

PREA AUDIT: AUDITOR'S FINAL SUMMARY REPORT JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of Facility: Philadelphia Juvenile Justice Services Center

Physical Address: 91 North 48th Street, Philadelphia, Pa. 19139

Date report submitted: June 30, 2015

Auditor information: Maureen G. Raquet

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Telephone number: 484-366-7457

Date of facility visit: December 8,9,10,2014 and April 7, 2015

Facility Information: same as above

Facility Mailing Address: same as above

(if different from above)

Telephone Number: 215-686-4845

The Facility is: Military xx County Federal
 Private for profit Municipal State
 Private not for profit

Facility Type: xxxxxxDetention Correction

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: Philadelphia Juvenile Justice Services Center

Governing Authority or Parent Agency: The City of Philadelphia,
Department of Human Services

Physical Address: 1515 Arch Street, Philadelphia, Pa. 19102

Mailing Address: NA

Telephone Number: 215-683-4347

Agency Chief Executive Officer:

Name: Timene L. Farlow **Title:** Deputy Commissioner

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on December 8, 9, and 10, 2014. It commenced with a brief entrance interview with the Executive Director and the PREA Coordinator, followed by a tour of all areas of the facility. The facility was very clean and well maintained. Staff throughout the facility, including the line staff, Medical, Mental Health, Recreation, Teachers, the Chaplain, Kitchen and maintenance men, were questioned about their areas and responsibilities. They were all aware of the Zero Tolerance Policy and had been educated about PREA. There was one exception, a substitute teacher, and she was educated prior to the culmination of the on-site portion of the audit. There were educational posters about sexual abuse and postings regarding reporting in English and Spanish throughout the building. Following the tour, staff (27) and residents (14) were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff: Deputy Commissioner, Executive Director, PREA Coordinator, Two Residential Directors, a Shift Manager, two Admissions Staff, A Social Worker, Medical Director, a Registered Nurse, the Mental Health Program Director, a Human Resources Staff Person, a member of the Incident Review Team, a Contractor and a Volunteer. Random Staff (12) from all three shifts (a total of 27 staff) and 14 Residents, from all four pods, but only 11 units (all the girls on one unit refused to meet with me) were interviewed. I also reviewed 14 resident files and 24 staff files.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. One is a 24 hour hotline for crisis support and is a Rape Crisis Center. This hotline is operated by Women Organized Against Rape. I spoke to a staff person from this agency prior to the on-site to confirm their agreement, which they did and they were not aware of any ongoing problems at the facility. All staff and children were aware of the hotline. Addresses and phone numbers for written reports to WOAR are posted throughout the center in both languages. This information is on the back of the PREA pamphlet given to each child at Intake. All children felt safe and verbalized that they could all go to a Youth Center staff as well. The residents all have the opportunity to receive visits from parents twice a week, and a phone call at least once a week. There is also a grievance policy for reporting as well as Child Line.

The facility has had no accusations of staff sexual harassment or sexual abuse. Any reports were for incidents that occurred prior to Admission and all subsequent protocol was followed. There was one report of resident on resident sexual abuse and all policies and procedures were followed.

Prior to the on site visit during almost weekly phone calls, the PREA Coordinator and the Auditor discussed specific actions in regard to some policies and practices. Many of these were small additions to policy and were completed by the time of the visit and were provided to the Auditor at that time. Upon completion of the on-site portion of the Audit, an exit interview was conducted with the Deputy Commissioner, Executive Director, and PREA Coordinator. Standard #335 Specialized Training for Medical and Mental Health Staff has been exceeded. There is a SAFE/SANE nurse, even though Forensic exams are not conducted here. The training curriculum was outstanding and interviews with both Medical and Mental Health Personnel confirm that this Standard has been exceeded.

Due to the fact that an objective screening instrument pursuant to standard #341 had not yet been approved by the City legal department or implemented, it was agreed that the Auditor would return to the facility on April 7, 2015 to conduct interviews of staff and residents and review documentation and necessary follow up. Additionally, the Human Resources Office for the Department of Human Services is currently revising their policies to come into compliance with both PREA Standard #317 and the newly revised Pa. Child Protective Services Law. This should be implemented by end of January 2015, and new policy will be reviewed and an interview with a Human Resources Administrator will be conducted. A PREA link on the Department of Human Services (DHS) website is being constructed for third party reporting, investigative procedure, yearly aggregated data report, as well as the Audit itself. This should be completed by the end of January 2015 and will be verified by the Auditor upon completion. Development of a Policy, Curriculum and Training for Staff regarding Cross Gender Searches for Transgender and Intersex Residents, PREA Standard #315, will be implemented, and documentation of its use during admission, as well as logs of training will be reviewed and verified during the return on-site visit. Finally, a signed Memo of Understanding from the Philadelphia Police Special Victims Unit is still outstanding and is currently awaiting approval by the Police Commissioner. It will be provided upon receipt. There was sufficient

documentation of the Philadelphia Police Special Victims' Unit responding to and investigating reports of sexual abuse and sexual harassment.

All other standards were met by the time of the on-site audit and verified by the auditor through interviews, tour and review of files, policy and documents. This initial report is being submitted to meet the 30 day timeline. It is expected that all corrective actions will have been implemented and reviewed by the Auditor prior to the April 7, 2015 on-site visit and that all standards will have been met and the facility will be fully certified.

A follow up on-site Audit was conducted on April 7, 2015. At that time, the Medical Director was interviewed and 3 files were reviewed for secondary material pursuant to Standard #381. These files contained the necessary documentation for services offered in a timely fashion to those children identified by the risk assessment. Two identified residents were interviewed regarding medical follow up. Two Social Workers were interviewed, as they administer the risk assessment required in Standard #341. Three identified residents were interviewed, two males and one female. Secondary materials regarding risk based housing decisions (Standard #342) were also reviewed for both Sexually Aggressive, Sexually Vulnerable and a Bisexual resident. Admission logs for 362 intakes since January 1, 2015 confirm timely administration of the risk assessment. I also reviewed a separate log of any children identified by the risk assessment. Random review of 7 resident files confirmed that this is being done correctly and in a timely fashion. Both the interviews and the document review confirm compliance with this standard. Three Admission staff and two Random staff were interviewed regarding compliance with Standard #315. All had received training and were able to demonstrate knowledge and understanding of cross gender searches for Transgender and Intersex residents. Training logs were reviewed. There were no Transgender or Intersex residents in the population during the on-site follow up. An interview with the PREA Coordinator confirms compliance with the above standards. A copy of the MOU with the Philadelphia Police Department Special Victims' Unit was submitted prior to the follow up on-site. The website was completed and verified by the Auditor, pursuant to Standard #389. The only outstanding standard still not met is #317. I interviewed a solicitor for the Department of Human Services prior to the on-site and because the necessary changes in the policy will effect several departments in must go through the Mayor's office and this is a timely process. She assures me it will be completed prior to the 180 day corrective action period.

Follow up phone calls and emails with the DHS HR Solicitor and PREA Coordinator were conducted for three months after the return on-site. On June 29, 2015, the Human Resources Policy pertaining to Standard #317 was approved and implemented, submitted to the Auditor, reviewed and verified that it meets the Standard and also complies with the updated Pa. Child Protective Services Law.

Therefore, all standards have been met, one standard exceeded and all agency wide policy and procedure comply with all relevant PREA Standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Standard**115.311 Zero Tolerance of Sexual Abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Review of policy and interview with PREA Coordinator verify compliance with Standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments including corrective actions needed if does not meet standard

NA -Facility does not contract with other entities for confinement of residents

Standard**115.313 Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Review of policy, staff schedules, logs of unannounced rounds, corroborating video, as well as interviews with Executive Director and PREA Coordinator, verify compliance with Standard. During the tour I viewed supervision in the cafeteria, gym, classrooms and units. I also saw supervision during activation of a fire alarm. The facility complies with the Pa. Department of Public Welfare ratio of 1:6 and 1:12 for Secure Detention Facilities. There were no citations for failure to meet this ratio and no record of deviations from this ratio.

Standard**115.315 Limits to Cross Gender Viewing and Searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interview with Random Staff and Intake Staff and Random Residents confirm that the knock and announce policy is in place and is practiced. Additionally there is a policy and there are no cross-gender searches, however, interviews revealed that not all staff were aware of the LGBTI policy for searches and were unsure as to how this would be handled. New staff were aware of this policy and were able to re-iterate it. As part of the plan for compliance, a cross gender search policy will be implemented and staff will be re-trained. At the time of the post-visit, both staff and residents will be re-interviewed to determine compliance. There were no Transgender or Intersex residents in the population at the time of the on-site. I interviewed three Admissions staff and two random staff and reviewed training logs, during the follow up on-site. All had been trained and demonstrated an understanding of the policy and process.

Standard	115.316 Residents with disabilities and residents who are limited English Proficient
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- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviews with the Director, Random Staff and a child whose first language was not English, demonstrated compliance with Standard, as did postings, documents and bi-lingual staff.

STANDARD 115.317 Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Review of policy as well as interview with a Human Resources Representative revealed that the facility is not in compliance with this standard. All child abuse and criminal background checks are done pre-employment as required by DPW, but subsequent checks, as well as an affirmative duty to report and asking about arrests/convictions on an application or a pre-employment interview are not part of policy. A telephone interview with the Human Services Legal Department during the on-site, helped to clarify the situation for them. They are currently revising their policy to come into compliance with PREA as well as the revised Pa. Child Protective Services Law that just went into effect. They believe this will be completed by the end of January 2015, at which time, I will review the new policy and re-interview the Human Resources Representative. The new policy was approved and implemented on June 29, 2015. It includes all the PREA verbiage as well as 3 year checks that make it compliant with the Pa. Child Protective Services Law. This Policy was submitted, reviewed, and verified by the Auditor. I interviewed both the PREA Coordinator and the Solicitor for DHS Human Resources to ensure compliance with this standard. Policy and Practice meet the standard.

STANDARD 115.318 Upgrades to Facilities and Technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interview with Deputy Commissioner and Executive Director, tour of facility and review of schematic demonstrate compliance with this Standard in this new building.

STANDARD 115.321 Evidence and protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviews with Random Staff, Medical, and PREA Coordinator and review of policy and MOU show that staff have received appropriate training and that all forensic exams are conducted at Children’s Hospital of Philadelphia, and the Philadelphia Police Department Special Victims’ Unit. The facility is still awaiting the signed MOU with the Police, however review of incidents and reports shows an ongoing relationship with the Special Victims’ Unit. I spoke to a staff person from WOAR prior to the on-site to confirm victim support services. There were no residents who had reported a current sexual abuse in the population at the time of the audit.

STANDARD 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

All policies and procedures are in place and everyone is aware of them. Pa. CPSL mandates reporting, and DPW requires notification of such. The website describing the investigation procedure is being developed and will be up and running by end of January 2015. The website is up and running and has been verified by the Auditor. There is an MOU with the Philadelphia Police Department's Special Victims' Unit.

STANDARD 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Logs of training (100% of staff trained) interviews of random staff (12) and individual training files (24) were reviewed to verify understanding of training. Interviewed PREA Coordinator, as well as random staff to determine compliance with Zero Tolerance Policy and related PREA training. During the return visit on 4-7-15, I interviewed Admissions staff and line staff to ensure that they were trained on Cross Gender searches.

STANDARD 115.332 Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Reviewed training logs and sign off sheets for both volunteers and contractors. Interviewed a contractor and a volunteer. This standard has been met.

STANDARD 115.333 Resident Education

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviewed 14 randomly selected residents and reviewed their files. They receive education at Intake in the form of one on one review of reporting and Zero tolerance policy. They also view a video during the Intake process with the Admissions staff and there is ongoing education on the unit in the form of pamphlets, posters, and educational groups. I interviewed random staff (12) and two Intake staff to confirm this practice. During the tour, the Admissions staff cued up the video for me and demonstrated the process, where the children receive their education. Review of Resident files (12) show compliance. This education was implemented by June 30, 2014 for all admissions.

STANDARD 115.334 Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

The facility does not conduct investigations. The Philadelphia Police Special Victims' Unit is responsible for any and all sexual abuse and sexual harassment investigations. Have reviewed the MOU, the facility is waiting for it to be signed. Received signed MOU from SVU.

STANDARD 115.335 Specialized Training: Medical and mental health care.

- XXX** 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 comments, including corrective actions needed if does not meet standard

Reviewed the curriculum and interviewed the Director of Medical Services, and a Nurse. Corizon is contracted to provide Medical Services. Even though the facility does not conduct forensic exams, they do have a SAFE/SANE on site. I interviewed the Mental Health Master's Level Clinician, who is contracted through Vision Quest. I believe that the facility excels in this area.

STANDARD 115.341 Obtaining Information from residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

The facility was using a screening tool to comply with the PA. DPW 3800 regulations. It was not objective, nor did it collect all the necessary information. As of the date of the on-site audit, the Vulnerability Assessment had not been approved by the legal department. This is expected to be done in January 2015. When it is approved and staff are trained and it is implemented, it will be necessary for a return on-site to verify its use on all admissions and to interview both staff administering it and residents. The return visit is scheduled for April 7, 2015. This will ensure at least 60 days of documentation. I returned to the center on the above date and saw logs since January for 362 residents. I spoke to two social workers who administer the screen. Meets standard

STANDARD 115.342 Placement of Residents in housing, bed, program, education and work assignments

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

There is no use of isolation. All children shower separately. Once the new Vulnerability Assessment is in use, interviews will be conducted with Intake Staff, PREA Coordinator and any identified residents to ensure compliance. During the follow up on-site, I saw a separate log for identified children and the secondary materials as follow up. Interviewed PREA Coordinator and two Social workers regarding this process. Meets standard.

STANDARD 115.351 Resident Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

As mentioned in the narrative, every possible avenue for reporting has been provided to these residents and all are aware of them. Interviews with random staff (14), Random residents (12) and PREA Coordinator verify practice. Phone call to WOAR, prior to on-site, verifies reporting capabilities. Children also have frequent phone calls and visits with parents and guardians, as well as contact with attorneys.

STANDARD 115.352 Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Review of policy and child/parent rights' form, which outlines grievance policy were reviewed and meet standard. DPW 3800 regs require a grievance procedure and notification of such. They inspect resident files for compliance with this and there were no citations in this area. I reviewed 12 resident files.

STANDARD 115.353 Resident Access to outside support services and legal representation

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviewed the Director, PREA Compliance Coordinator, Random Staff (14), Random residents (12) and a child that had reported a previous sexual abuse (not at facility). I also spoke to a representative from WOAR. Parents, guardians, attorneys, Probation Officers, and Caseworkers were able to be communicated//visited with on a frequent basis.

STANDARD 115.354 Third Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Although the website is not yet up and running and it would contain information on third party reporting, parents are advised during Intake and there is reporting information in both the visiting area (cafeteria), court area, and public areas. The website is up and has been verified by the Auditor and contains the appropriate third party reporting information.

STANDARD 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviewed the Director, PREA Coordinator, Medical and Mental Health Care Staff and a Random Sample (14) of staff. All are subject to Pa. CPSL and are Mandated Reporters. This is part of their orientation training per DPW 3800 regs that must receive before they are alone with residents. DPW 3800 regs also require timely notification of involved parties.

STANDARD 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviews with random staff (14), director, and PREA Coordinator, indicated that all are aware of their responsibilities and that the policy is followed.

STANDARD 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

There were no incidents of this in the past 12 months, however policy and interviews, Director and PREA Compliance Coordinator, demonstrate knowledge of and compliance with this standard. Pa. CPSL requires that this is treated the same as an incident at the facility.

STANDARD 115.364 Staff first Responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

All staff had been trained according to training logs and a review of staff files (24). All interviewed random staff (14) were able to verbalize their first responder duties. A nurse, who acted as a first responder was also interviewed and was able to verbalize (and her actions were documented), what her duties were.

STANDARD 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interview with Director and review of policy demonstrate compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

I interviewed the Director and reviewed a copy of the current Union contract and there is no inability to protect residents from contacts with abusers.

STANDARD 115.367 Agency protection from retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

The policy outlines who is responsible and what they must do to protect from retaliation. The shift managers are responsible and an interview with a second shift manager demonstrated complete compliance and understanding of this procedure. I also interviewed the Deputy Commissioner, Director, PREA Coordinator, and random staff (14). There were no incidents of this type in the past 12 months.

STANDARD 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Isolation is not permitted, nor is it used as verified in interviews with Director, PREA Coordinator, Medical and Mental Health Staff, as well as the Shift Manager, responsible for monitoring retaliation. Housing changes for both staff and residents can be made. Staff and residents can and will be disciplined on a case by case basis.

STANDARD 115.371 Criminal and Administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Review of policy and interviews with Director, PREA Coordinator, and compliance with Pa. CPSL indicated compliance with Standard. Phila Police Special Victims' Unit is responsible for investigations of Sexual Abuse and Sexual harassment. There were no residents currently in population, who had reported an incident that occurred in the facility. The signed MOU was submitted prior to the follow up on-site.

STANDARD 115.372 Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Policy meets standard.

STANDARD 115.373 Reporting to Residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Policy meets standard, however, because of the short length of stay (10 days) most notification is being done by those who investigate, the Police and Child Line. There were no residents to interview who had reported an abuse at the facility.

STANDARD 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Policy meets standard. There were no such incidents in the past 12 months.

STANDARD 115.377 Corrective Action for Contractors and Volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Policy meets standard and complies with Pa. CPSL. There were no such incidents in the past 12 months.

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Policy meets standard. There were no residents to interview, who had been disciplined. There were no incidents in the past 12 months. Discipline is decided on a case by case basis. Good faith reporting cannot be disciplined per DPW.

STANDARD 115.381 Medical and Mental Health Screenings

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Due to the fact that the Vulnerability Assessment in Standard #341 has not yet been implemented, I was unable to interview Medical/Mental health staff or review secondary documents to ensure timely compliance, per the standard. The return on-site visit in April 2015, will ensure that this standard has been met. However, all children are offered these services, if the current screen indicates that they are necessary. On April 7, 2015, during the follow up on-site, the Medical Director was interviewed and secondary materials regarding follow up services for identified residents were reviewed. Two identified residents were interviewed. Interviews and documentation confirm compliance with this standard.

STANDARD 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

All children are offered these services. There is an agreement with CHOP and Medical staff state that the services are of no cost to the resident and are routinely provided, whether a child reports an incident that occurred in the facility or immediately prior to Intake.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

All children are afforded all of these services. Contracts with providers and regulations requiring physicals ensure compliance. While on tour, I saw residents in the medical suite and receiving psychiatric follow up. Additionally, a contracted employee takes blood samples on-site for any number of diagnosis. Interviews with Medical staff indicate that children are receiving more care than if they were in the community.

STANDARD 115.386 Sexual Abuse Incident Reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

The policy provides for an incident review team and I interviewed a member of that team. She indicated that a report of a sexual assault, resident on resident, was reviewed in this manner, even before the PREA Policy went into effect, and it was determined that a physical barrier was a possible contributing reason for the incident. This was changed to prevent future problems. The policy takes into account all areas in the Standard.

STANDARD 115.387 Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

An interview with the PREA Coordinator and a review of the data she is collecting as well as the policy, meets standard.

STANDARD 115.388 Data review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

Interviews with the Deputy Commissioner, the Director, and the PREA Coordinator, indicate that the Data compiled will be reviewed on a yearly basis. The policy meets the standard.

STANDARD 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** 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 comments, including corrective actions needed if does not meet standard

The policy and interviews indicate compliance with the standard. The website is projected to be completed January 2015, for publication of the data, with personal identifiers redacted. Once this is done, it will be verified and this standard will have been met. Prior to the follow up on-site Audit, the website was up and running and the Auditor verified it.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Maureen G. Raquet

June 30, 2015

DOJ Certified PREA Auditor