rooms. Some spaces are available for "time-out" situations but residents do not stay in these rooms longer than a matter of a few minutes to a few hours and are always under the direct supervision of staff. State regulations do not permit the use of isolation. A staff member who has supervised residents in timeout told the auditor a victim of sexual abuse would never be put in timeout. If a resident was a victim of sexual abuse or sexual harassment he could be immediately moved by the Supervisor to another unit.

During the corrective action period, the PREA Coordinator revised the policy, which was approved by the Facility Director. The policy now states:

- a. Procedures governing the use of information obtained from residents pursuant to the PREA Standard 115.341 are found in **Policy 3.01**.
 - NCJJC will use information obtained from the Vulnerability Assessment Instrument to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.
 - Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall NCJJC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
 - In reaching a determination of whether to assign a transgender or intersex resident to a facility for male/female residents, as well as in making other housing and programming assignments, NCJJC shall consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether the placement would present programmatic management or security problems.
 - Placement and programming assignments for each transgender or intersex resident shall be reassessed at a minimum of every six months (twice each year) to review any threats to safety that may have been experienced by the resident.
 - A transgender or intersex resident's own views with respect to his or her own safety shall be considered seriously.
- b. Procedures regarding the showering of residents are found in **Policy 3.01**.

- Transgender and intersex residents shall be provided the opportunity to shower separately from other residents.

The Mental Health Clinician told the auditor that there have been no transgender youth admitted to the NCJJC.

NCJJC meets the standard.

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? Yes No

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

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The NCJJC PREA Policy and the facility policy and procedure 6.06 regarding resident reporting meets the requirements of this standard. Every resident interviewed by the auditor knew how to report an allegation of sexual abuse and sexual harassment and knew they had several options of reporting, including using a third party, filing a grievance, telling a trusted staff member, and calling Child Line. On November 9, 2017, the auditor called the Child Line to test the system. The call was promptly answered. The person answering stated she was familiar with PREA, would take allegations of sexual abuse and sexual harassment, would not require the caller to give his/her name, and would ask for details of the allegation, and would report it to the jurisdiction or facility where the alleged abuse happened.

Staff interviewed by the auditor stated they could privately report an allegation of sexual abuse or sexual harassment to their immediate supervisor privately or call Child Line directly.

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 NA

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

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The NCJJC Grievance Procedures are found in Policy 6.06 and meet the requirements of the standard. The auditor was told that no grievance regarding sexual abuse or sexual harassment has been filed during that audit year.

The residents interviewed by the auditor were aware that the grievance procedure was one method of reporting an allegation of sexual abuse or sexual harassment. Residents described how they would use the grievance procedure to make such a report.

Staff are also aware that the grievance procedure is also an appropriate way for a resident to report and allegation of sexual abuse or sexual harassment.

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 accessible 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? Yes No
- 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

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PFA is the agency that residents can turn to for emotional support. Signage that provides contact information including the address and phone number of the agency is posted throughout the facility. NCJJC and PFA have a Memorandum of Understanding that states that PFA will provide this service. The name of the agency and the phone number are also listed in the blue brochure.

The facility also posts the number of the National Sex Assault Hotline and the number for the Department of Public Welfare Child Line as alternative services residents can call. While some of the residents did not remember the names of the agencies they could call, several others did know the names. Nearly every resident knew that the wall posters and the Blue Brochure have the contact information of who to call when you want to report and allegation of sexual abuse or sexual harassment or if you are making a request for emotional support.

Residents reported that they have access to their attorneys and to their parents. The auditor observed the comings and goings of attorneys and parents throughout the audit.

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

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The facility makes brochures available to parents and visitors at the facility, in addition to posters with information on how to report sexual abuse and sexual harassment.

NCJJC has placed its "PREA-ZERO TOLERANCE OF SEXUAL ABUSE AND/OR SEXUAL HARASSMENT POLICY AND PROCEDURES" on the facility's Web site.

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 the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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*)

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Every randomly selected staff member interviewed clearly stated his/her duty to report any allegation, information, or suspicion of sexual abuse and sexual harassment. All staff know there are multiple ways they can report sexual abuse sexual harassment. Staff know they can privately call the Child Line and report an allegation. They are also aware that they must report any knowledge, information of suspicion of staff neglect that may have allowed an incident to happen and any retaliation that may be directed toward the resident or staff member that reported sexual abuse or sexual harassment.

Teachers, Mental Health Clinicians, and the medical staff are also aware of their duty to report. The medical staff and Mental Health Clinicians inform residents of the at initiation of services of their duty to report and the limitations of confidentiality

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*)

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Every staff member and contractor the auditor interviewed stated that if they became aware that a resident was at substantial risk of imminent sexual abuse that he/she would take immediate action to remove the resident from the threat, keep the resident under the staff member's immediate control, and would call the shift supervisor.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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NCJJC Policy 6.01 and the PREA Policy each address the responsibility of the Director to report any allegation of sexual abuse that happened in another facility to the superintendent of that facility within 72 hours, to document the communication, and notify the proper investigative agency for that facility that an allegation has been received and document that an investigation has started.

The Facility Director stated that he has not received any allegations of sexual abuse or sexual harassment regarding another juvenile facility, but if he did he would follow the procedures and call the other superintendent with 48 hours or less.

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

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Every randomly selected staff member interviewed by the auditor described in detailed steps what he or she would do and what others would be doing, as well. Staff reported that they review these procedures at least annually. The training program places emphasis on staff being able to respond to allegations without any hesitation. This procedure is stated in the NCJJC PREA Policy and meets all the requirements of the Standard.

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*)
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Instructions for Overall Compliance Determination Narrative

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The NCJJC Facility Response states the following:

- a. The (NCJJC)'s actions in response to an incident of sexual abuse shall include the following steps:
 - The first responding staff member shall immediately follow procedures to protect the victim as outlined in **Policy 6.02**, and stay with the victim, or allow the victim to choose another staff member to stay with him/her. The victim should not be left alone at any time until responding law enforcement arrives and takes custody of the victim.
 - Subsequent responders shall take control of the area where the incident allegedly occurred to preserve any physical evidence until control of the area is turned over to investigators.

- Control room staff shall commence the coordination of medical and mental health services as outlined in **Policy 4.05**, immediately.
- Staff shall also commence reporting procedures as soon as possible.
- The on duty supervisor shall begin notifying the (NCJJC) Director, Deputy Director(s) of Detention and Treatment.
- If the incident involved staff on juvenile sexual abuse, the on-duty supervisor shall take the necessary steps to prohibit the alleged abuser from having any contact with any juveniles.

The random staff the auditor interviewed were familiar with the Coordinated Response Plan. The response plan meets the requirements of the standard.

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

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At the time of the audit, The Court of Common Pleas was currently involved in contract negotiations with the employees' collective bargaining unit. It is not anticipated that the language related to PREA will change. The facility meets the standard.

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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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? 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

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The NCJJC PREA Policy states,

- a. All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff.
- b. The PREA Coordinator shall be designated to monitor juveniles and their treatment to ensure that they are protected from retaliation for a period of at least 90 days.
 - The Coordinator shall monitor and be aware of any disciplinary measures taken against the juvenile, any housing, placement or program changes, any involvement with altercations, arguments or problems with other juveniles or staff members, and shall include periodic interviews with the juvenile.
 - The Director shall be designated to monitor staff members and their treatment to ensure that they are protected from retaliation for a period of at least 90 days.
 - The Director shall conduct interviews with the staff members, and shall also monitor staff reassignments, negative performance evaluations, schedule changes or any other reports or notes that supervisors may have regarding the staff member.
- c. The (NCJJC) shall employ multiple protection measures, including, but not limited to:
 - such as housing changes or transfers for resident victims or abusers
 - removal of alleged staff or resident abusers from contact with victims
 - emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations
- d. If any other individual who cooperates with an investigation expresses a fear of retaliation, the (NCJJC) shall take appropriate measures to protect that individual against retaliation.
- e. The (NCJJC)'s obligation to monitor shall terminate if the allegation is determined to be unfounded or if the juvenile being monitored is released.

The when the auditor interviewed the PREA Coordinator and the Facility Director, both were very clear and explicit on what their duties are regarding monitoring for retaliation.

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

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NCJJC does not use isolation.

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 entity 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*)
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As previously stated, NCJJC has signed an Agreement of Cooperation with the Easton Police Department (EPD). The NCJJC PREA Policy describes the procedures will be followed in when there is an allegation of sexual abuse and sexual harassment. When there is an allegation of staff-on-resident or resident-on-resident sexual abuse the NCJJC staff will notify the EPD and the Child Line. The Easton Police Department will follow the investigation protocols they use in cases where sexual assaults are reported. The police will secure the crime scene, gather all evidence, interview witnesses and the victim, review previous misconduct of the alleged abuser, and assess the creditability of the victim, the alleged abuser, and witnesses on an individual basis. The Director and the NCJJC staff will fully cooperate and provide any additional assistance the EPD requests. In the case of an alleged staff-on-resident sexual abuse allegation, the DPW will work with the EPD to determine if there was an abuse by a caretaker.

If there is probably cause, the EPD will refer the matter to the prosecuting attorney to determine if criminal charges will be filed with the Court.

The (NCJJC) shall cooperate fully in any investigation, and shall participate in any investigative process when requested to do so by the main investigative agency, including conducting compelled interviews as directed by the Northampton County Prosecuting Attorney's Office or Northampton County Human Resources Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution.

Criminal investigations 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.

Administrative investigations that involve sexual harassment or staff negligence will be conducted by one of the trained investigators at the facility. An investigation will begin immediately after the allegation is reported. As with the criminal investigations the victim and witnesses will be interviewed.

Third-party investigations will follow the same protocol as criminal and administrative investigations.

The victim will be informed of the status of any criminal or administrative investigation and the decision points in the investigation as it moves forward.

There were no criminal or administrative sexual abuse investigations or administrative investigations in the time between the first audit and the 2017 audit.

Investigations will not end simply because the offender has moved out of the facility or recants on his /her allegation.

All administrative investigations shall also be documented in written reports.

The auditor interviewed two of the supervisors who have been trained to do PREA investigations. Each person described these procedures and their duties in conducting administrative investigations and in assisting, where needed, as directed by the EPD in criminal investigations.

There have been no allegations of sexual abuse or sexual harassment made in the 12 months preceding the audit. There was an allegation of sexual harassment made in 2015.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The NCJJC PREA Policy states "For administrative investigations, the (NCJJC) and/or the Northampton County Prosecuting Attorney's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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 an agency 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.

The NCJJC PREA Policy states the reasons a resident is to be informed of outcome the case (i.e., substantiated, unsubstantiated, or unfounded) regarding an allegation of sexual abuse and is consistent with each requirement of the standard. NCJJC will be informed by the EPD and the Prosecuting Attorney's Office of the current status of the case. Every notification of a victim will be documented in writing. There have been no allegations of sexual abuse in the NCJJC since the 2014 Audit. Notifications will end if the victim leaves the facility.

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.

The NCJJC PREA Policy states,

1. “Disciplinary sanctions for staff (PREA § 115.376)

- a. Any (NCJJC) staff member who is found to have committed any act of sexual abuse, including, but not limited to those outlined in **section II, B** (Definitions) of this policy, shall be terminated
 - Any act of sexual abuse of a resident by staff is also a violation of **Pennsylvania State Law** and shall be referred to the appropriate authorities for criminal prosecution.
- b. Any (NCJJC) staff member who is found to have committed any act of sexual harassment of residents, other staff members, visitors or contractors, shall be subject to disciplinary sanctions which shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories.
- c. **All terminations including those for violations of the (NCJJC) sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation, to the Easton Police Department, the Department of Public Welfare as well as any relevant licensing agencies.**

The auditor interview the NCJJC Director who confirmed that this policy will be followed as stated. The Director also stated that there have been no allegations of staff-on-resident sexual abuse or sexual harassment reported since the last audit and therefore no employees have been disciplined for sexual abuse or sexual harassment of residents.

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.

The NCJJC PREA Policy regarding corrective action for volunteers and contractors states:

2. "Corrective action for contractors and volunteers (PREA § 115.377)

- a. Any contractor or volunteer who engages in sexual abuse shall be prohibited from having access to the (NCJJC) and shall be reported to law enforcement agencies for possible criminal prosecution, and to relevant licensing bodies.
- The (NCJJC) shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles, in the case of any
 - Other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”

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)

- 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.

The NCJJC PREA Policy regarding disciplinary sanctions for residents states,

3. "Interventions and disciplinary sanctions for residents (PREA § 115.378)

- a. If, during the course of any investigation, it is reported by the investigators or prosecutors that there is a preponderance of the evidence to substantiate an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse, or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the juvenile shall be subject to disciplinary sanctions pursuant to the formal disciplinary process.
 - Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories, and shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior.
 - In the event a disciplinary sanction results in the isolation of a juvenile, the (NCJJC) shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services, unless the juvenile has demonstrated that his/her behavior clearly jeopardizes the safety and security of staff or other juveniles.
 - Juveniles in isolation shall receive daily visits from a medical or mental health care clinician.
 - Juveniles shall also have access to other programs and work opportunities to the extent possible.
- b. To the extent possible, the (NCJJC) shall consider whether to offer the offending juvenile participation in interventions such as therapy, counseling, or other programs designed to address and correct underlying reasons or motivations for the abuse, but only to the extent available.
 - The (NCJJC) may require participation in such interventions, if available, as a condition of access to any rewards-based behavior management system such as the Level System, but not as a condition to access to general programming or education.
- c. A juvenile may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.
 - Such a finding may also require a referral for prosecution of the juvenile.
- d. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, and may not be the grounds for disciplinary action, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PREA Coordinator reported that there no residents have been subjected to any disciplinary sanctions for sexual abuse.

The auditor was informed during that last audit that the Commonwealth of Pennsylvania, Department of Public Welfare, regulations regarding isolation prohibit the use of isolation/seclusion and are stated as follows:

“3800.206 Seclusion.

Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock, or physically holding the door shut.”

Therefore, the sections of standard that apply to isolation are not applicable.

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.

The auditor interviewed five (5) targeted residents who had reported prior sexual victimization. Four of the five remembered being specifically asked if they would like to talk with a mental health staff member. The fifth resident said he did not remember being asked, but the therapist was already aware of his history. When asked if they wished to see the mental health therapist, two of the five residents, declined the offer. The NCJJC Policy regarding Sexual Abuse an Assault states the counselor must see the resident within 48 of reporting the abuse. The facility did not meet the requirements of the Standard

There was no information provided regarding residents who perpetuated an abuse regarding being offered an appointment with a Qualified Mental Health Provider (QMHP). The PREA Policy states, "The Northampton County Juvenile Probation Department historically sets up mental health evaluations of all juveniles who are known and suspected juvenile-on-juvenile abusers. If this is not accomplished within 60 days of learning of such abuse, the (NCJJC) will attempt to have the evaluation completed and offer treatment when deemed appropriate by mental health practitioners." This is not consistent with the 14-day requirement in this standard. For this reason, the facility did not meet the standard.

Access to a juvenile's prior history of sexual abuse (regardless of the status as victim or abuser) is strictly limited to medical and mental health staff, administrative and those who have a specific need to know.

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.

The PREA Coordinator and the auditor agreed that the NCJJC policy needed to be rewritten. The PREA Coordinator revised the policy and submitted it to the Facility Director for his approval.

The policy now states,

- a. Procedures governing the offering of follow up meetings with medical and mental health practitioners within 14 days of intake for juveniles that are identified as sexual abuse victims through the intake screening as outlined in Policy 3.01.

- b. Procedures governing the offering of follow up meetings with a mental health practitioner within 14 days of intake for juveniles that are identified as a sexual abuser through the intake screening as outlined in Policy 3.01.

The facility is now in compliance with the Standard.

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.

The NCJJC Policy states,

1. Access to emergency medical and mental health services (PREA § 115.382)

- a. Juvenile 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.
- b. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to **Policy 6.01** and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners.
- c. Juvenile victims of sexual abuse while incarcerated shall be 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
- d. 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.

Interviews with the Doctor confirmed this procedure would be followed.

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.) 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.) 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.

The NCJJC PREA Policy states,

2. “Ongoing medical and mental health care for sexual abuse victims and abusers (PREA § 115.383)

- a. The (NCJJC) shall offer medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any secure confinement.
- b. 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 other facilities, or their release from custody.
- c. The (NCJJC) shall provide such victims with medical and mental health services consistent with the community level of care.
- d. Juvenile victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
 - If pregnancy results, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
 - Juvenile victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
 - 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 Northampton County Juvenile Probation Department historically sets up mental health evaluations of all juveniles who are known and suspected juvenile-on-juvenile abusers. If this is not accomplished within 60 days of learning of such abuse, the (NCJJC) will attempt to have the evaluation completed and offer treatment when deemed appropriate by mental health practitioners.

There have been no cases of sexual abuse reported at NCJJC since the previous PREA Audit.

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.

The NCJJC PREA Policy states,

1. **"Sexual abuse incident reviews (PREA § 115.386)**
 - a. Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by an ad hoc sexual abuse incident review team, unless the allegation was found to have been unfounded.
 - b. The review team shall consist of the Director, the Training Coordinator and the PREA Coordinator.
 - Input and/or participation should also be solicited from supervisors, investigators, medical and mental health practitioners.
 - c. The review team shall also:
 - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - 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 was motivated or otherwise caused by other group dynamics at the facility.
 - d. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - e. Assess the adequacy of staffing levels in that area during different shifts;
 - f. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

- g. Prepare a report of its findings, with any recommendations for improvement.
- h. The review team’s recommendations shall be considered for implementation to improve the effectiveness of the (NCJJC) to protect residents. If the facility does not implement the recommendations for improvement, the facility shall document its reasons for not doing so.”

Since there have been no sexual abuse allegations or investigations, the auditor suggests that the PREA Coordinator plan a tabletop training exercise that would simulate and sexual abuse incident to test the Coordinated Response Plan and the Incident Review Team’s work. Interviews with the Director and PREA Coordinator clearly indicate their understanding of the purpose and scope of the Incident Review Team meeting.

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.

3. NCJJC Policy 9.01 states, “The Northampton County Juvenile Justice Center shall collect, uniform data for every allegation of sexual abuse, review data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies practices, and training, and make such data available to the public.” The procedure found in Policy 9.01 adheres to the requirements of this standard. All the definitions are consistent with PREA and with the *Survey of Sexual Violence* serving as the standardized instrument by which the data is collected.
4. **Access to emergency medical and mental health services (PREA § 115.382)**
 - e. Juvenile 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.
 - f. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to **Policy 6.01** and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners.
 - g. Juvenile victims of sexual abuse while incarcerated shall be 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
 - a. 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.

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.

NCJJC Policy 9.01B. states, “a. The NCJJC shall review data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including the following:

- Identifying the problem areas
- Taking corrective action on an on-going basis; and
- Preparing an annual report of its findings and corrective actions for the facility as well as the agency as a whole
- This report shall include a comparison of the current year’s data and corrective actions with sexual abuse.

b. The NCJJC’s report shall be approved by the Director of Operations and made readily available to the public.”

The NCJJC has published and Annual Report every year since the first audit was conducted. Since there have been no allegations of sexual abuse, the data has not changed.

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*)
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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.

The data that is collected is securely maintained in the PREA Coordinator’s office. All the aggregated sexual abuse data is readily available to the public at least annually through its website or through other means. The NCJJC removes all personal identifiers before making aggregated sexual abuse data publicly available.

The NCJJC shall 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

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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 inmates, residents, and detainees?
 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

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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.

This is the second audit the NCJJC has had. The first was in 2014. The auditor received complete cooperation from the facility Director and the PREA Coordinator. All documents requested were made available. During the site review, the auditor saw every part of the facility, This audit is best described as a truly collaborative effort between the Director, the PREA Coordinator and the auditor. The Court of Common Pleas has obviously established a philosophy of integrity and transparency,

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)
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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.

The agency posted a notice in its lobby following the submittal of the first Audit report that the report was available for public inspection in the Director's office. That report is now available on the facility's Web site.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Charles J. Kehoe

April 5, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.