

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 10, 2017

Auditor Information			
Auditor name: Maureen G. Raquet			
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Telephone number: 484-366-7457			
Date of facility visit: April 3,4,5,2017			
Facility Information			
Facility name: Philadelphia Juvenile Justice Services Center			
Facility physical address: 91 North 48 th Street, Philadelphia, Pa. 19139			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 215-686-4845			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Nelson Walker			
Number of staff assigned to the facility in the last 12 months: 274			
Designed facility capacity: 184			
Current population of facility: 154			
Facility security levels/inmate custody levels: Secure Detention			
Age range of the population: 13-20			
Name of PREA Compliance Manager: Pearline Barbour		Title: PREA Coordinator	
Email address: pearline.barbour@phila.gov		Telephone number: 215-683-9147	
Agency Information			
Name of agency: City of Philadelphia			
Governing authority or parent agency: <i>(if applicable)</i> City of Philadelphia Department of Human Services			
Physical address: 91 North 48 th Street, Philadelphia, Pa. 19139			
Mailing address: <i>(if different from above)</i> s/a			
Telephone number: 215-686-4845			
Agency Chief Executive Officer			
Name: Timene Farlow		Title: Deputy Commissioner	
Email address: timene.l.farlow@phila.gov		Telephone number: 215-683-9112	
Agency-Wide PREA Coordinator			
Name: Pearline Barbour		Title: PREA Coordinator	
Email address: Pearline.barbour@phila.gov		Telephone number: 215-683-9417	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of the Philadelphia Juvenile Justice Services Center was conducted on April 3,4,5, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in December of 2014 and was found to be in full compliance on June 30, 2015. This Audit, conducted on April 3,4,5, 2017, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on February 17, 2017 and I received an email with pictures of the posting in the living units and public areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour of the facility on April 3, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On February 22, 2017, I received a flash drive in my Post Office Box with the completed Pre-Audit Questionnaire and required documentation that included a schematic of the facility, the mission statement, policy, reports, curriculum and pertinent PREA information. During this six week period, through emails and phone calls with the PREA Coordinator, the aforementioned information was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on March 23, 2017 and reviewed by phone on March 29, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the Facility Executive Director, Director of Residential Services, the PREA Coordinator and the Director of Professional Services, followed by a tour of all areas of the facility that the children have access to. The facility was very clean and well maintained. During the tour, I saw postings for the upcoming Audit in every living unit and every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas describing PREA, describing Sexual Abuse, providing reporting information for WOAR, Women Organized Against Rape. Upon entering the front door of the lobby there is a PREA sign in book for contractors and pamphlets with information for contractors. The two cafeterias are used for visiting and there were posters there, and Spanish ones were added prior to the end of the onsite portion of the Audit. The Intake/Admissions Area had PREA posters behind the Intake desk. The halls between the pods and in the school area had PREA posters.

While on the tour, I spoke to residents who could tell me that they could report by telling a staff, or by putting a sick call slip in the box on the unit or by seeing their social worker where they could call WOAR. I also spoke to a Maintenance employee who told me that she had received PREA training several times, and I spoke to a Dietary employee who told me he had received training and he would tell his supervisor if he became aware of anything. I spoke to Detention staff on several units who received training and they told me that Administration conducts unannounced rounds on a regular basis. In the Mental Health clinic, I saw windows in the doors to the private offices used for counseling. The Gym/Health Teacher states he is a mandated reporter and would report to Child Line and a supervisor. The Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite and showed me where the health records are privately kept. During the tour, all residents were in school, on the units, in court and eating lunch. I had the opportunity to see them supervised in group settings in the classrooms and also during several lunch periods. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations of 1:6 and 1:12. On the units, I saw the resident bathrooms where all children shower one at a time and I saw that the bathrooms in the Intake area had doors for privacy. There are no bathrooms in the multi-person holding cells. The individual holding cells have a toilet with a privacy wall. I heard "knock and announce" practiced when female staff entered the male unit and when male staff entered the female units. Staff of both sexes work on all units. The hallways have cameras throughout and I saw the control room where the staff are monitoring both interior and exterior cameras.

Directly after the tour of the facility and for the next two days, I interviewed the following:

The Deputy Commissioner

The Facility Executive Director

The PREA Coordinator

The Director of Residential Services

Human Resources Associate

The Health Services Administrator, a contracted employee who is a RN

A Mental Health Therapist

A Social Worker who Administers the Risk Assessment

An Admissions staff who conducts Intake Education

A Counselor Supervisor who is part of the Incident Review Team

A Shift Supervisor who monitors Retaliation
PREA Audit Report

The Chaplain who is a contracted employee

A Volunteer

16 Random Residents from all living units

20 Random staff from all shifts

The twenty random staff who were interviewed represents 12% of the 161 direct care staff. Staff are full time and work permanent shifts with rotating days off. A roster of on duty staff was provided to me and I randomly picked staff from all housing units and all three shifts. I was provided a roster of all 153 facility residents separated by living unit. I also requested, prior to the onsite, that residents be identified on the roster by the following: those who reported a sexual abuse, those who have disclosed a prior sexual abuse, those identified as vulnerable or aggressive, those that are disabled or non English proficient and those who identify as LGBTI. Of the 153 total residents (24 female and 129 male), I interviewed (16) residents from all 15 housing units including 4 females. That represents 10% of the total population on the days of the Audit. There was one Transgender resident and one resident who identified as a lesbian in the population, and they were both interviewed. There were no disabled or non-English proficient residents. There were five residents who had disclosed prior sexual abuse and I interviewed three of them. I reviewed the files of 14 staff and the files of 14 residents for required documentation.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including a phone call to Women Organized Against Rape, a sick call box on each living unit that the medical staff check several times a day and would call the resident down to the medical unit to make a private call to WOAR. There is also the grievance procedure, family visiting twice a week and phone calls three times a week and visits by attorneys, probation officers, and caseworkers. The Center staff conduct PREA education every Wednesday to further educate the residents about reporting avenues. It should be noted that most of the residents interviewed stated they would report to staff because they trusted them, even though they knew of the other reporting avenues.

Prior to the onsite visit, I called and emailed the Director of WOAR. She emailed and confirmed the services outlined in the MOU and stated she is not aware of any issues or problems at this facility. There is also a MOU with the Philadelphia Police Departments Special Victims' Unit. This is the entity that would conduct the criminal investigation and conducts forensic interviews. The SVU utilizes Children's Hospital of Philadelphia for Forensic Examinations conducted by a SAFE/SANE for children under 13 and Einstein Hospital for residents over that age. This information is posted on the facility website.

During the past 12 months, there were no incidents of Sexual Abuse or Sexual Harassment occurring at the Center. There were three reports of sexual abuse occurring at other facilities and reported to JJSC staff. Documentation of all of these incidents was provided to and reviewed by the Auditor. The reports confirmed that all policy and procedure was properly followed in a timely fashion and documented.

At the conclusion of the three days onsite, an exit interview was held with the Deputy Commissioner, Executive Director, PREA Coordinator and the Director of Professional Services.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Philadelphia Juvenile Justice Services Center, built in 2012, is located in the City of Philadelphia, in a residential/business area of West Philadelphia near many forms of public transportation, including bus, trolley and elevated train. The building itself is 90,448 square feet and with the garage and parking lots, it has a total of 218,000 square feet. The front entrance is utilized by both employees and the public and consists of a large reception area monitored by security. Parents and those attending court hearings also enter here. The court waiting area is in this foyer however the courtrooms, as well as administrative offices are on the second floor, accessed by an elevator and an open winding staircase. This beautiful new building reflects the rehabilitative ideology of the Juvenile Court and greets visitors with a quote by Supreme Court Justice Thurgood Marshall: "Sometimes history takes things into its own hands".

There are four living pods of three fourteen bed units each, with 10 single rooms, and two double rooms on each unit. There are two pods of two 12 bed units, 8 single rooms and two double rooms. In each pod, there is a common multipurpose room, with bookshelves, an activity area with a sink, game tables, a television and an adjoining outdoor space. An elevated monitoring/security platform is situated in the middle of this space, with direct line views of all three units. It is staffed whenever residents are on the units and has video monitors. Three rooms on each unit have toilets and sinks. There are two bathrooms that contain both showers and toilets. There is a communal day room for each unit with a staff desk in each, and a television. On the first floor are three pods: one pod includes the three male orientation units, another pod has three male units and one pod is for the three female units. On the second floor, there are two male pods of three units each. All units are physically the same, but can be used to house younger and older residents and to keep co-defendant's separate. The large gym can be partitioned off to become two areas, and one has a stage and is utilized as a Multi-Purpose room for special activities. The two cafeterias are also used for visitation. There are 12 classrooms, staffed by teachers from the School District of Philadelphia. A courtyard is available for the residents with an all-weather track around the perimeter and bleachers. Additionally, there is a Healing Garden, as large as the courtyard with benches, used for individual counseling. The walls throughout are covered with beautiful murals created by volunteers and the Philadelphia Mural Arts Program. The Center also contains an Administrative Area, Medical Area, and self-contained Intake Area with a drive-in sally port. The Admissions/Intake area has four small holding rooms with toilets that are protected by a privacy wall and two large holding rooms. Attached to the Intake area is the control room with video monitors, manned round the clock by security officers. Both exterior and interior doors are buzzed open by security. There is a key override. The inner program spaces reflect the ideology of rehabilitation. The Youth Center is licensed by the Pennsylvania Department of Human Services.

During the past 12 months, February 1, 2016 through January 31, 2017 there were 2,554 total Detention Admissions: 2,101 males and 453 females ranging in age from 13-21. The average length of stay was 10 days. The Detention Center also houses "Act 96" residents. These are juveniles who are being tried in the Adult System but are being housed at the Juvenile Justice Services Center instead of the Adult jail to await their hearing. These residents have a longer length of stay. On the date of the Audit, there was one girl who was an "Act 96" resident and she was interviewed.

The facility is run by the Executive Director, Nelson Walker, who reports to the Deputy Commissioner, Timene Farlow, under the auspices of the Philadelphia Department of Human Services. There are 245 full time employees, as well as contracted employees in Medical (Corizon), Behavioral Health (Hall-Mercer), the Philadelphia School District and other individual contractors, such as the Chaplain. The direct care or line staff are full time and work permanent shifts with rotating days off. The shifts are 6:00 AM to 2:00 PM, 2:00 PM to 10:00 PM, and 10:00 PM to 6:00 AM. Due to staff turnover, the Center utilizes mandatory overtime to stay in ratio. There are also Social Workers, a trainer, Control Room staff, janitorial, dietary and Administrative staff. The Direct Care staff are unionized and member of AFSCME DC 33. The contract is effective July 2016 and goes through July 2020.

The residents attend school every day and this includes the traditional subjects and includes Gym and Art. There are also activities that are conducted by staff, volunteers and contractors.

There are two courtrooms in the facility for Detention hearings and the residents are transported to a courtroom downtown by the Sheriffs for their other hearings.

There have been no physical changes to the building since the initial Audit in 2014, however several cameras were added in the classroom and laundry area to enhance supervision.

The Juvenile Justice Services Center is licensed by the Pennsylvania Department of Human Services under the 3800 Child Care Regulations.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all pertinent information and documents provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. As noted above, many of the children stated they would report to a trusted staff if there was an incident of sexual abuse, even though they were aware of the other reporting avenues. This is an indicator of the commitment of all staff to the culture of sexual safety. This is a large Juvenile Detention Center in one of the country's largest cities. The Detention Center population reflects the diversity and social issues that most big cities have. The Leadership of this facility has done an excellent job keeping these at-risk children safe and free from sexual abuse and sexual harassment while in their custody. The staff and residents have demonstrated that they not only received but understand the education and training. There is a MOU and an ongoing relationship with Women Organized Against Rape that allows for victim advocacy, emotional support and reporting. The PREA Coordinator devotes most of her time to PREA compliance, including training new staff during orientation and revamping existing PREA training. All logs and files were complete and the entire staff is dedicated to PREA compliance.

One standard as noted below has been exceeded. Three standards as noted below do not apply. Three standards require corrective action. The remaining 34 Standards have been met. All policy and procedure meet the Standards.

One standard has been exceeded:

Standard #381 Medical and Mental Health

All residents receive a physical within 72 hours of admission. All residents who have disclosed a prior sexual abuse or who have perpetrated sexual abuse see a Master's Level Therapist for an assessment within 14 hours, if not sooner. Any Transgender or Intersex resident is also offered Medical Services through the Mazzoni Center, an LGBTI Health Agency. For this reason, this standard has been exceeded.

Three standards require a period of corrective action:

Standard #313 Monitoring and Supervision:

Logs of random unannounced rounds were provided to me prior to and during the onsite. However, these were primarily conducted by on-duty shift managers. The Administrator who conducts random unannounced rounds does not always document them, although I saw a video of him conducting a round on a midnight shift and staff told me that they see him conducting rounds. Documentation of 90 days of random unannounced rounds on all three shifts needs to be submitted to meet this standard.

On July 7, 2017, I received 90 days of random documented rounds conducted on all three shifts by upper level supervisors. This standard has been met.

Standard #333 Resident Education

The Intake Education consists of showing a video and reviewing a pamphlet with zero tolerance and reporting information during the Admission's process. Most residents interviewed stated they were not receiving the pamphlet during Intake and there was no documentation that they had received it. In order for this standard to be met, ninety days of documentation for all new admissions acknowledging receipt of education must be received.

On July 7, 2017, I received a roster of admissions for April, May, June, and July 2017. I randomly chose two names from each month of admissions and the signed documentation for those 8 residents was emailed to me on 7-10-17. This standard has been met.

Standard #342 Risk Based Housing Decisions

The Risk Assessment is being administered in a timely fashion and residents are being identified as sexually vulnerable and/or sexually aggressive. This information is being communicated and in some cases, the risk based housing decision is being documented. However, not all risk based housing decisions, especially for those identified as vulnerable, are being documented. Ninety days of documentation for all new admissions for risk based housing decisions must be submitted for this standard to be met.

On July 7, 2017, I received a log of all residents who were admitted during the past 90 days and who were identified as sexually vulnerable or sexually aggressive. I randomly chose 4 names from this list and was provided with appropriate documentation of risk based housing on 7-10-17.. This standard has been met.

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents: The Philadelphia Juvenile Justice Services Center does not

contract with any other entities for the confinement of their residents.

Standard #334 Specialized Training; Investigations: The Center staff do not conduct Investigations. This is done by the Philadelphia Police Department Special Victims' Unit and Pa. Department of Human Services.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at the Philadelphia Juvenile Justice Services Center.

All other Standards have been met and all Policy meets the Standards. When the documentation for Standard #313, #333, and #342 is received, the facility will be in full compliance.

On July 10, 2017, the appropriate documentation was provided to the Auditor for each of the three standards that required a corrective action plan. The documentation demonstrates compliance with the standards and the plan of correction for each standard.

This facility is in full compliance with all the PREA Standards, effective July 10, 2017.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

Documents Reviewed: Pre-Audit Questionnaire

Juvenile Justice Services Center (JJSC) Zero Tolerance Policy

JJSC Mission Statement

JJSC Organizational Chart

Interviews Conducted: PREA Coordinator.

The Philadelphia Juvenile Justice Services Center (JJSC) has a Zero Tolerance Policy for preventing, detecting, and responding to sexual abuse and harassment. It contains the definitions required by the standard and mandates that the facility shall have a PREA Coordinator. I have thoroughly reviewed this policy. The PREA Coordinator was interviewed and she states that she has enough time to meet her responsibilities in this role. She also develops the PREA training curricula and conducts the training. There is only one facility and they have developed a PREA team. The PREA Coordinator reports to the Director of the facility and this is illustrated on the Organizational Flow Chart that was provided. The policy meets the standard.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard does not apply because the facility does not contract with other entities for the confinement of their residents.

Standard 115.313 Supervision and monitoring

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

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

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

Documents Reviewed: Pre- Audit Questionnaire
Pa. 3800 Child Care Regulations
Staff Schedule for all three Shifts
Zero Tolerance Policy: Documentation of Staffing Plan Development
Zero Tolerance Policy: Policy requiring random documented unannounced rounds
Logs of unannounced rounds by Shift supervisors
Documentation of Annual staffing reviews: 2016
Pa. Bureau of Human Services Licensing Annual Licensing Summary for 2016
Onsite video Review of a random unannounced round at 4:30 AM on 3-31-17 by the Director of Res. Services
Ninety days of documentation of random unannounced rounds conducted on all three shifts by upper level supervisors submitted on 7-7-17

Interviews:
Facility Director
PREA Coordinator
Director of Residential Services

Tour Observations:
Supervision of residents in group settings in hallways, classrooms and cafeterias during lunch on 4-3 and 4-5-17
Conversations with on-duty staff and residents during tour of facility on 4-3-17

The Detention program has a ratio of 1:6 during awake hours and 1:12 during sleeping hours. While on the tour of the facility, I saw supervision of the residents as they were escorted throughout the building, in the hallways going to and from the living units to the classrooms and cafeteria. I saw residents in the living units, classrooms, and eating lunch in the cafeteria on two separate days. I saw one resident in the Admissions/Intake area awaiting transport to a police station. They were properly supervised at all times and the required ratio was exceeded in group settings. There have been no incidents where the ratio has not been met. The use of overtime, both voluntary and mandatory is used to ensure proper ratio. There have been no citations from Pa. Bureau of Human Services Licensing for not meeting ratio. I was provided with staff schedules for each program. They are permanent shifts prepared ahead of time but are reviewed on a daily basis to meet the needs of the population including one on one supervision, transportation to doctor's appointments, round the clock supervision at hospitals and staff call outs and use of personal time. I interviewed the director of the facility who states that when schedules are prepared and reviewed they take into account programming on different shifts, the ever changing needs of the population, as well as generally accepted juvenile detention/correctional practices, blind spots in the facility and the placement of staff. This is all delineated in the policy which contains all necessary procedure as required by the standard.

Because this is a re-audit, the PREA Coordinator, who was interviewed, provided to me two annual reviews of staffing that were conducted where they look at population numbers, staff turnover and budgetary constraints.

The policy requires that random, unannounced, documented rounds are conducted on all shifts. The policy requires that the on-duty shift supervisors conduct these rounds and document them on every shift. These logs were provided to me prior to the on-site. During interviews I was advised that the Director of Residential Services also conducts random, unannounced rounds, but that they are not always documented. I saw a video of this Administrator conducting an unannounced round on a midnight shift (4:30 AM, 3-31-17) As mentioned in the narrative, during the tour, staff and residents told me they see the Administrators making random checks. Taking into account all of the above, the rounds are being conducted, however, the ones being conducted by the Director of Residential Services are not always documented.

Corrective Action Needed:

Logs of ninety days of additional, random, unannounced rounds conducted by mid and upper level supervisors will be provided and reviewed. When that is done this standard will be met.

On July 7, 2017, documentation of random unannounced rounds conducted on all three shifts by upper level supervisors was submitted. This documentation demonstrates compliance with the standard.

This standard has been met.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed: Pre- Audit Questionnaire
JJSC Search Policy
JJSC Shower Policy
PREA Policy: governing searches and governing transgender and intersex searches
Employee training curriculum
Cross Gender Variant Search Form
Staff Training Logs
Transgender Resident File

Interviews:
Twenty Random Staff
Sixteen Random Residents
Transgender Resident

The Philadelphia Juvenile Justice Services Center Policy prohibits all cross gender pat down searches. There have been no cross gender searches of any kind in the past 12 months. The PREA Zero Tolerance Policy allows for Transgender and Intersex residents to express a preference for a male or female staff to conduct a search. This procedure entails the completion of a Gender Variant Search Form during Intake that both the resident and the staff sign off on. There have been two Transgender residents in the past 12 months. There have been no intersex residents. All 20 random staff interviewed were able to discuss this policy and were also able to state that searching or physically examining a transgender or intersex resident for the sole purpose of determining that resident’s genital status is prohibited. I also interviewed 16 random residents, 4 females and one Transgender girl and 11 Detention males. All stated they had never been subject to a cross gender pat down search and all could shower, dress and toilet in privacy without being viewed by an opposite gender staff. All residents shower one at a time. I saw “knock and announce” demonstrated while on the tour. Residents told me that opposite gender staff always knock on their doors before entering. Residents and staff told me that those residents who have toilets in their rooms have a privacy procedure where they tell staff they are going to use the toilet, they place a towel over the window in the door and tell staff when they are finished.

The Transgender resident states that she requested at Intake that her preference for a search of any kind was a female staff. She states that she has only been searched by female staff. She states all residents shower alone and she has not been discriminated against. Policy and practice meet the standard.

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

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Spanish and English Posters, Brochures, Pamphlets for Residents
Curriculum for Residents

Phila. DHS Language Access Line Resource
Staff Curriculum
Staff Training Logs
Interviews: Deputy Commissioner
PREA Coordinator
20 Random Staff

There were no residents who were non-English proficient or who had any disabilities in the population during the on-site portion of the Audit. A review of the policy along with the Deputy Commissioner's interview shows compliance with the standard. The facility would make all reasonable accommodations for any resident including those that were blind or deaf. The facility has access to TTDY unit for any resident who is deaf and requires one. The facility is part of the Philadelphia Department of Human Services and as such has access to the DHS Language Access Line. All staff interviewed state they would never use a resident as a translator to make a report of sexual abuse and have never known this to be done.

The Philadelphia School District staffs the classrooms and prepares Individual Education Plans for those residents that require them. The PREA Coordinator states that staff read the PREA information to residents at Intake to ensure understanding for those who are not literate. No corrective action needed.

Standard 115.317 Hiring and promotion decisions

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
JJSC DHS PREA Disclosure Release 28 C.F.R.
Pa. Child Protective Services Law
Pa. BHS #3800 Child Care Regulations
Pa. Bureau of Human Services Licensing 2016 Licensing and Inspection Summary
Letter from Human Resources prohibiting the use of Provisional Clearances for new employees
Personnel Files of 14 Random Staff

Interviews: Senior Department of Human Resources Associate

I interviewed a Human Resources Associate from the Department of Human Services for the City of Philadelphia. She also transported the personnel files of the 14 randomly chosen staff from the downtown location to the JJSC. The PREA policy and the Phila DHS Policy reflect the Pa. Child Protective Services Law which requires a Pa. Child Abuse Clearance, a Pa Criminal History Check and a FBI clearance prior to employment. However, this policy also allows the provisional clearances that enable a staff person to work as long as the clearances are provided within 90 days of employment. All clearances are also done every five years. The rechecks started during 2015. Prior to this they were only conducted during pre-employment. Therefore, very few staff had rechecks in their files. During the pre-employment process the Center uses a form entitled DHS PREA Disclosure Release 28 C.F.R. This form and practice is used as a result of the first PREA Audit. It required the Philadelphia City Council to exempt the JJSC from a City Statute that "bans the box", a hiring practice that provides for the re-integration process of ex-offenders.

The PREA policy requires a continuing affirmative duty to report on the part of an employee. Promotions also take this behavior into account. If requested, any founded or indicated report of sexual abuse is released to a new employer.

I reviewed 14 employee files and found all three required clearances being conducted prior to employment. One of the files showed that a new employee was hired before all clearances were received. I saw files for 5 new hires, only one had a provisional clearance. I saw the file for a recently promoted staff.

The policy and the Pa. CPSL require all clearances for contractors as well. I reviewed the file of a contractor and the necessary clearances were present.

A review of the most recent Licensing and Inspection Summary performed by the licensing agency did not show any citations for not having

the proper clearances in employee or contractor files.

I met with the PREA Coordinator, Facility Director and HR staff regarding provisional clearances. They all advised me that the use of provisional clearances would cease immediately. The Philadelphia Department of Human Services', Human Resources Manager provided me with official documentation prohibiting the use of provisional clearances for employees of the Juvenile Justice Services Center. This was provided to me prior to the 45 day interim report.

The policy and the practice meet this standard.

Standard 115.318 Upgrades to facilities and technologies

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

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

Documents Reviewed: Zero Tolerance Policy

Interviews: Facility Director

There have been no updates to the facility since the initial Audit in September of 2014. During the entrance interview, the Facility Director advised me that they have added cameras to the classrooms and the laundry area in the past year. During the tour, I saw where the new cameras were added and visited the control room where they are monitored. The Director states that each year they budget for additional cameras and prioritize which areas will receive them. They complement the supervision provided by staff and were added to keep residents safe. The policy contains all necessary information. This standard has been met.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Documents Reviewed: Pre-Audit Questionnaire

PREA Zero Tolerance Policy

MOU with Philadelphia Police Special Victims' Unit

MOU with Women Organized Against Rape

E-mail from Director of WOAR

Interviews:

PREA Coordinator

Deputy Commissioner

Health Services Administrator

20 random staff

The PREA Policy requires that forensic examinations will be provided free of charge for the residents and that they should be performed by

SAFE/SANes. JJSC does not perform any forensic examinations. They have a MOU with the Philadelphia Police Department's Special Victims' Unit that provides for SVU to conduct all investigations and Forensic Interviewing. The SVU also contracts with either Children's Hospital of Philadelphia to perform Forensic examinations for those under 13 years of age or Einstein Hospital. The SVU has the MOUs, not the Center. There are SAFE/SANes conducting these exams according to the Health Services Administrator at JJSC. There is also a nurse on staff at JJSC who is a SAFE, but does not perform exams.

The PREA Coordinator has received specialized Investigator training. She does not conduct investigations nor does anyone at the JJSC. The Center has a MOU with WOAR to provide emotional support and a victim advocate to accompany residents for forensic exams. Part of the Center procedure is to always notify WOAR of any allegation requiring a forensic exam. I called and emailed the Director of WOAR prior to the onsite portion of the Audit and she confirmed these services in an email. All 20 random staff interviewed knew this protocol. There have been no forensic exams conducted in the past 12 months. The policy and practice meet this standard.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Documents Reviewed: Pre-Audit Questionnaire

PREA Zero Tolerance Policy

Pa. Child Protective Services Law

MOU with Philadelphia Police Special Victims' Unit

Staff training curriculum

Staff training logs

Juvenile Justice Services Center website that describes investigative responsibilities of the facility and SVU

Interviews:

PREA Coordinator

Director

The JJSC does not investigate allegations of sexual abuse or sexual harassment. The PREA Zero Tolerance Policy and the Pa. Child Protective Services Law requires a referral to a law enforcement agency and in this case the report must be made to the Philadelphia Police Department, Special Victims' Unit, for any allegation of sexual abuse or sexual harassment for a criminal investigation. The allegation must also be reported to Pa. Child Line. There is a MOU with the SVU outlining law enforcement's and the Facility's responsibility for referrals. I interviewed the Director who confirmed the policy. The policy and the reporting mechanism is posted on the JJSC Website and confirmed by the Auditor. In the past 12 months there were no allegations of sexual abuse at JJSC. Both the policy and the practice meet the standard.

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Employee Training Curricula
Personnel Files of 14 random staff
Staff Training Logs

Interviews: 20 random staff

The employee training includes preventing, detecting, reporting and responding to allegations of sexual abuse and sexual harassment in accordance with the facility’s policy. It has specific modules on Transgender and Intersex residents, mandated reporting responsibilities, first responder training and the signs of threatened and actual sexual abuse, as well as avoiding inappropriate relationships with residents. All staff in the facility have received this training. They are also mandated by the Pa. Bureau of Human Services to receive “Mandated Reporter Training” that includes recognizing signs of sexual abuse. I interviewed 20 random direct care staff who could all candidly discuss their training. The staff receive the full day PREA training, which includes a video and several power point presentations and “PREA scenarios” during orientation. They then receive a full PREA training each year divided into quarterly trainings. Acknowledgement of understanding by signature is contained in a staff training log. I saw the logs for all staff and specific sign offs for 14 staff. Additionally, there are posters throughout the facility to remind staff of their training and line staff conduct PREA, 10 day education every Wednesday on the unit for all residents. This also serves as a refresher for staff. Staff stated that they received initial training when PREA was implemented and new staff receive it as part of orientation. All staff state they receive it every year, more than once. Staff training logs support this.

I reviewed the files of 14 staff and the staff training log. All had the initial PREA training and a refresher/full training each year. All staff also had Mandated reporter training.

The standard has been met.

Standard 115.332 Volunteer and contractor training

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Training Curricula for Volunteers and Contractors
PREA Volunteer and Contractor Pamphlet
Training record for a Volunteer
Training Record for a Contractor
Signed Acknowledgement of Training by a Contractor and a Volunteer
Training Logs for all Contractors and Volunteers

Interviews: Volunteer
Contractor (Chaplain)
PREA Coordinator

All volunteers and all contractors have been educated by the PREA Coordinator and trainer. The training logs for all volunteers and contractors were provided. The policy requires a level of training for volunteers and contractors based upon the amount and level of interaction they have with the residents. The teachers who are contracted employees receive the full employee training. A contractor with limited contact may receive the PREA brochure and then signs off acknowledging receipt and understanding. There is a full curriculum of a PREA Audit Report

presentation, power point and discussion for volunteers and they also sign off on the training. I interviewed both a contractor, who is a chaplain and coordinates all religious volunteers and a volunteer who conducts religious outreach and both stated they had received training and that they understood it. They stated that they would immediately report any sexual abuse or sexual harassment to a Center supervisor and they would also document the incident. I saw documentation of education in both the contractor's and the volunteer's files. The volunteer has been with the JJSC since 1979. He brought a PREA pamphlet with him to the interview. When I entered the facility on the first day of the Audit, I immediately saw a PREA sign in log for contractors, a PREA poster above it and PREA pamphlets next to it in the lobby of the Center.

This standard has been met.

Standard 115.333 Resident education

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Educational Materials including brochures in Spanish and English used during Intake
Educational materials in Spanish and for those with disabilities
Resident Education Curricula
PREA Video shown during Intake (Moss Group video)
Review of 14 random resident files
Logs of 10 day Education
Logs of Admissions for April, May, June, July 2017
Documentation of Education for 8 residents for April, May, June, July 2017

Interviews: Sixteen Random Residents
Admission Staff who performs Intake Education
PREA Coordinator
Random Staff who conduct 10 day Education

I reviewed the policy requiring timely education for residents at Intake and again within 10 days. Admission staff conduct Intakes and provide the initial information to the residents regarding reporting and residents' rights to be free from sexual abuse and sexual harassment. I interviewed an Admission's staff who conducts Intakes. He states that as part of the Intake process, a resident is given a brochure advising them as to how to report and their rights. He states he reads this brochure to the residents. He states that there is a PREA video (provided by the Moss Group) in the Admission area that is viewed by the residents. The PREA Coordinator states that 2554 residents have received Intake Education in the past twelve months.

Within 10 days of Intake, every Wednesday, direct care staff on the units conduct more comprehensive education. The residents sign off on this education. Both the residents and staff call this PREA Wednesday. Many residents receive this education several times based on length of stay. The Resident Education Logs show that 1949 residents have received 10 day education.

Throughout the facility there are large, colorful themed posters. In each unit, there is a bookshelf with PREA pamphlets.

I interviewed 16 random residents and only two could tell me they were given pamphlets at Intake. They all knew several ways to report and most knew that there were outside services available to them.

I saw education logs for all residents for 10 day education. I saw 14 specific signatures for the resident files that I reviewed for 10 day education on the Units.

I reviewed the files of 14 residents. All had signed off on a Gender Variant Search form at the time of Admission and there was a signed form that included the right to be free from sexual abuse and sexual harassment. However, there was no sign off that they had received the PREA pamphlet or had seen the video at the time of Intake. In fact, only two residents could tell me that they received the PREA pamphlet at Intake.

Corrective Action:

PREA Audit Report

The PREA Coordinator has implemented a new procedure which will require the Intake Staff to have a resident sign off on the PREA pamphlet that they receive at Intake. A copy of this will be placed in the Resident file. Ninety days of admissions will be submitted with this documentation of Intake Education.

On July 7, 2017, I received logs of admissions for April, May, June, and July 2017. I randomly chose two admissions from each month and documentation of their education was provided to me on 7-10-17. This demonstrates compliance with the standard.

This standard has been met.

Standard 115.334 Specialized training: Investigations

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

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

This standard does not apply because the JJSC staff do not conduct any investigations. These investigations are conducted by the Philadelphia Police Department Special Victims' Unit and Pa. Child Line.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Medical Staff Training Curriculum
Medical Staff Training Logs

Interviews: Health Services Administrator (Contracted through Corizon)
Contracted Mental Health Therapist.

The policy requires Medical and Mental Health staff to receive the same training as employees as well as specialized training to detect sexual abuse, to protect DNA evidence and to respond in a professional manner to reports of sexual abuse. The Medical staff do NOT conduct forensic examinations at the JJSC, however there is a Nurse that is a SAFE/SANE. . The Nurses are contracted Corizon employees and I interviewed the Health Services Administrator who is a RN who stated she received the full day employee training and also completed the Corizon PREA specialized training . I also interviewed a contracted Mental Health Therapist who stated that he received specialized Trauma Treatment Training- Survivors of Sexual Abuse. All medical staff have been trained and I was provided with the training logs.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 Vulnerability Assessment Tool
 Files of 14 Residents
 Admissions Transgender Variant Search Form
 Logs of Vulnerability Assessments Administered in the past 12 months

Interviews: Sixteen Random Residents
 Social Worker who Administers the Vulnerability Assessment
 PREA Coordinator
 Transgender resident
 Lesbian Resident.

The PREA Policy requires that admissions be screened for vulnerability to victimization or aggressiveness toward other residents within 72 hours of intake. The screen that is used by the facility is a commonly used one that takes into account prior victimization, a history of offending, physical variables, having been bullied, prior institutionalizations and LGBTI identification among other variables. This screen is administered by a social worker. She also takes into account the resident’s charges and the Intake information including the Transgender Variant Search form. She may also have information from a probation officer or caseworker, and from parental interviews. She also stated she has access to JCMS, a statewide data system for Juvenile Offenders. Using all of this information, the assessment is completed and a score is calculated. This is used to keep children safe and may be used to house a resident in a specific pod or room within a pod and/or one on one supervision. The Vulnerability Assessment is kept in the Child’s file. The only staff with access to this sensitive information is the Social Worker, Administrators and the PREA coordinator. The appropriate information from it is emailed to the Shift Supervisor who makes the pod and room assignment. All of the 16 residents that I interviewed remembered being asked pertinent questions contained in the instrument a couple days after they got here.

I interviewed two residents, one who identified as a Transgender girl and one who identified as a Lesbian. They both stated they were asked questions regarding their identification at Intake and again when the VAI was administered. I saw their VAIs and neither were scored as aggressive because of their identification. The Transgender resident was identified as Vulnerable due to several factors, including a disclosure of a prior sexual abuse and her identification.

The Policy requires that the resident be re-assessed every 90 days. This is a short term facility, with the average stay being 10 days in Detention. I saw a file of a resident with a stay longer than 90 days and he had been re-assessed in a timely fashion. I reviewed 14 resident files and all 14 had timely Vulnerability Assessments.

The PREA Coordinator keeps a log of every Admission, when the VAI is administered and re-administered and if there is any resident identification as a result of the score on the VAI. She also logs timely Medical and MH follow up for those who require it.

This standard has been met.
 No corrective action is needed.

Standard 115.342 Use of screening information

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

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

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

Documents Reviewed: Pre-Audit Questionnaire
Zero Tolerance Policy
Pa. 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
Documentation of use of Screening Information for Risk based housing decisions
Documentation of a 90 day review as required by policy
Files of 14 Residents for documentation of risk based housing decisions
Documentation of housing for two resident identified as LGBTI
JJSC Shower Policy
Log of all admissions from April, May, June, July, 2017 identified as vulnerable or aggressive
Samples of risk based housing decisions for four residents from admissions from April through July 2017

Interviews: PREA Coordinator
Social Worker responsible for Administering the Risk Screening
Two residents self-identified as a transgender girl and a lesbian

The policy states that the use of the screening information is to keep a vulnerable resident safe and to protect the other residents from an aggressive resident. During the tour, I saw five different pods with three housing units. There are three girls units and three orientation units for the boys. The girls and boys are kept in units based upon their age. Younger residents can be kept separate from older residents and co-defendants can be kept separate. A resident is never determined to be aggressive because of their sexual identity, and the housing for a Transgender or Intersex resident is done on a case by case basis, taking into account their needs and balancing that with the overall security of the program. All residents shower separately. I saw the shower with a curtain and spoke to staff during the tour regarding staff placement during showers. I interviewed the Director, PREA Coordinator and the Social Worker who administers the Vulnerability Assessment who discussed a Transgender resident that was admitted prior to this Audit and a current transgender resident.

I interviewed the current resident who is a transgender girl. She states that upon admission she was asked and identified herself as a transgender girl. She signed a gender variant search form and listed a female staff as her preference when searched. She was initially placed on the girl's unit on 3-7-17. She was involved in an incident on 3-25 and was counseled and placed on a safety plan. Her behavior, which included threats of physical harm and sexual acting out toward another female resident, continued and she was transferred to a boy's unit on 3-27-17. I reviewed the incident reports and a separate file for this resident. This resident states that she would like to return to the girls unit and that even though on the boy's unit, she is only searched by female staff. The PREA Coordinator stated they had to weigh the other residents' safety when making this transfer.

There is no special segregated unit for any LGBTI residents. I interviewed a girl who identifies as a lesbian and she states she was not placed in speciality housing, nor has she been discriminated against.

There is no use of isolation at the Philadelphia Juvenile Justice Services Center. It is prohibited by regulation. There were no citations for using isolation.

I reviewed the vulnerability assessments for 14 residents. I saw some documented risk based housing decisions for residents identified as aggressive. However, even though the residents are being identified as vulnerable and this information is being communicated to the Shift Supervisor and other Administrators, there is no documentation of whether risk based housing is considered.

Corrective Action:

Ninety days of documentation of risk based decisions for admissions identified as Sexually vulnerable or aggressive need to be submitted. On July 7, 2017, I received logs of all residents identified as either sexually vulnerable or aggressive who were admitted from April through July 2017. I randomly chose 4 names from this list. The documentation was appropriate and demonstrates compliance with this standard. This standard has been met.

Standard 115.351 Resident reporting

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

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

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

- Documents Reviewed:
- Pre-Audit Questionnaire
 - PREA Zero Tolerance Policy
 - Resident Reporting Brochure given at Intake
 - Reporting Posters in Spanish and English
 - MOU with WOAR
 - Pa. Child Protective Services Law
 - Pa. 3800 Child Care Regulations
 - Pa. Bureau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
 - Fourteen Random Resident Files
 - JJSC Visiting Policy
 - JJSC Phone Policy
 - Email from Director of WOAR
 - Grievance Policy and Grievance Form
- Interviews:
- Twenty Random Staff
 - Sixteen Random Residents
 - PREA Coordinator

The policy mandates that residents can make reports of sexual abuse or sexual harassment verbally, in writing, anonymously and through third parties. The 20 staff and the 16 residents interviewed knew this and could tell me the ways they can report at the JJSC. It should be noted that many of the residents stated they would tell a trusted staff and this is confirmation of the culture of safety and respect at the JJSC. There are posters throughout the facility with the name, address and phone number for WOAR. Residents know they can ask their Social Worker to make that call or they can place a slip in the sick call box and the Nurse will call them down to Medical to make the call. The Director of WOAR acknowledged, in an email, the terms of the MOU, which among other things allows for the acceptance of Reports of Sexual Abuse.

The residents can also file a grievance. The policy does not require a child to submit a grievance to the staff involved. The grievance process has the required timelines and provides for the use of an emergency grievance. The grievance policy is required by the Pa. 3800 Child Care regulations. It requires that both residents and parents be advised of and sign a written acknowledgement of the the policy during Intake. I saw documentation of this in the resident files that I reviewed. I did not see any citations for not providing the grievance policy in the most recent Licensing and Inspection summary. The policy allows a parent or guardian to file a grievance for a child, even if the child refuses to do so.

Residents also receive visiting twice a week from parents and guardians and phone calls three times a week. Attorneys, Probation Officers and Caseworkers can and do visit and call whenever they wish. The majority of residents stated that they saw or spoke to their lawyer while in the Center. One resident stated he wanted to contact his lawyer and I passed that information on to the PREA Coordinator.

Staff stated that they report to Child Line, under penalty of law, and to their supervisor. They state they can privately report by going to the PREA Coordinator or to the Director.

I saw papers and pencils throughout the living units while on the tour.

No corrective action is needed.

Standard 115.352 Exhaustion of administrative remedies

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Grievance Form
Pa. 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
Fourteen Random Resident Files

The PREA Zero Tolerance Policy requires a grievance procedure for the reporting of Sexual Abuse and Sexual Harassment. There have been no grievances in the past 12 months alleging sexual abuse or sexual harassment. The policy does not impose a time limit on a grievance for sexual abuse or sexual harassment, nor does it require the grievance to be submitted or referred to the staff person named in the grievance. The policy allows for an emergency grievance procedure and response within 48 hours. Third parties, such as parents, guardians, and attorneys, can assist in the filing of a grievance or can file a grievance on behalf of the resident. The policy does not allow for any disciplinary action for a grievance filed in good faith.

The Pa. 3800 regulations require a grievance procedure to be issued to every resident and parent/guardian as part of the Intake process. A signed acknowledgement of receipt must be obtained. I saw documentation of such in the 14 random resident files that I reviewed. There were no citations for not providing the grievance procedure in the most recent Licensing and Inspection Summary. No Corrective Action is needed. This standard has been met.

Standard 115.353 Resident access to outside confidential support services

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
MOU with WOAR
Youth Center Visiting and Telephone Policy

Interviews: Sixteen Random Residents
Director
PREA Manager
Director of WOAR (email interview)

Both the Youth Center policy and the PREA Zero Tolerance Policy require parental visiting and phone calls. The policy and the Director state that residents receive three phone calls a week and visiting twice a week. All residents interviewed state that they receive their phone calls and are eligible for visits. Not all residents receive visits, because their parents have transportation issues. Residents state they can speak to their attorney or probation officer/caseworker upon request. Several of the residents stated that they see or speak to their attorneys before court. One resident asked to speak to his attorney and I passed that information to the PREA Coordinator.

The PREA reporting/services brochure is given to each resident at Intake and another copy of the brochure is given to the resident during the 10 day education and there are copies on the unit. The brochure, along with posters throughout the facility, give the phone number and address for WOAR. Most of the children were able to tell me of some of the services provided for outside emotional support when cued. Many of the residents state that they receive this information on PREA Wednesdays (PREA education conducted every week on the living units) .

No Corrective Action is necessary.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed: Posters in Lobby of the Center
 Posters in Cafeteria used for family visits
 Philadelphia Juvenile Justice Services Center Website
 Pre-Audit Questionnaire
 PREA Zero Tolerance Policy

The PREA Zero Tolerance policy requires an avenue for third party reporting. The Philadelphia Juvenile Justice Services Center on its website, provides reporting information for Third Parties. It lists the contact information for the Director, SVU and Pa. Child Line. The same information is on a bulletin board in the Front Lobby and in the cafeterias, which are used for visiting. This standard has been met. There is no need for corrective action.

Standard 115.361 Staff and agency reporting duties

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

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

Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 Staff Training Curriculum
 Pa. Child Protective Services Law

Interviews: Director
 PREA Coordinator
 Nurse
 Mental Health Therapist
 Twenty Random Staff

The Policy requires that all staff report any knowledge of or suspicion of sexual abuse or sexual harassment to Child Line and to their supervisor. All staff are mandated reporters under penalty of law as outlined in Pa. Child Protective Services Law. All staff receive and sign off on mandated reporter training. Those interviewed, including the nurse and Mental Health Therapist could state who they would report to and that it would be documented and done immediately. The report would also remain confidential. Medical staff inform all residents of their duty to report, prior to initiating services, but do not need consent for a resident under 18 or a resident over 18 if the incident happened at the Center.

The Director and the PREA Coordinator stated they are required by the Pa. Bureau of Human Services to file a report within 24 hours and to advise parents/guardians, probation officer and caseworkers of an allegation of sexual abuse. If there was an attorney of record they would also notify them. These notifications are documented through what is called a "HCSIS" report.

There have been no incidents in the past twelve months that have required a report. There is no corrective action necessary.

Standard 115.362 Agency protection duties

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Twenty Random Staff
Director

The Policy requires all staff to take immediate action to protect a resident from imminent sexual abuse. This may include a safety plan of one on one supervision or the change of housing, including a room or pod. It may also include having a staff work in a different unit. There have been no incidents of alleged imminent sexual abuse in the past 12 months. However, both the 20 random staff interviewed and the Director responded with the appropriate action for such an incident. There is no corrective action needed.

Standard 115.363 Reporting to other confinement facilities

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Documentation of Reports to other Agencies

Interviews: Director
PREA Coordinator

The Zero Tolerance Policy requires the Director or his designee to report any allegation of sexual abuse that occurred in another facility to that Director of that facility and to Child Line. The Policy requires this to be done within 72 hours of the report and for the action to be documented. In the past 12 months the facility received three such allegations and the Director, who was interviewed, notified the Director of the other facility within 72 hours and notified Child Line. In one instance, the Director was on leave and the PREA Coordinator made the necessary notification and documented it. The reports and times were documented and I reviewed the files for all three reports while onsite. The policy also requires documentation and investigation if the facility should receive a report from another facility regarding an allegation of sexual abuse. There have been no allegations of sexual abuse at the facility reported by another agency within the past 12 months. The interview of the Director and the policy indicates that the procedure would be followed. There is no corrective action needed. This standard has been met.

Standard 115.364 Staff first responder duties

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

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

Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 Staff Training Curriculum
 Staff Training Logs
 Interviews: Twenty Random Staff

There have been no incidents that have required a response by a first responder. However, interviews and review of policy confirm that staff would be able to perform the duties if need be. The policy requires that the staff seek assistance, separate the victim, secure the scene, report to their supervisor and document and contact the medical department. Most of the 20 random staff interviewed could reiterate these duties and, if cued, all could respond. Although there have been no allegations, I believe the staff is trained and the protocol is in place. There is no corrective action necessary. This standard has been met.

Standard 115.365 Coordinated response

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

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

Documents Reviewed: Pre- Audit Questionnaire
 PREA Zero Tolerance Policy
 Alleged Abuse and Sexual Assault Checklist
 Interview: Director

As described in the PREA Policy and in the interview with the Director, although there has been no incident that has required this coordinated response, the procedure is in place. PREA Policy, page 25, has a Coordinated Response plan for each person, that walks a staff through who to contact, in what sequence and what action to take and when. This coordinated response can and is used for other incidents. Although there have been no incidents of Sexual Assault in the past 12 months, the Coordinated response is in place. There is no corrective action needed. This standard has been met.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Current Union contract with AFSCME DC 33
Pa. Child Protective Services Law

Interview: Deputy Commissioner

The PREA Zero Tolerance Policy states that there is nothing that prevents the facility from removing a staff person from the unit or facility to protect residents from contact with abusers. The current Union contract, which runs from July 2016 through July 2020 has no clause that prohibits this management right. When an allegation of sexual abuse is made the Pa. CPSL requires that a safety plan be submitted to them protecting that child and the other children from the named staff for the length of the investigation. This many times requires suspending staff, or placing them in a job where they would have no child contact. There have been no incidents that have required this.

Standard 115.367 Agency protection against retaliation

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director
Deputy Commissioner
PREA Coordinator
Shift Manager who Monitors Retaliation

The policy requires that anyone who reports sexual abuse or sexual harassment or cooperates with such an investigation be monitored for retaliation. The interviews with the PREA Coordinator and the Director show that at JJSC the staff responsible for monitoring retaliation would be one of the Shift Managers. She was interviewed and states that she would initiate contact with a resident who reported sexual abuse and let them know that she was available. She would continue to monitor the situation for length of stay and would institute a written safety plan and change housing if need be. If a staff person was being retaliated against, she would include Human Resources in the response. She discussed various behavior changes to look for in both staff and residents who are being retaliated against. Although there have been no incidents of retaliation, I feel that retaliation would be appropriately handled. There is no corrective action needed. This standard has been met.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

This standard does not apply. The Philadelphia Juvenile Justice Services Center is prohibited from using isolation by the Pa. 3800 Child Care Regulations.

Standard 115.371 Criminal and administrative agency investigations

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
MOU with the Philadelphia Police Departments Special Victims’ Unit

Interviews: Director
PREA Coordinator

The Philadelphia Juvenile Justice Services Center does not perform Criminal or Administrative Investigations. The Policy states that when there is an allegation the Philadelphia Police Departments Special Victims’ Unit and Pa. Child Line will be called. There is a MOU with the PPD SVU. The Center staff have no investigators, nor have they received any investigative training. The PREA Coordinator has received investigator training to assist her in her role, but she does not conduct investigations. The staff gather enough information to report to the above and to protect the child. Any administrative review is done after the fact as a 30 day incident review. Both the PREA Coordinator and the Director state they have an excellent working relationship with the PPD SVU. All records and documentation of investigations are kept separately and for at least 10 years. All other substandards are the jurisdiction of the law enforcement agency or the District Attorney’s office. There is no need for corrective action. This standard has been met.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy

The policy states that the agency shall not impose any standard higher than preponderance of the evidence when determining if an allegation of sexual abuse or sexual harassment is substantiated. Although contained in policy, the Philadelphia Juvenile Justice Services Center does not substantiate allegations of sexual abuse. That is the jurisdiction of law enforcement or Pa. Child Line. There is no corrective action needed. This standard has been met.

Standard 115.373 Reporting to residents

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

The Policy requires that if a resident alleges sexual abuse or sexual assault in that facility that they are to be notified as to the outcome of that investigation. The Director states they will notify a child and will document such. Child Line sends a written notice to both the facility and the victim. There have been no incidents that have required this notification. This standard has been met.

Standard 115.376 Disciplinary sanctions for staff

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

There have been no incidents in the past 12 months that have required staff discipline for sexual abuse or sexual harassment. However, the policy states that termination is the presumptive discipline for sexual abuse. The facility would still report to law enforcement if a staff was terminated or resigned due to an allegation of sexual abuse. There is no corrective action needed. This standard has been met.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

The Prea Zero Tolerance Policy requires that any volunteer or contractor alleged to have committed sexual abuse or sexual harassment be immediately removed from the facility. There have been no such incidents in the past 12 months. During an interview with the Director, he stated that he would prohibit the volunteer or contractor from entering the facility, report them to Child Line and the PPD SVU and notify their agency.

There is no corrective action needed. This standard has been met.

Standard 115.378 Disciplinary sanctions for residents

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Pa. Child Protective Services Law
Pa. 3800 Child Care Regulations

Interviews: Director
Nurse
Mental Health Therapist

There have been no incidents that have required discipline of residents. The PREA Policy and the Pa. CPSL prohibit discipline of a resident for a report made in good faith. The Center Policy and the Pa. 3800 Child Care Regulations prohibit any sexual contact between children, however, if the contact is consensual, it is not reported as Sexual Abuse unless the child is under the age of consent. Any contact between a child and a staff member would result in resident discipline only if the staff did not consent to such activity. According to the Director, there is not a disciplinary process because they do not discipline the residents. A child would be placed on Unit confinement for their protection or the protection of the other residents and it would be referred to the Juvenile Court.

There is no need for corrective action. This standard has been met.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 Fourteen Resident Files

Interviews: Social Worker who conducts Risk Assessment
 Health Services Administrator
 Mental Health Therapist
 Three Residents who disclosed prior sexual abuse

The PREA Policy requires all residents to be screened within 72 hours of Intake by a Social Worker for Vulnerability to Victimization and/or Sexual Aggressiveness. If they disclose that they have been a victim of prior sexual abuse or they are or have been perpetrators, the Caseworker states she offers a Medical or Mental Health follow up assessment. She schedules it within 14 days with the Mental Health Clinic. All residents have a physical within 72 hours of admission. The Health Services Administrator and a Mental Health Therapist were interviewed and state that all residents referred by the Social Worker receive a follow-up Mental Health appointment within 14 days and most times sooner than that. The resident can decline any further follow-up during that appointment, but all who are identified by the Social worker are scheduled and seen. I saw logs of all residents who were identified and required follow-up and the dates that they were seen. This is kept by the PREA Coordinator.

I observed during the tour where medical files are kept in the nurses’ office with only medical staff, administration and the PREA Coordinator having access. I reviewed 14 random resident files. Files of 5 residents disclosed prior abuse and one file identified a resident as a perpetrator. All were offered Medical or Mental Health follow-up and I saw the dates of the appointments.

Both the Health Service Administrator and the Mental Health Therapist state that they notify all residents that they are mandated reporters before the initiation of services. This includes residents who are both over and under 18.

I interviewed three residents who had disclosed a prior sexual abuse They stated they received a Mental Health Assessment well within 14 days of admission.

This standard has been exceeded because all identified residents are scheduled to receive a Mental Health follow-up and they do receive them within 14 days. The logs of all identified residents and the dates of their follow-ups are kept by the PREA Coordinator.

Any residents identified as Transgender or Intersex are also given the opportunity for Health Services at the Mazzoni Center and LGBTI Health Agency within the city of Philadelphia. For this reason, this standard has been exceeded.

Standard 115.382 Access to emergency medical and mental health services

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

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

Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 MOU Philadelphia Police Department Special Victims Unit

Interviews: Health Services Administrator

Mental Health Therapist
Twenty Random Staff who would be first responders.

There have been no incidents in the past 12 months that require emergency medical services for a victim of sexual abuse. The PREA Zero Tolerance Policy requires that resident victims be given emergency medical and mental health services. These services will be free of cost and are consistent with community level of care. There are nurses on duty at all times. There is an MOU with the PPD SVU for emergency forensic examinations and medical treatment and this would be provided at Childrens' Hospital of Philadelphia or Einstein Hospital. Both the Health Services Administrator and the Therapist confirm that the residents have access to these services and that they are consistent with community level of care as determined by their professional judgement. All residents are offered STD testing, protection information and all legal pregnancy related services in a timely manner as described in the policy. Staff interviewed responded that they knew this Medical Protocol and it would be part of the Coordinated Response.

There is no need for corrective action. This standard has been met.

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

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Interviews: Health Services Administrator
Mental Health Therapist

The Policy contains all standard requirements. There are full time contracted nurses, dentists, doctors, through Corizon and a contracted Mental Health Therapist through Hall-Mercer Outpatient Behavioral Health. Additionally, WOAR offers free counseling for all victims of sexual abuse. There have been no resident on resident perpetrators identified however, the policy states and the interviews confirm that if there was a resident who was identified as a resident on resident perpetrator, no matter in what institution it occurred, would be offered counseling within 90 days. The Mental Health Therapist states that this would probably be done within a day or do of being identified and referred.

All female residents would be offered all legal pregnancy related services as soon as the pregnancy was reported according to the Nurse. The therapist states that he would provide an assessment and services and/or follow up care in the community. An after care plan would follow each resident who was in need of services. This would be provided free of cost and would be consistent with community level of care. This standard has been met.

Standard 115.386 Sexual abuse incident reviews

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

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

corrective actions taken by the facility.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Sexual Incident Review Form

Interviews: Director
Counselor Supervisor
PREA Coordinator

There have been no incidents in the past 12 months that would require a sexual incident review. However, the policy and procedure are in place to conduct one if need be. Those interviewed and the policy state that the review would convene within 30 days of the completion of the investigation and would include those that were interviewed as well as Medical and Mental Health, with input from line staff and supervisors. The Counselor Supervisor who was interviewed as a member of the Sexual incident review team stated that the physical location of the incident would be examined, the staffing pattern, the video tapes, and the following variables would be considered: gang affiliation, sexual identification, race, ethnicity, and group dynamics.

A report would be completed by the PREA Coordinator with recommendations to prevent future incidents. It would be noted why or why not any recommendations would be followed. This would be submitted to the Director and the Deputy Commissioner.

There is no need for corrective action. This standard has been met.

Standard 115.387 Data collection

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

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

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Youth Center website with aggregated data
DOJ 2016 Survey of Sexual Violence

Interviews: Director
PREA Coordinator
Deputy Commissioner

The policy requires the collection of individual and aggregated data. The PREA Coordinator is responsible for this collection. The Director and the Coordinator state that the data is reviewed on an ongoing basis to make any immediate changes and then is looked at in an aggregate fashion to determine any trends or issues. The Deputy Commissioner states that the aggregated data tells you who your population is and what their needs are. She states that it allows the Center to contract for the services that they need. The JJSC website has public documents with data in the form of annual reports and the PREA Audits.

The Department of Justice has requested data and it has been provided.

This standard has been met.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Toleranc Policy
Annual Reports
Philadelphia Juvenile Justice Serrvices Center website

Interviews: Director
PREA Coordinator

The Policy requires that the Annual reports be reviewed by the Director and made publically available. They need to contain data and any corrective action that needs to be taken. The data should be compared year to year. The Director stated in his interview that he would approve all reports before they are posted on the website and the PREA Coordinator would compile this information using all reports. Personal identifiers would be redacted.

I reviewed the website and it includes the aforementioned reports.
This standard has been met.

Standard 115.389 Data storage, publication, and destruction

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Philadelphia Juvenile Justice Serrvices Center Website Annual Reports

Interviews: Director
PREA Coordinator

The policy requires and the PREA Coordinator confirms that all data is securely retained. She keeps all records under lock and key. She removes personal identifiers and the Policy requires that all data be kept securely for at least ten years. When the data is made public on the website, the staff and resident personal identifiers have already been removed.
This standard has been met.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any

inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Maureen G. Raquet

July 10, 2017

Auditor Signature

Date

