

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

Interim     Final

**Date of Report**    Click or tap here to enter text.

## Auditor Information

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<b>Mailing Address:</b> 984 Level Road	<b>City, State, Zip:</b> Lilly, PA 15938
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## Agency Information

<b>Name of Agency</b> Philadelphia Juvenile Justice Services Center		<b>Governing Authority or Parent Agency (If Applicable)</b> City of Philadelphia, Department of Human Services	
<b>Physical Address:</b> 91 North 48 <sup>th</sup> Street		<b>City, State, Zip:</b> Philadelphia, PA 19139	
<b>Mailing Address:</b>		<b>City, State, Zip:</b>	
<b>Telephone:</b> (215)-683-9178		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** To assist children, youth and families to overcome social, emotional and behavioral difficulties

**Agency Website with PREA Information:** <https://www.phila.gov/documents/prison-rape-elimination-act-prea-reports/>

**Agency Chief Executive Officer**

<b>Name:</b> Nelson R. Walker	<b>Title:</b> Deputy Commissioner
<b>Email:</b> nelson.r.walker@phila.gov	<b>Telephone:</b> (215)-683-9145

**Agency-Wide PREA Coordinator**

<b>Name:</b> Pearline Barbour	<b>Title:</b> PREA Coordinator
<b>Email:</b> pearline.barbour@phila.gov	<b>Telephone:</b> (215)-683-9147
<b>PREA Coordinator Reports to:</b> Michael B. Scott, Executive Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

**Facility Information**

<b>Name of Facility:</b> Philadelphia Juvenile Justice Service Center			
<b>Physical Address:</b> 91 North 48 <sup>th</sup> Street Philadelphia, PA 19139			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> (215)-683-9178			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other (Juvenile Treatment facility)
<b>Facility Mission:</b> A) To protect the community by providing a safe and secure temporary custody in a restrictive environment for alleged juvenile offenders in Philadelphia; B) To provide a structured program designed to promote the positive growth and development of detained youth, including activities that encourage options that are conducive to appropriate behavior; C) To consistently promote and advocate for a juvenile justice system with a full range of services that are responsive to the needs of youth, families, and their community.			
<b>Facility Website with PREA Information:</b> <a href="https://www.phila.gov/programs/the-philadelphia-juvenile-justice-services-center-pjjsc/">https://www.phila.gov/programs/the-philadelphia-juvenile-justice-services-center-pjjsc/</a>			
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility Administrator/Superintendent**

<b>Name:</b> Michael B. Scott	<b>Title:</b> Executive Director
<b>Email:</b> Michael.b.scott@phila.gov	<b>Telephone:</b> (215)-683-9112

**Facility PREA Compliance Manager**

<b>Name:</b> Pearline Barbour	<b>Title:</b> PREA Coordinator
<b>Email:</b> pearline.barbour@phila.gov	<b>Telephone:</b> (215)-683-9147

<b>Facility Health Service Administrator</b>	
<b>Name:</b> Elmeada Frias	<b>Title:</b> Health Services Administrator
<b>Email:</b> elmeada,frias@corizonhealth.com	<b>Telephone:</b> (215)-683-9350
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 184	<b>Current Population of Facility:</b> 109
<b>Number of residents admitted to facility during the past 12 months</b>	2514
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	1138
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	2166
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	N/A
<b>Age Range of Population:</b>	12-20
<b>Average length of stay or time under supervision:</b>	10 days
<b>Facility Security Level:</b>	Secure Detention
<b>Resident Custody Levels:</b>	Secure Detention
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	272
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	70
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	17
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 152 single cells in 6 units
<b>Number of Multiple Occupancy Cell Housing Units:</b>	32 in 6 housing units
<b>Number of Open Bay/Dorm Housing Units:</b>	0
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	0
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>	
<p>The facility is equipped with a camera/CCTV system throughout all resident areas including the school, programs/recreation, hallways, and all common areas. They cover blind spot areas without viewing bathrooms or bedrooms. System was upgraded in August 2019.</p>	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Medical wing on facility for nurse and doctor visits.

Forensic sexual assault medical exams are conducted at:	Children's Hospital of Philadelphia
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	36
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

# Audit Findings

## Audit Narrative

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

### Background

The Philadelphia Juvenile Justice Service Center is a juvenile detention facility in the city of Philadelphia, Pennsylvania. The audit was scheduled back in late 2019, and set to occur in the spring of 2020, however we had to postpone on 3 occasions due to the COVID-19 pandemic. Once Pennsylvania reduced restrictions, we were able to have the onsite audit September 30, October 1, and 2, 2020. PREA Auditor John Prebish, a single auditor contracted with the agency. Pearline Barbour the agencies PREA Coordinator was my primary point of contact since late 2019 and worked with me from start to finish. It is noteworthy that because of the delays we reposted the notice to resident on 3 different occasions meaning they have been up at the facility for over 3 or 4 months.

The facility was built in 2014 to provide updated detention facilities for both male and female juvenile offenders under direct arrest in the city of Philadelphia. The average length of stay per juvenile is 10 days. It is a correctional-type facility with a secure exterior including gated intake, and security fencing around open recreational areas. The facility is a full-service facility offering a complete school staffed and managed by the City of Philadelphia Public School System. It also includes a County Juvenile Probation section, and a juvenile court with offices and court rooms so everything with these residents is done onsite.

Prior to the audit I worked with the PREA Coordinator to establish a timeline, sent her postings announcing the audit. Because of the COVID-19 Issue the audit notices were posted on different occasions and removed as our dates moved. As indicated, the postings were up for several months and updated on 3 different occasions the last being in mid-August 2020. I was able to see the postings and verify them with staff and residents. There were also posted in both English and Spanish throughout all common areas of the facility. The notice used did include a confidentiality statement for the residents indicating that all correspondence is confidential and would not be disclosed unless required by law. It also included specific legal exceptions for breaking confidentiality including but not limited to immediate danger to the resident, allegations of suspected abuse, or legal reasons where information would be subpoenaed. During the audit period and following the audit, I did not receive any correspondence from residents or staff at the facility.

Items requested consisted of:

**A: Pre-Audit Phase: (All necessary items were received through secure email and transferred to a secure flash drive.)**

- 1) Pre-audit questionnaire
- 2) Agency/Facility PREA-related policy
- 3) Discussion with Philadelphia Center against Sexual Violence (WOAR) for victim's advocate

- 4) A complete employee roster including:
  - a. Deputy Commissioner
  - b. Executive Director
  - c. PREA Coordinator (this is a full-time position so there is no Compliance Manager)
  - d. Specialized staff (medical, mental health, training, intake staff, first responders, investigators, HR staff)
  - e. Contractors
  - f. Any SAFE/SANE staff – this is provided via an agreement with Children’s Hospital of Philadelphia.
  - g. Staff member monitoring any retaliation issues that would occur
- 5) A complete list of residents at the facility including:
  - a. Those Identifying as LGBTI
  - b. Those in Segregation (Note: the facility does not use isolation, no one identified)
  - c. Those reporting any sexual abuse or victimization upon admission
  - d. Any with disabilities
- 6) Any grievances
- 7) Any sexual abuse/harassment incidents reported including alleged, substantiated, unsubstantiated, and/or unfounded over the last year and investigating related to them.
  - a. This includes but is not limited to hotline calls, those reported to staff, 3<sup>rd</sup> party reporting, etc.
  - b. The number of criminal and administrative investigations that were complete or still being processed.
- 8) Multiple documents including policies and procedures for the facility including, but not limited to the following:
  - a. Zero-tolerance policy
  - b. Employee Training
  - c. Resident education and screening
  - d. Facility layout
  - e. Operations policies and PREA-related policies
  - f. Staffing policy
- 9) Facility layout and design

Over the past several months myself and the PREA Coordinator discussed the Pre-audit Questionnaire as well as documents the I requested for the audit. Because of the date changes, I did receive the information a few months in advance and was able to begin my review. Through this period, I was able to review the information and prepare questions when entering to see how the policies and procedures worked related to the facility.

The agency does not conduct any type of investigation, relying on the Philadelphia Police Departments Special Victims Unit and Pennsylvania’s Department of Human Services “Childline”. I was able to speak with Lieutenant Harold Lloyd from the Philadelphia Police Special Victims Unit on the services they provide to the facility and the City of Philadelphia. I also spoke with WOAR, The Philadelphia Center Against Sexual Violence. WOAR is a non-profit organization whose mission is to eliminate sexual violence through specialized treatment services, comprehensive prevention education programs, and advocacy for the rights of survivors of sexual assault. WOAR provides free services to anyone who has experienced sexual violence. They are a Pennsylvania Coalition Against Rape affiliated facility and identifies as a mandated report in but youthful and adult cases and provide victims advocate services to the facility.

The agency utilized Children’s Hospital of Philadelphia emergency department for all medical emergencies that includes both SAFE and SANE programs for sexual assault and victimization. The facility is approximately 10 minutes from the PJJSC. As a Children’s hospital they are specifically geared to services to youth and teenage individuals. The contract is dated for June 2018 and is an open-ended contract for continued services until either party would request its termination.

## **B: On-site Audit:**

As mentioned earlier, the onsite portion of the audit occurred on September 30, October 1, and 2, 2020 and required two full days and a portion of the third. I arrived at the facility on 48<sup>th</sup> street in the city of Philadelphia and after clearing security I was escorted to a secure conference room in the 2<sup>nd</sup> floor administrative wing of the facility. After a brief meeting with their management team to discuss the process of the onsite audit I was taken on a tour of the facility by Ms. Sharp, the Director of Professional Services. The tour began in the lobby area and moved to the left into the full-service school area operated by the Philadelphia City School System. As noted earlier, this is a secure facility and movement requires either the control center opening the door electronically or using a key to open the door. Every movement from a secure to non-secure area (sally port). The corridor for the school moves to the right on a curve with multiple classrooms on the left side. Out the windows on the right is a completely enclosed courtyard with a walking track and activity field for recreation that is completely enclosed in the center of the facility. It was noted when walking past the classrooms that those in session had a teacher and at least two PJJSC staff in the room supervising the small group of residents/students. Moving past the classrooms on the left was their food service area that prepared all meals for the facility with a contracted vendor that prepped the meals for transport to each housing unit for the residents. Moving to the far right of the facility are the housing units for both male and female residents from the ages of 12 to 20. These units are stacked and there are 6 of them.

### **a: *Onsite agenda***

- 1) Site Review
- 2) Meeting for a short question and answer period that included:
  - a. Checklist review
  - b. Question review from Pre-audit phase
  - c. Discussion on the tour and facility challenges as well as setting a timeline for the audit.
  - d. Documentation including records that would be need reviewed including the following:
    - i. Incidents/investigations/hotline calls – All
    - ii. Facility documents used to include Intake documents, round logs, etc.
- 3) Discussed logistics of the audit including full access to the facility, practiced based auditing, and set the goals for the audit.
- 4) We discussed if there would be a corrective action period, and also an extended period for receiving the audit as I was under probationary status and there would be an additional time before receiving their report.
- 5) Random Staff Interviews – 12 Interviews
- 6) Resident Interviews – 30 interviews
- 7) Targeted resident interviews – 2
- 8) Secondary question and answer
- 9) Closing session and preliminary reporting

### **b: *Document review***

- 1) Personnel and training – I met with a Philadelphia Human Resources Department staffer the morning of day two and view personnel files for 10 employees and supervisors of the facility. The files included background checks including necessary background information including PA criminal background checks (Act 33 & 34) on both new and employees with 5+ years of service. Their files were very in-depth including training information, original employment application, and any adjustments or promotions. All employees are required to undergo background checks before employment, every 5-years, and are mandated to report any arrests/convictions per policy requirements. I was given copies of all their completed training records that were completed over 2020 and 2019 including sign in logs. The training records selected covered security personnel through management at the facility.

**c: Resident Files**

1) Following my tour I was able to review resident files on 10 residents. The facility uses automates software as well as keeping hard files. When reviewing the files, I was able to speak to the social workers that complete the screening process. The facility is well staffed with social workers who have their offices directly on the housing unit. The information they gathered was very comprehensive and detailed. They meet regularly with the residents and complete scoring on them for victimization, adjustment, and their needs for services. They are scored and their housing is assigned to assure proper programing and to assure their safety as well as the safety of others if they have previously victimized or show as sexually aggressive. Their documentation was up to date and extensive. The documentation does identify previous victimization, perpetrator as well as if they identify as LGBTI.

**d: Grievances and Incident Reports**

1) Over the previous 12 months, there were 3 complaints filed. Two are still pending with the City Special Victims Unit that the other a harassment case was referred to Childline. Two of the cases were resident on resident, and the third and most recent was a resident on staff where a resident groped a nurse during a sick call the day before he was being released. These reporting methods were discussed with Management, line staff, and the residents as well.

**e: Chart outlining reports**

	Sexual Abuse		Sexual Harassment	
	Resident/Resident	Staff/Resident	Resident/Resident	Staff/Resident
Grievances	0	0	0	0
Reports to staff	2	0	1	0
Reported by staff	0	0	0	0
PREA hotline	0	0	0	0
3 <sup>rd</sup> part reports	0	0	0	0
TOTALS	1	0	1	0

**Site Review**

On day one we completed the facility tour to review the facility and observe the operations. The tour began in the lobby area and moved to the left into the full-service school area operated by the Philadelphia City School System. As noted earlier, this is a secure facility and movement requires either the control center opening the door electronically or using a key to open the door. Every movement from a secure to non-secure area (sally port). The corridor for the school moves to the right on a curve with multiple classrooms on the left side. Out the windows on the right is a completely enclosed courtyard with a walking track and activity field for recreation that is completely enclosed in the center of the facility. It was noted when walking past the classrooms that those in session had a teacher and at least two PJJSC staff in the room supervising the small group of residents/students. Moving past the classrooms on the left was their food service area that prepared all meals for the facility with a contracted vendor that prepped the meals for transport to each housing unit for the residents. Moving to the far right of the facility are the housing units for both male and female residents from the ages of 12 to 20. These units are stacked and there are 6 of them. The interior courtyard mentioned earlier is the actual center of the building. With the school on the left, housing units on the right, foodservice to the rear and the entrance/court and administrative area to the front. Upon entering each unit, there is a corridor with attorney/client-type rooms available. Turning left or right will take you into a housing unit. Through the sally port area and into the housing unit there are multiple offices on the corridor leading in for social workers that are assigned to each unit. Continuing into the housing unit is a day area with a workstation in the rear. To me it had the appearance if entering a hospital wing, with a nursing station and bedrooms off to the left and right. When entering the cell areas, they had mini dayroom areas with the cells around the exterior and single use bathrooms and showers on the side. A vast majority of the cells are single person use, but there are a total of 34 doubles in the facility. According to



management they are only doubled up as a last resort as it is easier and more secure to only use singles. With the population at the number it was during the audit, all residents were single celled. These housing units are stacked on the each other in the right end of the facility. Leaving the units and return to the first floor under the administrative wing is the medical department. The facility is contracted with Corizon, a nation-wide correctional medical service provider. They offer nursing, doctor, and dental services to all residents at the facility. They do not provide SAFE/SANE services and rely on Children’s Hospital for this service.

It was noted throughout the facility that there were CCTV system cameras throughout housing unit’s day areas, the school, lobby, exterior, and elevators. They covered necessary blind spots and areas residents could be. All were placed to assist staff with management, however, were placed to assure privacy in bathroom and shower areas.

During my tour of the facility, it was noted the cleanliness as well as how quiet it was throughout. The hallways had inspirational drawings and murals throughout that the residents were involved in through various programming’s.

**General site review Information** – during the tour the Auditor was give unimpeded access to all areas of each facility the residents have access to. I was able to speak to staff and residents alike and discuss issues. Residents during interviews were ask about a typical day in relation to that specific day and they did not report any deviation in duties, security, or activities. Staff felt the same, indicated that they were aware I was going to be there, but their daily routines remained the same. During the tour I noted there were several postings for the residents to report sexual abuse or harassment in all common areas, day areas, and beside the facility phone. The residents were aware of what PREA was, how they could report, and many spoke of what the referred to as “PREA Wednesdays” when Social Workers would discuss weekly the zero-tolerance policy, the PREA standards, how to report, and have a question and answer period. This facility houses both males and female offenders from age 12 to 20, but at the time of audit only has as young as 15.

**Interviews, Q&A**

Following the tour we returned to the administrative area to the secure conference room where I would interview all staff. There Pearline would periodically stop to answer questions and gather a document or two that I may need. We established a rough schedule to follow for the remainder of day one that included staff and management interviews, document, and resident file review. I utilized the PREA staff questionnaire for the interview process on both staff and residents.

Specialized staff were interviewed as specified by the standards. As with other agencies, some personnel are responsible for than one specific area, and interviews were conducted to reflect that. For example, the unit director is also the PREA Compliance Manager, responsible for retaliation, and makes unannounced rounds. Please note that the minimum number of random staff could not be achieved per the standards due to the low number of residents and staff at this facility.

<b>Staff Interviews</b>	<b>Totals</b>	<b>By category</b>
Random Staff	12	12
Specialized staff	7	7
<i>PREA Coordinator</i>	1	1
<i>PREA Compliance Manager</i>	0	0
<i>Unit Director</i>	1	0
<i>Program Director/Agency Head</i>	1	1
<i>Health Services Administrator</i>	1	1

Mental Health Program Director	1	1
<i>Intakes</i>	2	2
<i>First Responder</i>	9	9
<i>Training/Personnel(for HR)</i>	1	1

I randomly selected 15 residents from the daily population sheet on Thursday October 1, 2020 to interview. With the assistance of the PREA Coordinator 5 others were identified to be interviewed that fell into the targeted group. Of those one did refuse to meet with me. With the average resident only serving 10 days under detention, a vast majority were only in the system for a few weeks, at most a month or two. Many that I interviewed indicated that they have been in before and were aware of the systems operations including PREA. I have listed the breakdown of resident interviews:

Categories	Targeted Residents	
	Number reported	Number Interviewed
LGBTI	1	1
Physical Disabilities	0	0
Blind, Deaf, Hard of Hearing	0	0
LEP	0	1
Cognitive disabilities	1	1
Isolation	N/A	N/A
Reported Previous Sexual Abuse	2	1 (1 refused)
Vulnerability to Victimization	1	1

All of the resident interviews went smoothly. Of those target residents, the felt the facility was looking out for their interests and keeping them safe. They did not have any issues with staff or operations to report and indicated they felt comfortable to make a PREA report, most indicating they would go directly to their Social Worker, stating that they felt very comfortable with them and trusted in them to work for their best interests. All of the resident interviews were held in the housing unit in an attorney/client meeting room or in the facilities intake area in probation interview rooms offering complete privacy between this auditor and the resident.

## Facility Characteristics

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

As indicated earlier, the Philadelphia Juvenile Justice Service Center is a male and female juvenile detention facility servicing the city and county of Philadelphia Pennsylvania. Built in 2014 in the city, it is located in an older section of the city and is built as a secure facility. It is a full-service juvenile facility for the city incorporating the confinement facility, alternative school, full juvenile court facility with courtrooms, juvenile probation offices and youth placement personnel for future residential placement for some delinquent juveniles. Built in a rectangle shape with 2 stories, the facility offers a fully open center with multipurpose field and walking track for all residents. With the school building on the far left, the resident's halls are on the far right with food service, medical, mental health, and administration in the middle. All residents are in

secure housing units that resemble a hospital wing and include single toilet and shower units for every 4 to 6 cells in a quad. The facility was designed to hold 184 male and female residents in mostly single cells with only 34 doubles. According to staff their protocol is to place in single cells whenever possible based on population. This was the case during the recent audit.

## Summary of Audit Findings

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

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

The Philadelphia Juvenile Justice Service Center was operating with a total 109 male/female residents during their 2020 audit. They had three (3) PREA Complaints lodged in the past 12 months with the Philadelphia Police Department and the Pennsylvania Department of Human Services “Childline”. One was for Harassment filed by staff through Childline and was deemed as unsubstantiated and the other two for sexual assaults are pending investigation with the Police Department. One of the complaints filed is not specifically a PREA issue, it was a male resident that groped a female nurse in late August. The PJJSC does not conduct any investigations and relies completely on the Police Department Pennsylvania’s Department of Human Services, whom they also use for a PREA hotline. Of the PREA reports, all if those involved have been released from the facility and were unavailable for interview. I was provided with files on all the PREA Complaints that were maintained by the PREA Coordinator and reviewed by their “PREA Team” made up of management personnel who serve as the final step in review of a PREA case and conduct a round table review of the case as required through the succession of the case.

The interviews conducted with residents while on site confirmed their knowledge and understanding of their rights, the facilities zero-tolerance policy, and multiple ways to report. All residents indicated that they received their PREA education upon placement at the facility and in most cases, it was received the very same day. They all spoke of what they termed was “PREA Wednesday’s” where during group the Social Workers go over the education materials and multiple ways to report including the phone call to Childline, use of the “Resident Complaint Form” or the “Medical Request Slip” that included a section for a PREA complaint. They all felt these forms were their best way to report next to going directly to staff, specifically to their Social Worker. They all were versed in the standards that related to them and no one indicated they were worried for their safety nor had any concerns with reporting.

Staff all were able to explain their duties and responsibilities to the residents including those of the PREA standards and the zero-tolerance policy. They could explain their mandated duties to report and how they would report. They were all trained as first responders and explained their role in the preservation of evidence related to an assault. A few were not clear on if a resident could be searched to determine gender, but those that were unsure did not work intake and would not be facing that. It is recommended that this year’s training have a focus session on the do’s and don’ts of searches and the facilities policy on not searching to determine genital status.

The facility by having a fulltime PREA coordinator can focus fulltime on documentation, training, screening, and exploring services for the residents. Although there are no compliance managers, the Coordinator has been handling services without any issues. She is a seasoned employee with an extensive background in juvenile detention and social work. The facility uses repetition to assure the residents know the PREA requirements of all the necessary ways to assure their safety at the facility. This was noted through staff and resident interviews at the facility. Those contractors at the facility have been educated in their requirements under the standards and the Medical Provider has their own agency standards for PREA. They have a very good working relationship between both the medical and mental health providers with the facility.

Postings were noted throughout the facility and residents as well as staff could explain several reporting options available to residents at the facility. Residents were confident in their responses and their willingness to report to staff first.

The facility has steps in place for data collection and retention. The PREA Coordinator records all complaints and works with the PREA Team following up and closing cases presented at the facility. At present there are 4 pending investigations remaining with the Philadelphia Police SVU that are pending. Of those 4, 2 are not resident on resident or staff on resident. One although a potential assault, it involved a resident groping a nurse before being discharged from the facility. The second involved a disciplined contractor with maintenance whom, after being removed from the facility for inappropriate statements to a resident whom indicated after removal he was touched by a resident. He has litigation filed and pending against the facility. Although not specifically PREA-related they are still pending with the Police. In discussion with the PREA Coordinator over investigations, she indicated these ones have taken longer to report on from the Police than others, but she has been following up and in touch with her contact from the Special Victims Unit to assure the case is cleared or prosecuted.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency is not in compliance with two (2) of the Juvenile Standards. Please see "Summary of Corrective action" for further details. It is recommended that the facility work on staff training specifically on searches of individuals specifically to determine genital status. A few of those interviewed were unclear on the subject. They did not work the intake area and would not be able to do that I believe they need to clearly understand the policy. It is also a recommendation that cameras be installed in the secure stairwells. Residents are moved from one floor to the next in these stairwells. They are secured and require control to open them and ALL residents are escorted up and down, no exceptions I believe they would be so much more secure if they were covered via cameras at the top and bottom tied into the CCTV system. Just another layer of security.

**Number of Standards Exceeded:** 1

Click or tap here to enter text.

**Number of Standards Met:** 40

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**Number of Standards Not Met:** 0

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### **Summary of Corrective Action (if any)**

Under the standards the agency is not required to conduct investigation and can have them done by another agency, as in this case all cases are referred to the Philadelphia Police Special Victims Unit. The agency is however required to assure these investigations are reported on and that the investigative agency reports back to the facility. At present there are three (3) pending cases with the SVU dating back to October 2019. We discussed the issues on site and a new contact and contract was made with the SVU. It is imperative that a consistent relationship be established with that department to assure closure in these cases. The facility needs to see resolution to these cases and/or get follow up reports as to the cases being substantiated, unsubstantiated, or unfounded. Once closed, there needs to be protocol put in place to assure constant updates on cases at the facility. Unfortunately the facility is at the mercy of a very large and extremely busy police department. The agency is ultimately responsible for the standards and needs to establish an open dialog with the department.

It is also a requirement that the agency collective bargaining unit agreements have a clause or addendum in place noting that the contract cannot supersede PREA Standards. This is an easy fix by having an addendum signed and added to each agreement.

Lastly, the agency does not have its' PREA Data listed on its website, at least that I am able to find. With a website in place, it is an easy fix to add annual data and also its' last PREA Audit report.

#### **2/20/21 – 2/23/21**

During the Corrective action phase, the PJJSC PREA Coordinator retired and a new was appointed. I have been working with Marlo Claxton their new PREA Coordinator. She has been able to rectify the issues needing addressed.

#### **Investigations**

The Philadelphia Police Department provided updates on the investigations at the facility. The Police SVU has undergone some changes and there is a new Captain working directly with the PJJSC. I was provided information from the PREA Coordinator as to their new addendum and update on pending investigations. One was closed due to lack of participation by the victim and deemed unfounded. The other two cases occurring early in 2020 were closed by the Police and identified as no further action needed. The information was relayed to the PJJSC and put through their PREA Policy steps for investigations and closed by the facility in accordance with policy. The reports provided were very descriptive on behalf of the Police Department and the PJJSC. With the new agreement with the police department SVU, the facility has rectified steps to assure the proper transfer of data back to the PJJSC in order to close cases and meet the needs of their residents and also that of the PREA standards. It does appear to this auditor that there will be an issue with closing cases at no fault to the PJJSC or Police, but due to the short period that residents are confined at this facility. In review of the reports of previous incidents, there has been a problem getting in touch with victims after they are released for follow up to any incident. The averaged length of stay is very short and follow up after release appears to be difficult.

It is a recommendation of this auditor that with the vast size of the Philadelphia Police Department caseload that the PJJSC consider placing certified PREA Investigators in house. Having the ability to do preliminary

work and also being able to clear non-criminal cases would assist with the process. It is never a bad thing to have more staff with training to address any allegations that would come up.

### **Protection of Residents**

The PJJSC does not address the protection of residents through their collective bargaining unit agreements, and initially did not meet the standard. Through work with the PREA Coordinator it was discovered that the agency was to address this issue during the 2020 year in contract negotiations. Due to COVID-19 issues and the extreme issues therein in Philadelphia, there was no negotiations and the contract was not addressed. I was provided with information from the PJJSC Executive Director that indicates that the agencies zero-tolerance policy and the policies of the PJJSC and City of Philadelphia were to protect all residents, and that any staff, volunteer, or contractor would be terminated for violation of this policy. This is also part of Pennsylvania 3800 standards and will not be negotiated. The information provided is in addition to their collective bargaining unit agreements and will be added when contract negotiations resume. The information provided from the Executive Director and the City/County HR is sufficient to meet the elements of this standard.

### **Reporting**

During my review of the agencies reporting no information was available via their website. Upon further discussion with the PREA Coordinator it was noted that website does have the information and the error was on my part of where I was looking. The agency is in full compliance with this standard.

### **Conclusion**

During the corrective action period we were able to address the issues needing addressed. The larger part being the investigations and reporting back to the PJJSC was corrected through the PREA Coordinators and the the Police SVU Captain. All steps were in place via policy, but a small disconnect was there because of the vast size and the case load of the Police Department. Through coordinated work of all there were able to gather the case information needed and place new steps in place to address further cases. It is a recommendation of this auditor that the PREA Coordinator keep in direct communications with the SVU to assure a coordinated response to any investigation that is sent to them. I would also recommend an in-house investigator to address investigations therein especially those deemed non-criminal to close them in a quicker manor.

Through the corrective action period addressing these three standards, the PJJSC was able to fulfill their requirements under the PREA Standards and become compliant with all standards. No further action is needed.

## **PREVENTION PLANNING**

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

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

#### **115.311 (a)**

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

to sexual abuse and sexual harassment?  Yes  No

### 115.311 (b)

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

### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) JJSC PREA Policy
- 3) Interview with the PREA Coordinator
- 4) Interview with Human Resources
- 5) PREA Video
- 6) Interviews with Staff and Residents
- 7) Agency and facility organizational chart
- 8) Observations while completing onsite audit

### A

This Auditor reviewed the facilities comprehensive PREA Policy that within mandates a zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between residents and with

employees/volunteers/contractors. The policy spells out supervision and monitoring by staff, education of residents and the training of personnel. The policy addresses all staff and contractors' responsibilities mandated reporting. The policy addresses staff reporting, resident report as well as 3<sup>rd</sup> party reporting. It describes zero tolerance and mandates criminal history and background checks on all employees, volunteers and contractors.

## **B**

The policy directs that PJJSC to employ a PREA Coordinator whom works directly under the Executive Director of the agency. According to the PREA Coordinator she has worked in that capacity for the past 5 years after working 21 years as a Supervisor with the Philadelphia Juvenile detention system. The role of PREA Coordinator here is a full-time position to ensure enough time to meet the needs of the residents and the PREA Standards. Throughout my movement in the facility it was noted that PREA information readily available, organized and discussed with the residents. She works directly with the contracted agencies for PREA Services including WOAR, the Special Victims Unit, and the Children's Hospital of Philadelphia.

## **C**

Philadelphia only operates this one facility in the city. It is fairly new and offers detention, schooling for those confined, and a Juvenile Court System with probation to work with all those in the system. The agency does not have a Compliance Manager, relying on the full-time PREA Coordinator for the full-service operations of the PREA Standards at this agency.

## **Summation**

Evidence provided in the pre-audit shows a well written zero-tolerance policy and documentation on hand both in the policy and in human resource documentation provided. During the onsite audit, signage was visible throughout the facility related to PREA, reporting, and zero-tolerance. While conducting interviews, all personnel could actively articulate the policy and quote specifics back to me. Residents as well showed an understanding and were able to describe aspects of it and indicated their knowledge of posting and receiving information related thereto. Files showed training records for staff and intake documentation showed resident education as well. Residents spoke of "PREA Wednesday's" where refresher information was provided. Although there is no Compliance Manager, the Coordinator works full-time in her role. With her time, background with the agency, she is able to meet all necessary requirements of the standards.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.311 and all aspects therein. There is no corrective action required.

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

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

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

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's



obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PJJSC PREA-Audit Questionnaire
- 2) Interview with Executive Director
- 3) Interview with PREA Coordinator

### A & B

The Philadelphia Juvenile Justice Servicing Center is specifically built for juveniles needing confinement in the city/county of Philadelphia Pennsylvania. They do not hold for any other agency. They do on occasion detain a juvenile that is picked up on a warrant for another county, but they are only held for a very short period until the warrant agency gathers them. In this case, these individuals are subject to the same PREA standards as the facility.

### Summation

Through discussion with management and the PREA Questionnaire none of the residents being held at the PJJSC facility are under contract with any agency.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.312 and all aspects therein. There is no corrective action required.

## Standard 115.313: Supervision and monitoring

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

### 115.313 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No

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

### 115.313 (e)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PREA Staffing Policy
- 3) Interview with Executive Director
- 4) Interview with PREA Coordinator
- 5) Interviews with Staff and Residents
- 6) PREA Coordinator Job Duties
- 7) Agency and facility organizational chart
- 8) Observations while completing onsite audit
- 9) Pennsylvania Department of Human Services staffing criteria
- 10) PREA policy regarding unannounced rounds

- 11) Unannounced rounds log
- 12) CCTV system placement and viewing

### **A, B, & C**

This Auditor reviewed the PJJSC PREA Policy along with their Staffing policy indicating mandatory 1:6 ratio for waking hours and the required 1:12 ratio for night hours. These staffing standards are tighter than that required by both the PREA standards and Pennsylvania standards.

The agency-wide staffing plan was developed to meet Pennsylvania state mandates before PREA was introduced, and it is part of policy, reviewed and updated annually as needed. This Auditor has reviewed the last staffing plan and it is noted that it is reviewed annually. According to the PREA Coordinator after the review they will adjust if needed.

The facility uses CCTV as part of the plan but as with many other facilities it is NOT in place of physical staff, but basically to enhance it. The CCTV system is monitored from their central control unit and can be viewed by supervisors as well. The system is reviewed annually and upgraded as needed. The CCTV system and cameras were upgraded in August 2019. The staffing plan and PREA Policy address the use of the CCTV system in monitoring of residents to assure their safety and security in both PREA related issues and that of overall safety. Camera placement was noted in all dayroom areas, hallways, sally ports, and the school area. Their stairwells did not have cameras in them however residents are never alone in these areas, transported in pairs and with staff. It is this auditor's recommendation that just as a secondary precaution the facility explore placement cameras at both the top and bottom of each stairway incorporated into the existing CCTV recording system.

This Auditor reviewed Pennsylvania Department of Human Services (PA DHS) standards for Juvenile Confinement Facilities, verifying mandated standards that the agency uses. The PREA Coordinator indicated that the Facility was NOT under any type of findings of inadequacy or oversight from a third party. This Auditor's research gave negative results for this as well.

With the size of the facility, there are multiple staff and supervisors on a shift covering 24/7. There is a total of 319 staff presently employed by the PJJSC. It was noted during my rounds at the facility that there were supervisors throughout. Policy dictated that if there are call-offs leaving the facility short for an upcoming shift overtime will be issued or forced to assure the mandatory staffing level is maintained. In speaking with staff and supervisors they indicated this is mandatory and they never are short staffed. When speaking with staff and supervisors they all indicated that they have not seen issues of staff dropping below the PJJSC standards.

The staffing plan is referred to in the PREA Policy and outlines the reporting of exigent circumstances, showing that documentation is required in the form of an incident report and logged in the supervisor's office should this occur. The unit director explained that if there is a call off and staffing would be affected, they would mandate staff to stay from the earlier shift and give the opportunity for other staff to report in to cover for overtime. It was noted that under such issues, staff would be held to maintain the minimum standards.

The staff schedule maintained indicated that they keep to minimum staffing ratios 1:6 during daylight and 1:12 in the evening hours. I raised the question of staffing during the tour when it was obvious there were ample staff in each classroom during classes and in each housing area.

The PJJSC along with the PA DHS Standard require that: 1) establish mandatory minimum staffing requirements within the overall agency policy to work for that specific facility and; 2) assure that a staff schedule is posted within 2 weeks to meet requirements.

If any deviations would occur within the staffing minimums the shift supervisor would report this as an exigent circumstance to facility management.

#### **D**

The PJJSC policy indicates that the staffing plan will be reviewed annually for the facility. This was confirmed with the PREA Coordinator and the Executive Director during our interviews. I was also provided with a copy of their June 2020 review was provided. The review was done video with staff members due to COVID protocols at the facility. According to the report there were no reports of any deviation from the staffing numbers and no recommendations for changes were reported.

The Staffing annual review meeting also has a section to review PREA statistics from 2014 through the present year. This is used as a type of vulnerability and training program to look at any trends, retraining opportunities for staff, and any flagged areas of concern for residents on specific topics and ways to address them.

#### **E**

The PJJSC PREA Policy outlines unannounced rounds in the facility by supervisory personnel at the facility. The rounds were discussed during my interviews and copies were provided by the PREA Coordinator to review prior to the audit. The supervisors I interviewed were able to provide detail into their rounds, what they look for and noted that they are done on random points throughout their day and shifts.

#### **Summation**

The PJJSC PREA policy spelled out staffing use and mandatory standard minimums. It also addressed CCTV placement and how that information is used in management as well as investigations. The annual review of staffing was provided and is up to date. It not only reviewed their needs, but through that meeting they would evaluate PREA data looking for trends and concerns. Through my interviews with staff and management they were all clear on the information. The facility operates under PA DHS standards for staff ratio and exceeds that through their 1:6 and 1:12 ratio coverage. The staff coverage was noted throughout my time at the facility. The documentation reviewed along with the interviews and my walkthrough gave me the needed information as required for the standard. As a recommendation on cameral expansion, I would recommend placement of CCT cameras in the 2-story stairwells to provide an extra layer of security.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.313 and all aspects therein. There is no corrective action required.

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

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

#### **115.315 (a)**

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

#### **115.315 (b)**

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

#### 115.315 (c)

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

#### 115.315 (d)

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

#### 115.315 (e)

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

#### 115.315 (f)

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

## Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) PJJSC LGBTI Policy
- 4) Interviews with Staff, Management, and Residents
- 5) Interviews with Intake Staff
- 6) Observations while completing onsite audit
- 7) Facility Staff training documentation

### **A, B, & C**

The Auditor reviewed PJJSC PREA Policy, LGBTI Policy, pre-audit questionnaire, and completed interviews with management, line staff, supervisors, and intake staff.

The policies and procedures prohibit all cross-gender body searches (pat/unclothed) by opposite gender staff. The training curriculum and the PREA Policy dictate that same gender staff are to conduct all searches of residents of that gender. It also states that any deviation from this must be approved by a supervisor and documented. Policy states that if a resident identifies as a different gender can be searched at their request by another gender staff member. In discussions with staff, they indicated this does happen infrequently, but the resident is housed and treated at the gender they identify as, and it is documented and part of their housing plan. This would also fall under the facilities policy for extraordinary circumstances. All residents indicated during our interviews that they are only searched by staff if the same gender. Some that have been at the facility a few different times said they have always been searched by a member of the same gender and never of the opposite. Staff indicated that they always have a male or female available for searched and never have to use opposite gender staff.

### **D**

The facility being a detention center with individual cells having toilets and showers/bathrooms off of each quad of cells with independent showers and independent bathrooms. Policy dictates that only one resident is permitted in a bathroom or shower at a time. These rooms have solid doors blocking all view of the resident giving them full privacy.

According to residents' staff do not view them when using these facilities, and they are never at view of opposite gender staff. We discussed if the felt comfortable about changing and all indicated they did and that staff were not able to view them.

Policy dictates that staff must announce when entering the housing unit holding opposite genders. When meeting with staff and inmates, they did confirm that this does occur for both males entering female units and females entering male units



## E & F

This Auditor reviewed the PREA Policy that states searching to determine gender is prohibited and offers other ways such as questioning and history review to make the determination. It well as provides direction related to medical exam. When looking at the training curriculum it explains in detail the practice is prohibited, including examples therein. This was also discussed with both residents and staff. Some staff were unsure when discussing this in our interviews. When I questioned them further the few that said that searching to determine gender were unsure and none actually worked the intake area to do such searches. When pressed on doing this type of search, most would end the questioning with "I'm really not sure, I don't do intake searches". I would recommend that extra attention be paid to this area during their annual training.

According to policy and in discussion with staff, they have all been trained in how to properly conduct cross-gender pat searches. Some gave detail in relation to transgender residents being housed in the facility. This was also noted in the training curriculum and training sign in documentation.

### Summation

Staff members including the PREA Coordinator, Executive Director, Intake, and Line staff were able to verbalize the components of this standard. In discussions with residents, they could clearly explain that only staff members of the same gender conduct pat searches, and all indicated there was no deviation from this.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.315 and all aspects therein. There is no corrective action required.

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

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

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No

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

#### 115.316 (b)

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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.364, or the investigation of the resident's allegations?

Yes  No

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interviews with Staff and Residents
- 4) Observations while completing onsite audit
- 5) Pennsylvania Department of Human Services requirements
- 6) Facility postings
- 7) Americans with Disabilities Act
- 8) Intake, Educational, and Vulnerability Screenings

#### (A, B, & C)

The PJJSC PREA policy spells out steps offered to all residents with disabilities allowing them equal opportunities while confined at the PJJSC. They address both physical and cognitive disabilities, as well as language barrier issues with the use of interpreter/language services through a 3<sup>rd</sup> party. The facility is built with complete ADA standards in place with handicapped cells, elevators, and facilities. Through the facilities vulnerability assessment and medical evaluation the facility can track a cognitive or emotional disability to assure services.

According to the PREA Policy resident interpreters are not used, but instead staff or language services would be used. During interviews with staff and management they could explain to me the procedure and all indicated that other residents were not used.

#### Summation

Through my interviews with staff and as noted in policy the facility completes several steps to make sure they meet the needs of residents with disabilities. They could explain steps that would be taken including the use of outside services for language services or interrupters. They do offer screen and support for psychiatric, learning disability, and other concerns and disabilities for residents. This was also vocalized when interviewing residents.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.316 and all aspects therein. There is no corrective action required.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

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

## Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Human Resource Documentation including employment application, reviews, and promotion Data
- 4) Interview with HR Personnel
- 5) Interview with PREA Coordinator
- 6) Interview with Executive Director
- 7) PA DHS Standards for Juvenile Facilities
- 8) Personnel Files – including criminal history checks

### A & B

On day two of the audit, this auditor had the opportunity to meet with Brett Johnson a manager with the City/County Human Resources Department. I was also able to review several personnel files from new through senior employees. During the Pre-audit I was able to review the PREA Policy and Ore-Audit data related to the hiring and promotion of employees. According to policy and through my discussion with Mr. Johnson and the PREA Coordinator, the facility will not hire or promote anyone involved in and or convicted of an act with a child and or adult in or out of a facility. They reiterated that this will also include any contractor working at their facility. This is outlined in both their facility and through the counties HR standards.

### C, D, & E

According to the PREA Policy and in my discussions, it was clear that the facility mandates ALL new employees will have criminal history checks through the Pennsylvania State Police, Child History Clearance, and PA DHS checks (PA Childline). This information includes federal information and any arrest record. When reviewing staff personnel files these documents were noted for all employees from their start, and over the five (5) year requirement. HR confirmed the policy that checks are done on, contractors and volunteers entering the facility.

In discussions with management, Pennsylvania's Department of Human Services standards mandates any facility working with youthful offenders complete these background checks as part of the standards to operate in Pennsylvania.

In my discussions with Mr. Johnson from HR, he explained the hire process for the City and that of the PJJSC requiring background investigation on all potential employees before any offer if employment is issued.

## F, G, & H

During my interviews with the Executive Director, PREA Coordinator, and HR Manager, they all explained that every applicant must provide information on any arrest, conviction, civil judgement, or accusations. It was noted that the same standards apply to any one up for potential promotion and that all staff per policy were mandated to report any accusation or pending investigation. These standards were related during throughout my management interviews.

The Auditor also reviewed Pennsylvania law related to working with children and noted that it is mandated under the law to report. Omissions are also regarded as violations and include up to and including termination. The agency is also mandated under Pennsylvania law and DHS standards to report all violations and terminations of employees for violations under this standard. PA DHS Childline requires reporting and maintains records of all violations to avoid future hiring.

### Summation

The Auditor was able to correlate the standard components were written within the standards, and a detailed hiring procedure was provided by the Human Resource Department for the PJJSC and the County/City of Philadelphia. That data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.317 and all aspects therein. There is no corrective action required.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

#### 115.318 (b)

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

## Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interviews with PREA Coordinator
- 4) Interview with Supervisory Staff
- 5) Facility tour

#### **A & B**

The Philadelphia Juvenile Justice Service Center was opened in early 2013. The facility was equipped with a complete CCTV system and was upgraded in August 2019. In review of the facility the layout is conducive to resident safety by addressing blind spots and placing cameras in the hallways, at turns, entering sally ports, and in the day areas. Bathroom and shower areas are located in view of staff but have solid closing doors and are single-user facilities for safety. In my discussions with management they explained that during the annual staffing review, the CCTV system is examined and recommendations for budgeting are made if needed.

The CCTV system is not a replacement for staff but does offer complete coverage throughout the common areas and hallways of each bedroom area.

#### **Summation**

Through a visual walkthrough of the facility and interviews with management it is apparent that the agency through their annual staffing review will make recommendations and place cameras in areas to maximize the protection of residents for both sexual abuse/harassment and from any type of assault. While doing the walk through I noted cameras in corners, blind spots, and throughout day areas to assure coverages and safety. I do recommend placement of cameras in the stairwells where residents are transported to and from different floors. These areas are secure and under camera view from the exterior, but internal cameras would allow so much more coverage.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.318 and all aspects therein. There is no corrective action required.

## RESPONSIVE PLANNING

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



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

**115.321 (a)**

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

**115.321 (b)**

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

**115.321 (c)**

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

**115.321 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interviews with Executive Director

- 4) Interview with PREA Coordinator
- 5) Interview with Special Victims Unit
- 6) Contract for criminal investigative services with the Philadelphia Special Victims Unit
- 7) Contract with WOAR of Philadelphia (victims advocate services)

#### **A**

The Auditor discussed investigations with the PREA Coordinator who advised the Philadelphia Police Special Victims Unit is responsible for all criminal investigation via written contract. The PJJSC staff will notify the Police SVU by a direct number and have them respond to any criminal investigation 24/7. This was verified with the SVU department of the Philadelphia Police. It should be noted that the PJJSC does train all their staff as first responder in evidence collection and preservation. This was noted throughout my interviews with staff and management and noted in the training curriculum I received. I spoke with Harold Lloyd from the Police SVU who confirmed that they provide services to the facility and provided data that was also verified through their SVU Directive 5.25.

I was provided with a copy of the contract between the Police SVU and the PJJSC. According to the PREA Coordinator a new contract was drafted and being finalized with the SVU. Although the contract in play is still active, the PREA Coordinator indicated that a lot of the people involved in the last one has moved to other positions and/or retired. This way there would be open communication between the both agencies.

#### **B**

According to the Philadelphia Police Department Special Victims Unit Directive 5.25 and Appendix A, B, and C provided specifics of the agencies investigative process for adult and juvenile cases of rape, sexual assault, etc. The policy spells out the investigative procedure that include the use of a Crime Scene Investigative department, WOAR and victim's advocacy, and the use of Children's Hospital of Philadelphia for youthful victims.

#### **C**

The PJJSC PREA Policy indicates that ALL residents are offered a forensic medical examination outside the facility at the Children's Hospital of Philadelphia located a few minutes from the PJJSC and providing SAFE and SANE programs available to anyone needing the services. In discussion with the PREA Coordinator these services are free of charge to any resident of the PJJSC.

In discussions with Children's Hospital the indicated that they offer round the clock SANE certified nursing through their emergency room for all entering the facility. The PJJSC provided the auditor with a copy of the contract with Children's hospital for review. The contract is open-ended to assure services always.

The PREA Policy addresses the PJJSC staff will make available all necessary services free of cost to any resident therein.

#### **D & E**

The Auditor was provided with a contract for WOAR (women Organized Against Rape) as part of the Philadelphia Center Against Sexual Violence to provide victims advocate services to the facility as well as multiple counseling services for any victims. Their website states they provide services to anyone who experienced sexual violence. According to the PREA Coordinator they will contact WOAR immediately to meet at the hospital or at the facility with the victim. WOAR victims advocate will provide services throughout the process with the victim including follow up appointments and legal proceedings.

**F**

As indicated earlier the PJJSC does not conduct any form of investigation. They have a contract in place with the Philadelphia Police Victims Services Unit. The contract specifies the police department will work within the parameters of the PREA Standards when providing services. This is also noted in the SVU's Directive. Although the directive is not PREA specific, it does work through the same requirements for all cases that they deal with.

**Summation**

The information reviewed and discussions with the PREA Coordinator, SVU and WOAR program for victim's advocate mirrored the information provide throughout the PREA Policy. The agency has secured contracts with Police for criminal investigations, WOAR for victim's advocate, and the Children's Hospital of Philadelphia for forensic medical examinations with SANE Nursing available at their ER. Through discussions with supervisors and the PREA Coordinator at the PJJSC I could see the process used and the steps assuring services were provided. I found enough information that the facility meets the components of this standard. They have an established system and made proper connections to assure the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.321 and all aspects therein. There is no corrective action required.

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

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

**115.322 (a)**

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

**115.322 (b)**

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

**115.322 (c)**

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with the PREA Coordinator
- 4) Interview with Police SVU representative
- 5) Incident report form
- 6) Contract for criminal investigative services with the Pennsylvania State Police
- 7) Observations of operations

#### A, B, & C

The Auditor reviewed the agency wide PREA policy and contract with the Philadelphia Police Special Victims Unit. The PREA Policy indicates the Pennsylvania Department of Human Services (Childline) and the Philadelphia Police will have complete control over all criminal investigations into sexual assault at the PJJSC. The Executive Director or designee will contact the police immediately following report or discover of a sexual assault for immediate investigation. This was discussed with both the Executive Director and PREA Coordinator.

The agency PREA Policy describes that responsibility of the criminal investigations rests with the Police Department and the State DHS, whom are to report back to the PJJSC following the completion of their investigation. Following the completion of the investigation the agencies are to report back to the PJJSC on the outcome. The PREA Coordinator will maintain the completed investigation and work with their internal review committee on the final report.

## Summation

The auditor was able to align the PREA policy, police contract and the articulation of the interviews with the components of the standard. The PJJSC relies on the State Dept of Human Services (Childline) and the Philadelphia police department to complete all criminal investigations. The PREA Coordinator will work directly with them on receiving the final report and meeting with the review team on the report.

There have been three (3) PREA issues referred to the SVU and Childline since October 2019. The facility has received a response from either agency. Of the cases one was a harassment and the others were for alleged assaults. The assaults were resident on resident and have been investigated by the Philadelphia Police Department and were finalized and returned to the facility. The facility provided information on the cases and documentation from the Police SVU.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.322 and all aspects therein. There is no corrective action required.

# TRAINING AND EDUCATION

## Standard 115.331: Employee training

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

### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

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

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Training materials provided during the pre-audit
- 4) PREA Training Power Point
- 5) Employee Training Logs
- 6) PREA Documentation
- 7) Interview with PREA Coordinator
- 8) Interview with Staff and Supervisors

#### **A**

The Auditor was provided with various training programs used for both new staff and refresher training that was provided annually to all staff. The facilities Power Point training covers all aspects of the PREA Standards for all employees and covers all 11 areas of the standards. In seeking with staff they all were able to respond back to the auditor these steps and recalled their initial training and their annual update training.

The Auditor was provided with copies of staff sign-in sheets from completed training. These documents are maintained for future records.

#### **B, C, & D**

The training provided is Juvenile-Specific and was tailored specifically to the PJJSC facility that holds both male and female residents. The program is built around the PREA Standards and while reviewing the information I did notice that the standard number would be listed as they covered that specific part of the standards. The facility mandates that all new employees receive PREA training before they are permitted to work with the residents. This was also confirmed with the PREA Coordinator. Refresher training as documented has been done on an annual basis instead of every two years, however due to the COVID-19 issues, are a few months behind but still within the 2-year window.

The facility provided copies of "sign-in sheets" for employees for their PREA training. They also use a checklist document following training that provides bullet points for the staff member. They must initial each spot associated with a part of the PREA Standards.

#### **Summation**

The Auditor was able to review the documentation that shows that employees must meet training needs before working directly with staff (required). During interviews with staff and management it was articulated that they worked with a senior employee through their training period before being left to work on their own. The training curriculum was well written and meets the standard. I liked the check list that required staff to initial each specific PREA topic of the training. I believe this bullet-point system worked very well with retention of the information. Staff could repeat all necessary information back to me and could easily explain their training.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.331 and all aspects therein. There is no corrective action required.



## Standard 115.332: Volunteer and contractor training

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

### 115.332 (a)

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

### 115.332 (b)

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

### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Training information sent during the Pre-audit
- 4) PREA Facility Handouts
- 5) Interview with the PREA Coordinator
- 6) Interview with school Principal (Contractor)
- 7) Provided documentation of contractors that have read, received and signed

### A, B, & C

The auditor reviewed the agency wide PREA policy and spoke with the PREA Coordinator. The facility has multiple contractors including medical and mental health contractors, plus several schoolteachers employed by the Philadelphia School system. According to the PREA Coordinator all contractors are required under policy to receive training and undergo criminal history checks before being permitted in the facility and around residents. The School Principal was also interviewed as a contractor and confirmed the facilities training and criminal history checks. The facility uses similar check lists for contractor training. I was provided with sign in sheets of completed training.

### **Summation**

The Auditor was able to connect the agencies PREA policy, view documentation, and see the training standards. Through my discussions with the PREA Coordinator and contracted School Principal they could explain the process training related to the standard. They could give examples and provided data that showed their knowledge and understanding.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.332 and all aspects therein. There is no corrective action required.

## **Standard 115.333: Resident education**

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

#### **115.333 (a)**

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

#### **115.333 (b)**

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

#### **115.333 (c)**

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

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (f)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) PREA-Audit Questionnaire

- 2) PJJSC PREA Policy
- 3) Resident files reviewed
- 4) PREA Facility Handouts and documents
- 5) PREA Orientation Video at Intake
- 6) Interview with the PREA Coordinator
- 7) Interview with the Intake Staff
- 8) Interviews with Social Workers
- 9) Discussion with Resident
- 10) Posted information (PREA hotline, Zero-tolerance, agencies, etc.)

## **A**

The Auditor reviewed the PJJSC PREA Policy that indicated that all residents will receive PREA related training during their initial intake process. I also reviewed resident files/intake screen documents, PREA education materials, and discussed the standard with staff and residents. I was provided with materials that are issued to each resident upon commitment plus these pamphlets are posted throughout the facility and available as needed.

During resident interviews they indicated they did watch the video on PREA when they arrived at the facility. When asked to be specific, most stated the same day I came in, a few stated the thought they completed it on day one, while some stated on day two after coming in and interviewed by staff and read the PREA Policy. When discussing the PREA training and video, all residents stated they could understand the content and indicated that it covered the facilities zero-tolerance policy, ways to report, and what happens should they report.

This was given to the inmates both in a document and via the video according to the assistant director.

## **B**

The Auditor reviewed the agency wide PREA policy that spelled out that all information related to their right to be free from sexual abuse/harassment be provided to the residents in a clear form for age appropriate residents to understand within 10-days of commitment to the facility but as soon as possible. Policy covers their right to be free from retaliation for reporting. Residents indicated that they met with staff members on the day of commitment to the facility or the very next day. According to documentation, all were seen within the first day or 2. As noted earlier, they also have meetings with all residents every Wednesday to review all PREA information with residents in a question/answer session the residents referred to as "PREA Wednesdays".

This auditor discussed the intake process with the PREA Coordinator as well as intake staff. They document and review the Resident PREA education is provided and this was verified by residents. They reviewed the zero-tolerance policy and understood their right to be free from sexual abuse/harassment and retaliation. When reviewing resident files I was able to see the dates the residents receive their initial PREA education and when a follow up occurred. The files contained all necessary information.

## **C**

According to the intake staff, Caseworkers, and PREA Coordinator, all residents receive this required education. All residents I spoke of could explain the process and that they had completed the training. The resident files all included the initial PREA education and follow up information. Because this is a single facility, there is no required training when transferred. It is note worthy that several residents I spoke with have unfortunately been to this facility in the past and explained that they had received the information every time the came in.

## **D**

Intake staff member indicated that information is provided in both English and Spanish through documentation, the agency wide PREA Policy also indicates this. If the agency would accept someone who is blind or deaf, they would make necessary information available one on one for the resident. They work with language line to assure they can cover any necessary language issues. With the vast number of Social workers at the facility, they would use them in conjunction with the policy to assure that each resident with a disability would be taken care of. In discussions I was provided with examples of how this is handled. For example, they read the information now to each and would do the same with others and ask questions following to assure they understand.

## **E**

The agency wide PREA policy outlines requirements for the facility to assure proper records related to education of the residents. This was listed and discussed with the Social workers and PREA Coordinator. I was provided with copies of the PREA Screening information from all residents while reviewing files. They have a very extensive case file on each resident with the Social Worker department.

## **F**

During the facility tour, I noted multiple posting in each dayroom, classroom, and hallway of the facility when resident would have ample opportunity to see. The posting included the zero-tolerance policy and included their right to be free from any sexual abuse/harassment/and retaliation for reporting such incidents. Residents also indicated that each Wednesday they review PREA Information with their unit Social Workers that the residents refer to as "PREA Wednesdays". Although the title was a joke among residents, it is an example of the continued review of their rights and understandings under the standards.

## **Summation**

The Auditors was able to take the documentation along with staff and resident interviews and align them to meet the standard. Through my interviews with residents, the PREA Coordinator, intake staff, and Social Workers I was able to see the standard at work through the data and explained back to me through residents during my interviews. The agency has put an extra effort forward by reviewing the data with residents every Wednesday. Although some residents thought it was repetitive, it assured they were adequately prepared in their rights under PREA. By the extra time and care put forward, the facility exceeds this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility exceeds standard 115.333 and all aspects therein. There is no corrective action required.

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

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

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

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

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

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) PREA-Audit Questionnaire

- 2) PJJSC PREA Policy
- 3) Contract with the Philadelphia Police Special Victims Unit
- 4) Discussion with the PREA Coordinator
- 5) Discussion with Police SVU Detective

### **A, B, & C**

The Auditor reviewed pre-audit information regarding the agency Investigations and interviewed the PREA Coordinator while onsite at the facility. According to the Coordinator the PJJSC contracts all investigations with the Philadelphia Prison Special Victims Unit. Accordingly, the facility contacts the SVU directly and they forward all reports to them for investigations. When reviewing files, the notes include incident reports, and contact made with the PREA Coordinator, Executive Director and the Police SVU. The agency to assure chain of custody prints all email chains and places them with the PREA investigation file maintained by the PREA Coordinator. I was able to review this information. Accordingly, the PREA Coordinator or the Shift Supervisor will notify the Police SVU about the allegation and forward all relevant paperwork and/or have the detective come to the facility/hospital to meet with the victim as part of the investigation. I was able to speak with Harold Lloyd from the SVU who confirmed they would service all of Philadelphia including the PJJSC. I was provided a copy of their department policy, #5.25 that provides their investigative procedures in dealing with sexual assault issues and the necessary training to deal with cases involving juveniles.

### **Summation**

The Auditors review of the contract for investigation with the Philadelphia Police SVU, PREA Coordinator and Police Department representative verified the agencies use of an outside agency for all investigations.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.334 and all aspects therein. There is no corrective action required.

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

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

#### **115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Training documentation
- 4) Interview with the Health Services Administrator from Corizon Healthcare
- 5) Discussion with the PREA Coordinator
- 6) Contractor Training by the PJJSC and their agency

#### A

The Auditor reviewed the PJJSC PREA policy stating that all staff and contractors will receive training in the facilities zero-tolerance policy, PREA Standards, and reporting requirements related to the PREA Standards. The program covers the reporting, detection, prevention, and how to handle youthful



individuals in a confinement setting. I was proved with the facility training Power Point the is used for all PJJSC employees as well as medical and mental health contractors who work at the facility under contract with Corizon.

I interviewed the Health Services Administrator from Corizon while at the facility. She explained that her staff receives training on the prevention, detection, and reporting through Corizon and also as mandated through the PJJSC.

**B**

This section is not applicable as ALL forensic medical examinations occur through the hospital SANE program. All residents are taken to the hospital emergency room for these services and treatment.

**C & D**

The facility does mandate all medical staff receive the same training as all other personnel and do so through the use of training Power Point and handout documents. They are treated as employees of the PJJSC. As indicated earlier Corizon Healthcare requires the own training in addition. The facility requires all staff to sign in when attending training to insure a log and historic data ensuring they have been trained.

**Summation**

The auditors review of the documentation on training for the facility that mandates all medical and mental health personal to complete. The contracted agency also mandates their staff to complete training under their corporate umbrella as well. I was able to see the documentation, training data, and speak with the Health Services Administrator and the PREA Coordinator who confirmed the information. This allowed me to see the full process to assure the facility is meeting the standard. Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.335 and all aspects therein. There is no corrective action required.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

**115.341 (a)**

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

**115.341 (b)**

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No

- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Vulnerability Assessment Instrument
- 4) Discussion with the PREA Coordinator
- 5) Discussion with Ms. Davis, Social Worker Director
- 6) Discussion with Social Workers
- 7) Interviews with residents

### A through E

The Auditor reviewed the facility PREA policy, Audit questionnaire, and the PJJSC Vulnerability Assessment instrument. I also interviewed the PREA Coordinator, Intake Staff, Social Workers, and residents. The resident interviewed all indicated their reviews took place within the first 24 hours of their being sent to the facility. The data in the records I reviewed verified this.

I was able to review the vulnerability Assessment with intake staff and a social worker on how it was used. The document is an objective screening that scores each resident on vulnerability based on age, prior confinement, previous issues such as victimization, previous aggressive issues or convictions, cognitive issues, and physical stature to name a few. According to staff scoring will determine vulnerability, housing placement, and programming. The form is designed as a question and answer document to interact with each resident, assuring there is an answer period by the resident. This process also addresses sexual preference and how they identify (LGBTI). These documents are kept

confidential with the resident files according to policy. This was noted when reviewing the information as it was maintained in the Social Services Department of the administrative area secured therein.

Residents interviewed were able to vocalize their experience with the process and confirmed the process as required via the standard. When questioned on if they had been asked these questions before, they all indicated they were when on their block by their social worker. The same was noted in their files when I was reviewing them.

### Summation

The auditor was able to review the policy, vulnerability assessment, and resident files to see the completed documentation. Through the interviews with staff I was able to understand their process in using the assessment tool as a screening to assure proper classification and programming while protecting those labeled as vulnerable. The data reflected each step of the assessment as well as additional assessments to assure the facility is meeting the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.341 and all aspects therein. There is no corrective action required.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) PREA-Audit Questionnaire

- 2) Pre-audit provided materials
- 3) PJJSC PREA Policy
- 4) Vulnerability Assessment Instrument
- 5) Discussion with Director of Professional Services
- 6) Interviews with Residents
- 7) Discussion with the PREA Coordinator

#### **A & B**

The Auditor reviewed the facilities PREA policy, LGBTI Policy, housing placement, and the vulnerability assessment along with interviewing the PREA Coordinator, Director of Professional Services, and Intake staff.

The PREA Coordinator verified that the information from the vulnerability assessments is used for housing, program, education, and work placement. Noted In policy, the facility does NOT use any form of isolation in dealing with residents. This was also discussed during interviews with staff and residents who verified that isolation is not used.

#### **C & D**

The facility addresses the housing of LGBTI in both the PREA and LGBTI Policies they have in place. The policy addresses the placement of male and female residents into a quarantine status until they are screened by medical and given a housing assignment. This assignment takes into consideration several factors including those identifying as transgender or intersex. It addresses their needs of those identifying under LGBTI policy. In discussions with the PREA Coordinator and Social Workers they indicated that each resident is evaluated on a case by case basis and will be housed appropriately no matter their gender. During my interviews with both residents and line staff they confirmed that on occasion they will have a resident housed with opposite gender based on their identification. According to policy and in the interviews, this is done as a choice requests on a case by case basis as to allow the flexibility to the resident while assuring safety.

#### **E, F, & G**

According the PREA Coordinator and interviews with social workers, the facility monitors the status of transgender and intersex residents on a regular basis, seeing them weekly or sooner. The PREA Policy does indicate that their status is reviewed annually according to the standard. Having social workers available on each pod is a bonus for the facility to provide better services to these and all residents. It was explained that per policy they will interview each transgender/intersex resident to decide their feeling on their own personal safety and security related to placement and housing. According to policy and verified through interviews, all residents no matter how they identify will be given the opportunity to shower and use the facilities without view of others. When touring the facility it was noted that all the housing pods had single person bathrooms and showers. This was also verified during interviews with residents.

#### **Summation**

When reviewing the policies, documentation and discussions with personnel, I was able to see the standard criteria in play. Although there were no transgender or intersex residents to interview, it was noted from line staff and residents that in the past they were given the opportunity to be housed based on their identification status. The social workers explained how they would work with the individual and assure their views and safety were addressed. The facility does not isolate, thus H and I were not applicable. The facility offers privacy with single rooms and facilities for privacy. Through the interviews, data review and tour of the facility this auditor was able to see how the facility met the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.342 and all aspects therein. There is no corrective action required.

# REPORTING

## Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No



## Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Resident and visitor postings in the facility
- 4) PRES Intake Video
- 5) Interviews with Residents
- 6) Staff Interviews
- 7) Pennsylvania Department of Human Services "Childline"
- 8) Discussion with PREA Coordinator
- 9) Interviews with staff, medical personnel, and social workers

#### **A**

The Auditor reviewed the agency wide PREA Policy describes multiple ways for residents to privately report including via the hotline, through a 3<sup>rd</sup> party, via a grievance form through their grievance policy, use of a sick slip, or privately to a staff member. Residents during interviews at first reaction spoke of the phone offering 24/7 access to PA Childline and through a "sick slip". The facility has a PREA complaint section on their medical slip that the residents can also use. They indicated they liked it because it was confidential and they were collected all the time and would respond. This is different than most facilities, although I did think it was a good idea.

When pressed further with residents, they all provided various examples including telling your parents, telling a trusted staff member, or filing a grievance and placing it in the box or even giving it to a supervisor. During my interviews, the vast majority also said they felt comfortable going to a staff member as well.

The facility does provide ways to privately report retaliation as provided in their policy and articulated by residents whom all again indicated they could call the PREA line, file a grievance, or call their parents or attorney. The PREA policy spells out the monitoring steps and private ways to report retaliation, neglect, or abuse and many of the residents felt that telling that individual would be kept confidential. The report filed earlier this year was done through staff.

#### **B**

The PREA policy includes steps for this. The PREA Coordinator explained previous complaints were brought directly to staff or via the medical slip. They do also offer several ways including a hotline to the PA Childline operated by the PA Department of Human Services. The facility also makes available to all

residents the toll free 24/7 number to WOAR and the Police Special Victims Unit for reporting. These agencies also comply with PA DPW and are considered “mandated reporters”. They all are required to immediately address the complaint and notify the facility management. Each system allows the residents to report anomalously as well. The residents have access to the phone and their address is posted available for residents to write to them if they choose. Their information is provided as well, and the resident could explain to me their ability to use it.

### C

The Auditor reviewed the PREA Policy that states staff will accept reports of sexual abuse/harassment made verbally, written, anonymously, or from a 3<sup>rd</sup> party. During interviews with staff, all were able to articulate this including that they would first notify a supervisor, PREA Coordinator, or make the report to Childline and then immediately place it in a written report as required for facility record. Protocol calls for a staff member to immediately make notification on the report to Childline and management. In speaking with staff, they said they would be as discreet as possible but would advise the resident that they would have to notify supervisors to report to assure the residents safety and that the issue was handled.

### D

The facility offers several ways to provide a written report including a grievance, medical/PREA slip, request, or letter. They have drop boxes for the residents to place their reports in. They are kept confidential and according to the PREA Coordinator they could report anonymously. When I spoke to residents they all indicated they could report anonymously and most said they would do so via a medical slip. They also reported that they all felt comfortable reporting on behalf of someone else either in person or anonymously.

### Summation

The documentation that was provided was verified by both staff and residents at the facility. They were able to articulate steps to report, and residents appeared comfortable in using the multiple methods to report. They did not appear to have any reluctance to report to any staff member if they needed to. Most said they would prefer going to a staff member or using a medical slip and were very comfortable with medical personnel. The same was true with staff, they could identify facility PREA reporting standards and all went on to explain their roles as “mandate reports” under PA DHS and all understood how they were mandated to report in the facility and through PA Childline.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.351 and all aspects therein. There is no corrective action required.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

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

### 115.352 (b)

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

### 115.352 (c)

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

### 115.352 (d)

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

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) PJJSC Grievance Policy
- 4) Interviews with Residents
- 5) Staff Interviews
- 6) Discussion with PREA Coordinator
- 7) Resident Handbook

### B & C

The Auditor reviewed their use of the facility grievance through their policy and that of the PREA Policy. According to the PREA policy that follows that of the PA DHS procedure under PA Code Title 55. DPW Chapter 3800.31 and 32 pg. 14&15. Their policy states that each resident after commitment will receive a copy of the facilities grievance policy, a document with their signature is placed into their file.

PREA Policy states that a resident can submit a grievance related to a sexual assault/harassment without a time limit of a regular grievance applying. The grievance system is an option for residents but not a requirement. Any grievance filed on a staff member is not required to be given to that member, and the staff member is not made aware of the grievance. Policy states the Supervisor will receive the grievance and MUST respond to the resident within 24 hours.

During interviews with residents, they could discuss the grievance system but no one that I interviewed had used the system to report a sexual assault.

### D through G

The Auditor interviewed the PREA Coordinator and reviewed the PJJSC PREA and Grievance Policies that indicate that the shift commander will respond within 24 hours of reception. A grievance may be submitted by a resident directly or they could submit it on behalf of another resident. Other 3<sup>rd</sup> parties such as an attorney, parent, etc. could submit one on the behalf of a resident as well. It was noted that the information is available to the public and families on their website. After the initial response if the resident would appeal the Executive Director would reply within 72 hours. If necessary, the facility would respond within 90-days as required by the standard. The 70-day extension is listed if additional time would be needed.

Policy specifies that an emergency grievance would be handled immediately to assure the resident is safe from imminent danger of sexual assault. The grievance would be answered in 48-hours and finalized within 5-days. Policy does indicate that a resident could be disciplined if it is determined the grievance was filed in bad faith.

### Summation

The Auditor was able to evaluate the written procedure and compare it to interview information from residents and management. When speaking of the grievance system, several residents could remember the procedure if they would use it for a PREA issue. They all stated they have never use it for this and many said they have never filed a grievance, believing there was an easier way to report. In discussions with supervisors, they could explain the process and the chain of command to follow once they Although the resident I spoke to have not used the system, they did understand it and I could see the procedure that was related to the policy and standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.352 and all aspects therein. There is no corrective action required.

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

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

#### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

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

#### 115.353 (c)

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

### 115.353 (d)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interviews with Residents
- 4) Postings posting throughout the facility
- 5) Contract with WOAR of Philadelphia
- 6) Items in Resident Handbook
- 7) PREA Video
- 8) PA Department of Human Services – Childline Services
- 9) Discussion with PREA Coordinator
- 10) Discussion with Social Worker and Medical HSA

### A

The Auditor reviewed the agency wide PREA Policy, the agreement the facility has with The Philadelphia Center Against Violence, Women Organized Against Rape (WOAR), interviews with residents, the PREA Coordinator, Social Workers and the Medical Health Services Administrator. The facility makes available hotline numbers to both WOAR and also the PA Department of Human Services that both provide 24/7 support. The facility makes available addresses as well.

The facility does not hold residents for civil immigration purposes.

In speaking with facility staff all calls to the Blackburn Center through the hotline are confidential as are any letter sent to them by a resident. They stated that is a standard feature that they require with any contract they have. The phone call is a direct dial toll free call and available 24/7. Any mail going out is considered as legal mail and not subject to any searches.

**B**

According to policy the resident would be given access to a designated phone line that is not monitored. They would be visually observed by staff but outside of the range of hearing the conversation. The same is true if they would be receiving counseling, it would be done in private. Residents when asked indicated that they are given privacy when meeting and/or using the phone for such things. Some could explain this was part of the information they receive and discuss on Wednesdays.

**C**

The facility has entered a contract with the Philadelphia Center against Sexual Violence (WOAR). The contract details victims' services provided to the residents of the facility including support and counseling services. They also offer 24/7 hotline support to all residents. In discussions with the PREA Coordinator she indicated they have additional outside support agencies in the city available to all residents of Philadelphia as well. The pamphlets given to each resident and posted throughout the facility provide information on WOAR and outside services available. Resident interviews provided me with a background showing their knowledge of what's available and where to find it.

**D**

The PREA policy indicates that residents will have full access to their attorneys and/or legal representatives, in many cases their Probation/Parole officer. The facility is designed with juvenile court facilities and multiple attorney/client areas for private meeting. They also have a juvenile Probation area where officers are stationed. Residents when questioned indicated that they can call their attorney any time and that they are confidential calls. They all stated that they could call their families as needed without restrictions. They, however, could not have direct visits at this time due to the COVID-19 pandemic.

**Summation**

The auditor was able to view the policy, see signage and informational posters about the facility for residents, and compare with the interview information. Management could explain the services and provided the contract in place with WOAR of Philadelphia. There were multiple postings and contact numbers available and when speaking with the residents all knew where to find the information and how to access it.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.353 and all aspects therein. There is no corrective action required.

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

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

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



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

**Auditor Overall Compliance Determination**

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with PREA Coordinator
- 4) Interview with Residents
- 5) Facility postings

**A**

The Auditor reviewed PREA Policy that indicates the third-party reporting can and will be accepted to the PREA Coordinator by mail or telephone and by phone to the Victim Support Person or the Shift Managers on duty. The facility has this information posted throughout the facility, in the staff PREA guide, resident pamphlet and available on the facility website. I was able to review the information during the Pre-audit and while onsite.

**Summation**

The agency provides enough information to meet this standard through information in policy and on their website. The information was noted throughout the facility, on their website, and available through a variety of documentation.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.354 and all aspects therein. There is no corrective action required.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

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

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

**115.361 (a)**

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

#### 115.361 (b)

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

#### 115.361 (c)

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

#### 115.361 (d)

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

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead

of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Pre-Audit Questionnaire
- 2) PJJSC PREA Policy and the medical and mental health response policies
- 3) Human Resources requirement
- 4) Interview with PREA Coordinator
- 5) Interview with Executive Director
- 6) Interview with Human Resources Representative
- 7) Interview with Health Services Administrator
- 8) Interviews with staff
- 9) PREA Staff training information
- 10) PREA Contractor training information

#### A, B, C, & D

The Auditor reviewed the PREA Policy, Medical and Mental Health response policies, and reviewed training and handout information provided to all staff and volunteers. I also conducted several interviews with the PREA Coordinator, Executive Director, Human Resources representative, Health Services Administrator, and line staff. According to policy, staff and contractors (including medical, education, etc.) are required to report any knowledge, suspicion, or information related to sexual abuse/harassment/retaliation immediately. This includes any information that could potentially lead to assault/harassment/retaliation no matter if it is a resident, staff member, etc. All staff including contractors are deemed as "Mandated Reporters" under Pennsylvania law and under policy and DHS regulations are required to report immediately. In discussion with HR and management, employees who fail to adhere to this policy are subject to disciplinary action up to and including termination.

In speaking with the HAS and school principal, they both spoke of their status as mandated reporters and the training in conjunction with the PREA policy that all their staff have received. They along with staff interviewed explained the confidentiality of reporting and how they would pass the information to management and reporting agencies as well as keeping it confidential from other staff and residents.

## E & F

According to policy, the Executive Director, Directors of Residential or Professional Services, Shift Manager or designee will immediately notify the Department of Human Services, Police SVU, the parents, guardian, or legally responsible agency including the Children and Youth Division. If the resident is still under Court retention, policy indicates they will notify them with in the required 14-days.

I was able to question both the PREA Coordinator and Executive Director on follow up on criminal charges. The explained that all cases are referred to the Police SVU for investigation. Their protocol mandates any case that is deemed as criminal be referred to the Philadelphia District Attorney's office for review a possible criminal charge being filed.

### Summation

Through the review of policy and interviews with management, contractors, and staff the Auditor was able triangulated the information of the standard with the written PREA policy and the information gathered from these interviews to confirm the facility follows this standard. All staff could explain that they were mandated reporters and when discussing what they would do, the all could explain how they would immediately notify a supervisor and/or management. There are steps built in that both management and line staff could discuss and give feedback on.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.361 and all aspects therein. There is no corrective action required.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with PREA Coordinator
- 4) Interview with Executive Director
- 5) Interview with Social Worker
- 6) Interviews with staff
- 7) Interview with residents
- 8) Staff training and handout information

**A**

The Auditor reviewed the PREA Policy indicates that the facility staff and management will immediately review the housing unit and Pod to move and assure the safety and security if the resident. The policy spells out “at substantial risk of imminent sexual abuse”.

I was able to discuss this with several line staff, supervisors, contractors, and management. In all these interviews they could explain the policy and steps they learned in the training. Each was able to explain to me how they would handle the issue. All immediately indicated they would have the resident moved to a safe location and immediately follow up with a supervisor to report to make them aware and address the issue further. Some indicated they would move them from the quad, place them in a single cell, or move them to an entirely different unit to assure their safety until they could have the supervisor involved.

**Summation**

The Auditor was able to see how the staff interoperated the policy through my interviews. All interviewed could explain the policy and showed quick concerned response with my questions. The all assured they would first and foremost keep the residents safe. Through document review and interviews there is substantial information to show that the facility meets this standard. Over the past year there were no incidents falling within this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.362 and all aspects therein. There is no corrective action required.

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

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

**115.363 (a)**

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

**115.363 (b)**

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

#### 115.363 (c)

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

#### 115.363 (d)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSCPREA Policy
- 3) Interviews with PREA Coordinator
- 4) Interview with the Executive Director

#### A, B, C, & D

The Auditor reviewed the agency wide PREA Policy and interviewed the Executive Director and PREA Coordinator. Policy states the upon learning of or receiving an allegation of Sexual abuse/harassment, the Executive Director will contact the agency head of the facility where the allegation/incident occurred. Policy indicates that this notification should occur as soon as possible but within 72 hours of receiving the allegation. According to management this notification would occur as soon as possible, and the allegation referred immediately to the Police SVU to begin the investigation. I was not informed of any notifications over the previous year. When discussing such a notification, it was explained that they would notify management and supervisory staff if the incident via their secure PREA email chain to assure follow up. The same would be documented and placed in their resident file. As part of the notification I was told it would be handled as an allegation that occurred in the facility and PA HDS would be notified along with the SVU.

#### Summation

The Auditors evaluation of the overall policy and information provided from the management interviews pulls the information together for the facility to meet basis of this standard. Although they report not having any incidents in the past year, I was provided with the steps of the procedure. They make

notification to their investigative entities as well as assuring it is reported through mandatory reporting steps for the standards and law.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.363 and all aspects therein. There is no corrective action required.

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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

#### 115.364 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Staff first responder training information
- 4) Interview with PREA Coordinator
- 5) Interview with Line Staff
- 6) Interviews with Supervisors

**A**

The Auditor reviewed PREA Policy section titled “Staff first responders”, I reviewed training documentation, and conducted interviews with line staff, supervisors, and PREA Coordinator. Policy indicates that the first staff member will separate the individuals and secure the aggressor if known. They are required to immediately notify the Supervisor on duty. The Supervisor according to policy will notify the Director of Residential Services, the PREA Coordinator, Police SVU, and the PA DHS by calling ChildLine. In discussions with staff, they could explain their duties as a first responder to said incident. All explained first and foremost they would assure the victim was safe and secure from the aggressor followed up with an immediate call to their supervisor. The policy explains the protocol for preserve evidence including not allowing the resident to change, wash, and assure the safety. According to the PREA Coordinator and noted in policy her or another supervisor would conduct a “basic internal review”, basically an investigation into the incident to have initial information available for the Police SVU to start their investigation. As a former correctional administrator we would refer to this as the “who, what, when, and where” to provide information to the Police.

When questioning all personnel, they all could explain the process of securing the scene, they would place a “do not enter sign” on the area, and could explain the securing of evidence with the area and including the steps of the policy for the victim (showering, bathroom, brushing teeth, etc.).

**B**

According to the Coordinator she is responsible for the assignment of a Victim Support Person, any referrals to medical or mental health services and shall, in consultation with the Executive Director, refer all potentially criminal behavior related to sexual abuse and sexual harassment to the Philadelphia Police Department Special Victims Unit and the (state) Department of Human Services for criminal and/or administrative investigation in accordance with their policy.

In review of policy, it addresses non-security line staff and their duties as a first responder. When speaking with the HSA from medical and the school Principal they both could explain their and their staff’s responsibilities as “first responders” for preservation of evidence and also their immediate notification of management staff.

**Summation**

This Auditor was able to review the policy that is tailored to this facility and the requirements of a first responder, supervisor, and PREA Coordinator in handling an incident. Staff and contractors were able to explain the steps of assuring safety and the preservation of evidence in accordance with the policy. All were able to answer without hesitation. Their responses along with the data provided the necessary information to show their ability to meet the standard.



Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.364 and all aspects therein. There is no corrective action required.

## Standard 115.365: Coordinated response

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

### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSCPREA Policy, pg. 28, "Coordinated Response"
- 3) Interviews with Executive Director
- 4) Interview with PREA Coordinator
- 5) Interviews with Staff
- 6) Employee Training Documents – First responder duties

### A

The Auditor reviewed the PJJSCPREA Policy that provides an outline for the facilities coordinated response from the initial employee/first responder through the Executive Directors responsibilities. The outline addresses as a first step, the duties of a first responder under standard 115.364. It outlines specific positions including the Executive Directors, Residential Directors, Shift managers, Medical and Mental Health, and the PREA Coordinators duties that cover from coordinating transport for a victim to the hospital to providing crisis counseling and intervention services.

The Coordinator is involved with each specific person in the coordinated response, as the keeper of the records and collaborating with the Executive Director through the process. She is also responsible for assigning a Victims Support person and coordinating with WOAR of Philadelphia for a Victims Advocate.

Each step of the response plan or listed in an outline with bullet points to assure specifics are completed without offering too much data that may cause confusion. As I interviewed various levels of staff, they could explain the process either up from a general security staff member, or that of the Executive Director down the list.

**Summation**

The response plan listed in the policy is detailed to provide each step and each person’s responsibility in relation to those steps. The outline provided enough detail to meet the steps of the standards without micromanaging or providing too much detail to the employees. All those interviewed could explain their responsibilities there into the plan. I found enough evidence to show staff knowledge of the PREA policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and was easily articulated among staff interviews.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.365 and all aspects therein. There is no corrective action required.

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

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

**115.366 (a)**

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

**115.366 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Discussion with the PREA Coordinator
- 3) Copies of Collective Bargaining Unit Agreements

### Summation

The PJJSC has two (2) collective bargaining unit agreements in place with employees at the facility. According to their PREA policy, they will not enter into any agreement that does not comply with 115.366 (a) that would limit the ability to remove an employee. Although the policy indicates this, in review of the contracts there is no specific clause listed in those agreements that spells out this standard to the bargaining unit employees. The issue can be easily corrected with an addendum to the contract signed by both the county and the authorized representative of the union. This is something that will need adjusted in the corrective action period.

Based on available evidence and analysis at the facility this auditor has determined that the facility meets the requirements of standard 115.366. Corrective action required.

### 2/22/21

The agency has not had the ability to negotiate either contract due to the COVID-19 restrictions within the City of Philadelphia. Through a directive from the Executive Director and the City/County HR information was provided to the auditor indicated that the PJJSC Zero tolerance policy, and the standards required in Pennsylvania working with juveniles, that they would be fully protected and that any employee, contractor, or volunteer would be removed and prosecuted to the full extent of the law. Through this information, the agency has provided enough information to be compliant with the standard.

## Standard 115.367: Agency protection against retaliation

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

#### 115.367 (a)

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

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with Executive Director
- 4) Interview with the PREA Coordinator
- 5) Interview with residents
- 6) Interviews with facility Supervisors
- 7) Residents Rights Document

### A & B

The Auditor reviewed the PJJSC PREA Policy indicates that ensures all residents and/or staff who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation. The agency designates the Director of Residential Services or Shift Manager to be responsible for monitoring retaliation. The PJJSC policy lists several ways that the facility can assure residents in fear of retaliation can be handled including unit transfer of residents including both victims and/or aggressor; Removal of alleged staff or resident aggressor from contact with victim; provide emotional support services for residents through mental health services, social services and/or outside advocacy support; and provide coaching and counseling to staff through the immediate supervisor and/or upper level management or outside advocacy services. When interviewing a supervisor, they could explain the process and also how the investigative team would discuss the outcome of the monitoring of cases they were handling.

### C

According to management and the policy those designated will “monitor the conduct or treatment of residents and staff who report sexual abuse and victims of sexual abuse for 90 days to identify signs of retaliation by residents or staff that may appear unusual through:

- 1) Reviewing the resident’s program disciplinary reports
- 2) Resident unit or room changes
- 3) Program activity changes or denials
- 4) Negative unit log entries
- 5) Negative staff performance evaluations and or reassignments of staff.

In addition, periodic status checks will be made during unannounced PREA rounds. Monitoring will continue beyond 90 days, if needed”. When speaking with various managers on the subject, they could

explain the steps as listed in their policy and give examples of previous monitoring that had been done. It was explained that they not only will meet with the resident about retaliation, but the criteria listed above may be an indicator to look at for concerns with the resident.

#### **D & E**

PREA Policy does include a section to cover the resident's status as indicated above. It was also noted in discussion and written in policy that residents or staff who cooperate with an investigation and would be fearful about retaliation.

#### **Summation**

The Auditor found that the agency wide PREA policy and HR policy provide necessary detail for the standard. They offer several areas of monitoring and review areas like housing changes, disciplinary issues. The agency relies on upper and midlevel management to handle the monitoring. In my discussions they could give examples of ways that monitoring would occur in conjunction with the policy. By spelling out specific area above just meeting with the resident, they add additional safety measures to the policy to meet the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.367 and all aspects therein. There is no corrective action required.

### **Standard 115.368: Post-allegation protective custody**

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

#### **115.368 (a)**

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

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

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

#### **This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Vulnerability Assessment Instrument
- 3) Interview with Executive Director

- 4) Interview PREA Coordinator
- 5) Interview with staff
- 6) Interviews with residents

## A

The Auditor first reviewed the information provided in the Audit Questionnaire during the pre-audit phase. The agency responded that isolation is not used at the facility marking the standard as not applicable. During my interviews with the Executive Director and PREA Coordinator the explained that isolation for any reason is not permitted at the facility. When I offered examples on the use of isolation, the all give alternatives to use, based on the facility design and their operational policies that they would be able to control the issue without isolation. In review of the vulnerability assessment information found in the resident files, staff were able to explain how they would place someone in a housing area that allowed extra supervision and with like-individuals to assure their safety without isolating them. I did have the opportunity to speak with residents about isolation and all confirmed that they have never been or seen another residents isolated.

### Summation

It is this auditors' findings that the facility meets the requirements of this standard. The facility gathers a lot if information on each resident to assure proper housing, placement, and programing. If an incident would arise and require separation the facilities and policies allow for placement with access to all their needs without isolation. This was seen during my observation and in the documentation provided by the facility. The agency can meet the components of this standard by not isolating at all.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.368 and all aspects therein. There is no corrective action required

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

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

criminal OR administrative sexual abuse investigations. See 115.321(a).]

Yes  No  NA

#### 115.371 (b)

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

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

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

#### 115.371 (f)

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

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No



- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview PREA Coordinator
- 4) Facility Contract with the Philadelphia Police Special Victims Unit
- 5) Discussion with Harold Lloyd from the Police SVU
- 6) Review of documentation
- 7) Review of pending investigations with the Police SVU
- 8) Review of Police SVU policy 5.25 related to Rape and Sexual Assault

According to the PREA Policy and in discussions with PJJSC management, the Philadelphia Police Special Victims Unit is under contract to provide all investigative services to the facility. The contract specifies that the Police SVU will comply with all aspects of the PJJSC's PREA Policy and the PREA Standards related to investigations. I was able to speak with Lt. Lloyd from the SVU unit on the topic of the PJJSC. He indicated that his department would handle the center as it would ANY case in the greater Philadelphia area.

**A**

The Auditor reviewed the agency wide PREA Policy that gives full investigative authority to the Philadelphia Police Department Special Victims Unit. According to policy the Executive Director and PREA Coordinator will review all information for allegations of sexual assault/harassment are forwarded them to the SVU and PA state Department of Human Services through PA ChildLine.

I was able to review the contract with the Police Department that has been in place for several years. According to the PREA Coordinator those investigators that were present when they started this process are no longer there and she is working with a new detective and they are entering into a new contract. The contract allows them to bypass the 911 center and call directly to have an on-shift investigator respond immediately to the facility. Although going through the 911 center achieves the same result, it was a slower process for staff.

**B**

The PJJSC uses police personnel who are employed by the Philadelphia Police Special Victims Unit whom are trained and responsible for focusing on rape and sexual assaults that have occurred in the city of Philadelphia. Their training and focus are specifically on those types of crimes and investigations.

program director indicate that they have 26 certified PREA investigators agency-wide that are part of their investigative team. The memorandum with the State Police for criminal investigations does not specify "PREA Certified", however it does spell out their investigative nature and procedures. In speaking with the state police they advised that all their staff are trained to deal with both adult and youthful cases including interviewing techniques for such issues.

**C**

PREA policy and Police SVU policy indicate that all evidence will be secured and maintained. The PJJCS policy and interviews with staff revealed that the facility will secure the scene and first responders will instruct residents to assure evidence is maintained. This was noted in the training provided to staff and contractors.

According to SVU, their crime scene unit will be contacted if necessary, in addition to officers to secure evidence at the scene and/or at the hospital if the victim or alleged perpetrator was transferred for medical treatment. As discussed with the coordinator, the SVU would interview anyone else including any witnesses and staff/first responders.

#### **D, E, & F**

According to the PREA policy and in discussion with the Police SVU, all allegations would be investigated completely no matter if the story had changed, no matter the victim and where he/she was located (confined) indicating that all would be treated the same as any other victim. According to Mr. Lloyd the police would not use any type of truth detection device, and it is not common practice to use it in any other case as well. Policy states that any case deemed a criminal would be set to the district attorney's office for evaluation. This was also verified with Mr. Lloyd during our discussion.

#### **G**

The PJJSC relies on the PA Department of General Services and the Police Department for all administrative investigations. According to the Coordinator they will make report the same way on all allegation, notifying ChildLine and the Police if administrative or criminal. PREA Policy states that DHS will report on the allegation to the PJJSC. The facility management indicated that they would review these finding to determine if there was a staff-related failure that resulted in the incident and they would address it accordingly. I was provided with examples such as staff discipline including up to termination or maybe operational adjustments if the failure was due to operations or policy. All investigations according to management are documented (criminal/administrative). Even though the facility does not complete investigations, there are steps defined in policy that require proper documentation by all involved including follow up reports to the PREA Coordinator and investigative review team by all staff involved to assure proper documentation.

#### **H**

The agency as indicated earlier require the SVU to provide detailed reporting in their policy and contract. This was reported by both the facility and police; however the agency has 4 pending investigations that are several months old and they have not been given final reports or updated information.

#### **I**

When questioning all involved in in investigations indicated that substantiated investigations are referred for prosecution.

#### **J & K**

According to the PREA Coordinator reports submitted to the agency are kept according to the PREA standard plus 5 years after released or no longer employed. The PA DHS standard mimics this as well.

The PREA policy indicated that any investigation will be completed no matter if either the abuser or victim have left or been removed from the facility. In interviews with the PREA coordinator she explained that the investigation would continue fully until completed.

#### **M**

PREA policy give full cooperation to the police SVU and states the facility will provide information and full access to the facility. This is noted in the contract for investigative services and during discussion with management. As indicated earlier there are several investigations pending that information has not been returned to the PJJSC from the Police.

## Summation

According to this Auditor's evaluation of the standard, the facility has a written contract in place with the Philadelphia Police Department Special Victims Unit to conduct investigation into any allegations of sexual assault reported at the facility. This was noted through review of the contract, discussion with the PREA Coordinator, and provided data. There is, however, a gap for the return of information and conclusion of the investigations. Although the Police handle the investigative part, the facility is responsible for maintaining that they meet the standard. Philadelphia is a very large city and the Police department is very busy. The facility needs to assure the investigations are followed up and completed, even if they need to make periodic phone calls/emails to the investigator to have some documentation and be able to track the case. The Facility needs to add a step to procedure to have for example weekly/monthly follow up calls/emails to the investigators to note in the investigative file that the cases are still active or closed and the case status.

**2/22/21**

During the Corrective action period, the PREA Coordinator was able to establish a new agreement with the Police SVU and gather the information necessary to close the cases with the police department. The information provided to the auditor is concise and descriptive. The agency files are as well times sequenced and detailed. With the new addendum in place and continued contact with the police department, they have moved into compliance with this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility does meet compliance with standard 115.371. Corrective action is required.

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with PREA Coordinator
- 4) Police SVU Policy

## A

The Auditor reviewed the PREA Policy states, “the PJJSCs hall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated”. I also reviewed the Police SVU Policy and discussed the standard with the PREA Coordinator and police who handle all investigations at the facility.

### Summation

The PREA policy and the information provided from interviews together shows that the policy is in place for this procedure as well as those interviewed being able to explain the steps therein. This lead the auditor shows that the agency in compliance with the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.372 and all aspects therein. There is no corrective action required.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?  Yes  No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No

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

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJC PREA Policy
- 3) Interview with PREA Coordinator
- 4) Discussion with County HR Manager
- 5) Discussion with residents

### **A & B**

The auditor reviewed the PJJC PREA Policy and discussed reporting with the PREA Coordinator on this standard. The policy states following an investigation by the Police SVU and/or the PA DHS the PREA Coordinator and the Director of Professional Services or her designee will meet with the resident to discuss if the investigation was substantiated, unsubstantiated, or unfounded. As stated earlier this information would be provided by the investigative agencies listed herein. This was discussed with the PREA Coordinator who becomes the liaison between the facility and the outside investigative agencies.

### **C, D, & E**

I discussed the provisions of this standard with the PREA Coordinator. She explained that as with reporting on the findings she along with the Director of Professional Services would meet with the resident to explain the outcome with a staff member related to post, employment or termination, prosecution, and the outcome thereafter. Policy also spells out that these individuals will also notify the same way if the allegation was against a resident. The Coordinator was able to give example of how they would speak with the resident in a confidential place/office to give them the information. These encounters are documented and would be placed in the confidential resident file.

### **Summation**

The Auditor through review of policy and interviews this auditor was able to link the policy with the response of personnel in following the standard. There is evidence to show that adequate reporting to the resident occurs as required. The facility recorded the information as needed.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.373 and all aspects therein. There is no corrective action required.

## **DISCIPLINE**

### **Standard 115.376: Disciplinary sanctions for staff**

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

#### **115.376 (a)**

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

#### 115.376 (b)

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

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Facility staff handouts and training materials
- 4) Interview with Human Resource Manager
- 5) Human Resources Policies
- 6) Interview with the Executive Director
- 7) Interview with PREA Coordinator

#### A



This Auditor reviewed the PREA Policy, that states that the facility has a Zero-tolerance policy for all staff related to any sexual or inappropriate contact with a resident, even citing Pennsylvania crimes code title 18 that has a subsection that makes all sexual contact in an “institution” even if the resident is over 18 a felony. The Executive Director would take any action necessary to enforce the policy include seeking action by the district attorney office.

**B**

Termination according to HR would be presumptive for the zero-tolerance violation and the fact the PA Department of Human Services states that an individual convicted in relation to a child abuse/sexual abuse shall not be permitted to work in any such facility in Pennsylvania. PREA policy states that any staff engaging in or having engaged in sexual abuse will be terminated.

**C**

According to the HR, their policies specifically address the zero-tolerance and sexual abuse/harassment issues with staff/residents. Under the Pennsylvania Office of Labor Relations, they describe disciplinary sanctions against an employee must be standardized and equal when administered. The PJJSC policy addresses sanctions for employees who violate the harassment but not necessarily the abuse portion to be comparable to other discipline given to staff with similar histories.

**D**

Policy dictates that all information on ANY allegation is reported to law enforcement for investigation, and that any employee who would be terminated, resign before, or be charged in conjunction with either the facility would report to all licensing agencies and or authorities. During my meetings with the Executive Director, PREA Coordinator, and HR Manager they all gave examples of the process and all referred to how they fall under the Department of General Services and being a mandated reporting agency, it was clear that all incidents would not be tolerated and would immediately be reported to the appropriate agency.

**Summation**

Upon review of the policies and the information provided during interviews with Management and Human Resources Department, I was able to see that the elements of the standard are in place, outlined in policies and training materials, and there is an understanding by personnel as to the process that could occur for an employee.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.376 and all aspects therein. There is no corrective action required.

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

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

**115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No

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

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with Human Resource Manager
- 4) Interview with PREA Coordinator
- 5) Interview with on-site Medical and School Contractors
- 6) Facility Contractor handouts and training materials

### A & B

The PJJSC PREA Policy provides information that a contractor, volunteer, or non-employee is not permitted to have any contact with a resident and are subject to the facilities zero-tolerance policy. Anyone who violates this will be ban from contact, ban from the facility, and the Executive Director will work with the District Attorney's office on prosecution of the individual. The facility will also report all such individuals to all relevant licensing authorities.

This Auditor reviewed agency wide PREA Policy section titled "Corrective action for Contractors and Volunteers", stating that anyone with inappropriate contact with a resident will be referred to law enforcement for prosecution as well as reporting to any licensing authority. This was discussed with management personnel who all were very aware of the procedure and that of the PA Department of Public Welfare their governing body mandating reporting on ANY issue.

In discussing this issue with contractors working in the facility, the explained that they received the information during their PREA Training as well as documents/handouts provided. They both are

licensed not just for service in a juvenile facility but are both licensed in their specific careers and explained that those licensing agencies have a zero-tolerance policy to continue their type of work. According to the Executive Director any contractor or volunteer would be immediately ban from the facility and action would follow.

### Summation

The auditor was able to review the policy and see the components of this standard were present therein. The PJJSC policy is not lengthy, but specific on that facts that a contractor or volunteer would be removed and reported to law enforcement and licensing bodies. The interviews with various individuals provided the auditor verification of the policy and allowed me to see the policy in working. Management and contractors interviewed could explain the policy, steps, and give me examples of how violations would be handled.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.377 and all aspects therein. There is no corrective action required.

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

#### 115.378 (a)

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

#### 115.378 (b)

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

**115.378 (c)**

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

**115.378 (d)**

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

**115.378 (e)**

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

**115.378 (f)**

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

**115.378 (g)**

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

**Auditor Overall Compliance Determination**

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with PREA Coordinator
- 4) PJJSC Residents rights
- 5) Resident Handbook
- 6) Interviews with residents

#### **A & B**

This Auditor reviewed agency wide PREA Policy that indicated disciplinary sanctions could be placed on a resident only after formal disciplinary proceedings were instituted. The policy includes specific step of the standard including looking at the resident's history and assuring if disciplinary sanctions are placed on the resident that the facility provide educational and recreational programs (exercise), medical and mental health services, and counseling and support services.

considering mental health issues and assuring medical and mental health visits as needed.

#### **C & D.**

According to policy and during my interviews with the PREA Coordinator and Mental Health caseworker it was noted that the facility before placing disciplinary sanctions in place on a resident, they will take into consideration their mental health needs and issues. The facility also addresses any underlying issue that may related to their sexual issues or aggression that caused the action. They explained that the facility offers sex offender counseling and specific counseling for residents with previous sexual aggression or offenses.

#### **E, F, & G**

According to policy and interviews conducted, residents can only be disciplined for sexual contact with a staff if it is determined that the staff member did not initiate it. Good-faith filings are not sanctioned by discipline, if presented in a manner deem and investigated as "good faith". This was discussed with management as well and I was advised that no disciplinary sanctions would be imposed.

We also discussed sexual contact between residents at the facility. It was explained and noted in the policy that this is strictly prohibited. Residents are made aware of this via the PREA video, handouts and weekly during their Wednesday PREA sessions.

During my interviews with residents, they were able to explain they knew of disciplinary sanctions from their handbook and through their PREA education, but none indicated they had ever experienced it.

#### **Summation**

The auditor was able to review the policy and see the components of this standard were present therein. The interview with staff and residents provided the necessary background. The facility has procedures in place to permit discipline of residents under the standard. According to staff the facility works with the residents specifically if they have concerns of an underlying issue. They make counseling services available to correct any identified behavior. I was able to review the policy, speak with staff and residents to see the steps that would be in place should they be needed.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.378 and all aspects therein. There is no corrective action required.

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

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

#### 115.381 (d)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency Vulnerability Instrument
- 3) PJJSC PREA Policy
- 4) Corizon Medical Services provided
- 5) Hall-Mercer Mental Health Services provided
- 6) Interview with Corizon Health Services Administrator (HAS)
- 7) Interview Hall-Mercer Mental Health Clinician
- 8) Informed Consent/Confidentiality Form

**A & B**

This Auditor reviewed the PREA Policy and spoke with facility social workers, the medical departments HAS and the Mental Health Clinician. According to the interviews and the review of the policy, all residents will be screened immediately with the Agencies Vulnerability Instrument. Accordingly, the medical department will conduct a health services screening covering that information as well. The information will be reviewed by staff and the resident set up for interviews with mental health and social workers within the require 14 days. According to my interviews, this occurs within a day or two in almost all cases. While reviewing files, I had the opportunity to review this data and it was noted that based on the assessment, the resident was then seen in a few days for a follow up. I noted on several of the files that any such referral was seen well within the required window.

**C**

According to policy requirements the information related to sexual victimization or aggression is considered confidential and must be handled according to protocols. It was noted when reviewing the documentation that files with the vulnerability assessment were secured in the Professional Services Department by the facility social workers and deemed as confidential. When discussing the same with the medical and mental health staff they also indicated that they were considered confidential under policy and HIPPA.

**D**

According to Pearline the PREA Coordinator and the HSA, the implied consent form is mandated via PREA Policy and also Corizon's policy under the medical department. I was during the pre-audit provided with a blank copy of the consent.

**Summation**

The PREA Policy and forms used provided the auditor with the requirements of the standards that I was able to speak to staff from the facility, the medical, and the mental health departments to see how it is used in relation to the standard. The system in play begins the process at intake and is followed up by social workers and medical within a few days and if needed forwarded to mental health in the allotted 14-day requirement. They seemed to have a good flow from department to department to provide services to the residents.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.381 and all aspects therein. There is no corrective action required.

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

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

### 115.382 (a)

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

### 115.382 (b)

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

### 115.382 (c)

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

### 115.382 (d)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy



- 3) Contract with Children's Hospital of Philadelphia
- 4) Contract with Corizon for facility medical services
- 5) Interview with Medical Health Services Administrator
- 6) Interview with PREA Coordinator
- 7) Interviews with staff
- 8) General discussion with Residents
- 9) Children's Hospital Sexual Assault Response Team (SART)
- 10) SAFE/SANE information provided to residents and in facility
- 11) Philadelphia Police SVU Directive 5.25

## **A & B**

According to policy, the PJJSC will immediately provide medical services to all victims of sexual assault. The PREA Coordinator and HAS spoke of onsite contracted medical personnel being immediately contacted to the scene in the facility and the resident being transported to the Children's Hospital of Philadelphia Emergency Department a few blocks from the facility. The PJJSC does not provide forensic medical personnel on site and is contracted with Children's hospital for these services.

PREA Policy offers bullet points in conjunction with the first responder training on staff and supervisors immediately contacting in house medical personnel. According to the HSA they would have the resident immediately transported to the emergency department. She indicates that Corizon policies mimic that of the PJJSC PREA Policy related to emergency medical services and immediate response to providing care to a resident.

In reviewing the reported incidents the facility had over the previous year, none required emergency medical service.

## **C & D**

This Auditor reviewed the PJJSC PREA policy that states Residents will be provided as needed emergency contraception along with testing and medication for STD. Policy also states that all medical services would be provided free of cost to the resident. This was discussed with the HAS and PREA Coordinator who verified the information from the policy.

In discussion with residents and during my tour of the facility they were aware of said services. It was noted that throughout documentation that this information was available to residents. During my discussions with a Lt. from the SVU, he was aware of the use of Children's hospital as well as other local facilities. Their policy also provides access to the Philadelphia Sexual Assault Response Center (PSARC) for those over 16 not requiring medical services.

## **Summation**

The Auditor found that the facility PREA Policy and contracts with the Children's Hospital, Corizon Medical Services for inhouse medical, and that with the Police SVU provided needed services to the facility to meet the standard. In discussion of the HSA and PREA Coordinator they could explain the required steps of the policy. I was provided with handouts and was able to see the information available to the residents. The SVU also provided additional detail into their process and their services matched or were in addition to that of the PJJSC.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.382 and all aspects therein. There is no corrective action required.

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

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

### 115.383 (a)

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

### 115.383 (b)

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

### 115.383 (c)

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

### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (f)

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

### 115.383 (g)

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

### 115.383 (h)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Vulnerability Assessment Instrument and data on file
- 3) PJJSC PREA Policy
- 4) Contract with WOAR of Philadelphia
- 5) Contract with Hall-Mercer for Mental Health Services
- 6) Contract with Corizon Health Services
- 7) Interview with Corizon HSA
- 8) Interview with Mental Health Clinician
- 9) Interview with social worker
- 10) Interview with PREA Coordinator

### A, B, & C

The Auditor was able to review the PREA Policy, Vulnerability Assessment and data, and contracts that exist for counseling, medical, and mental health services as well as speak to individuals from those agencies. The facility offers services through inhouse contractors and from outside agencies that is comparable to that of programs offered in the community. With the Professional Services Department and numerous social workers, they are able to make referrals from the vulnerability assessments to the appropriate program/provider. In review of resident files it was noted and discussed with staff of the follow up care provided.

The facilities contract with WOAR if Philadelphia provides victims advocate and victims' services to all residents at the PJJSC. WOAR additionally provides trauma therapy and group services if necessary. The contract with Hall-Mercer provides onsite Mental Health clinicians for ongoing mental health services for all residents as well.

### D & E

The facility does hold female residents. Policy dictates that pregnancy testing and if pregnancy would result, they would be provided timely access to needed medical services. This was discussed with the HSA who explained that they would make all necessary appointments and make counseling available as well.

### F, G, & H

The PREA Coordinator, social workers, HSA, and Mental Health Clinician provided information related to victims' services providing ongoing care for any individuals identified as a victim or abuser. The use of the vulnerability Assessment data would allow the agency to assure proper follow up care and track its' completion.

During my interview with the HSA showed that testing a victim for any transfer of disease would be offered through medical services with Corizon. It would also be available through victims' services with WOAR of Philadelphia. All testing is according to the policy is free to all residents, stating they would work with anyone whom would be labeled as a victim if a sexual assault occurred. Policy dictates the 60-day window for mental health services for residents as well.

### **Summation**

The Auditor review of the PREA Policy, vulnerability assessment information, and interviews with various staff responsible for medical and mental health services provide background information and verified the steps of the process. They could explain the process giving a picture of how services would be addressed. Through the contracts with outside agencies and interviews I was able to see the process in accordance with the policy. Looking at the information presented, the facility meets the components of this standard. through the documentation and understanding of the standards.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.384 and all aspects therein. There is no corrective action required.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.386: Sexual abuse incident reviews**

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

#### **115.386 (a)**

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

#### **115.386 (b)**

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

#### **115.386 (c)**

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

#### **115.386 (d)**

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

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with the PREA Coordinator
- 4) Interview with Executive Director
- 5) Interviews with HSA
- 6) Facility Incident Review Team Information
- 7) Information on the Secure Email Chain

## **A, B, C, & D**

This Auditor reviewed the PREA Audit questionnaire and the PREA Policy that lists all the components of this standard stating the Executive Director or designee shall conduct a sexual incident review within 30 days of the determination if the allegation was substantiated. According to the PREA Coordinator the team will be made up of the coordinator, executive director or designee, PREA Team members, and the investigators from the Police SVU. As noted, the team does consist of upper management personnel as required by the standard.

In review if their policy it states the following:

“The Incident Review Team shall:

- (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the JJSC.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (d) Assess the adequacy of staffing levels in that area during different shifts.
- (e) Assess whether additional monitoring technology should be deployed or augmented to supplement supervision by staff.
- (f) The review team will prepare a report of its findings that include determinations made and any recommendations for improvement and submit such report to the JJSC Executive Director and PREA Coordinator.”

I interviewed managers and contractors at the facility who could explain this process and served on the Investigative Team in the review of such an incident. The data from their review could be used to change procedure according to the PREA Coordinator and Executive Director if needed and we discussed several examples such as CCTV placement.

At present, there were no investigative meeting in play at the facility as they were awaiting pending cases with the Police SVU. The PREA Coordinator could explain the process and paperwork and introduced me to their Secure Email Chain that is used to as part of their investigative process for tracking and confidentiality.

## **Summation**

Those interviewed were able to articulate how their team worked and provide data on how they used the policy to adequately meet the PREA Standard. The PREA Policy outlines necessary components of the standard. The use of a secure email chain, and incident report information was detailed offered follow up information/recommendations for changes to policy or operations. I was able to see their process through the discussion with the PREA Coordinator and review of her records. The Auditor was able to use the data along with his understanding of the process and component to establish that they are the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.386 and all aspects therein. There is no corrective action required.

## Standard 115.387: Data collection

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

#### 115.387 (a)

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

#### 115.387 (b)

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

#### 115.387 (c)

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

#### 115.387 (d)

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

#### 115.387 (e)

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

#### 115.387 (f)

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

### Auditor Overall Compliance Determination

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

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Survey of Sexual Violence Summary
- 4) Interview with the PREA Coordinator
- 5) Interview with PREA Facility Compliance Manager
- 6) Interview with Agency PREA Investigator
- 7) PA Department of Human Services Data retention requirements

**A, B, C, & F (E is N/A)**

This Auditor reviewed the PREA Audit questionnaire and the PREA Policy labeled regarding data collection. According to policy, the PREA Coordinator will be responsible for tracking and retention of all allegations of sexual misconduct, sexual abuse, sexual harassment and retaliation and their disposition. This was also discussed with the PREA Coordinator who gave examples of information collected like disciplinary and incident reports, victim and aggressor information, and case disposition. She is responsible reporting to the Executive Director monthly on any cases. She also aggregates the data on all cases for annual reports. This information is used to adjust operations or policies as needed.

Policy also indicated that data is enough to meet the required reporting by the survey for the Department of Justice.

In discussion with the PREA Coordinator she explained her process and provided information for reporting as was aware of the June 30<sup>th</sup> reporting dates to the DOJ.

**Summation**

The Auditor through the PJJSC PREA policy and interview with the PREA Coordinator was able to review the policy and data and speak with the Coordinator on their procedure for data collection. She was able to relate how the PA DHS standard related also related to the PREA standard for data reporting. Their policy is specific, and the information gathered is securely maintained and reported to the Executive Director as well as annually reported. This information together brings the facility into compliance with the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.

**Standard 115.388: Data review for corrective action**

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

**115.388 (a)**



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

#### 115.388 (b)

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

#### 115.388 (c)

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

#### 115.388 (d)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) PA Department of Human Services data retention requirements

- 4) Interview with the PREA Coordinator
- 5) Interview with Executive Director

#### **A**

This Auditor reviewed the PREA Audit questionnaire and the Agency wide PREA Policy on data collection and review plus discussed this with the PREA Coordinator. The policy indicated that the PJJSC will gather the data for early detection and response to learn from any previous incidents. They will use the information for training. The policy confirms this by listing identifying problems and taking corrective action. This information according to policy and the coordinator are collected and reported annually.

#### **B, C, & D**

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components. Policy indicates that the report will be present years date with corrective action and previous years showing progress. The data is made public and any confidential information is redacted.

#### **Summation**

This auditor was able to review the policy and match the information provided by the PREA Coordinator to see the components of the standard. The data is used for training, procedure adjustments to fix operational gaps, and is compared with previous years to show progress. The agency in this auditor's opinion collects and organizes the data as required by the standard. They use this information on a regular basis to assure safety and security for all residents and staff at their facilities.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required.

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

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

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

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

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

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

#### **115.389 (c)**

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

### 115.389 (d)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) PJJSC PREA Policy
- 3) Interview with the PREA Coordinator
- 4) PA Department of Human Services data retention requirements

#### A, B, C, & D

This Auditor reviewed the PREA Audit questionnaire and the PREA Policy on data collection and retention. Policy indicates that the data will be collected, aggregated and secured annually and maintained for a 10-year period. It should be noted that all such data that the facility gathers is also a requirement of PA law under the Department of Human Services. This is spelled out in Pennsylvania Code.

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components and she is largely responsible for the data maintained. As indicated earlier in the report she provides monthly report to the Executive Director and will report annually as well. \

#### Summation

The information provided to the auditor to review has all the components to adequately meet this standard. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Auditor informational poster that were hung throughout the facility
- 2) Resident interviews
- 3) Interview with PREA Coordinator

The Philadelphia Juvenile Justice Service Center was built to provide a complete central location for the Philadelphia Juvenile System to detain and adjudicate juveniles in the City of Philadelphia. This is the facilities 2<sup>nd</sup> audit.

The Auditor was given complete access to the facility and their facility located in the City of Philadelphia. I was provided with a large conference rooms in their administrative wing of the building to conduct interviews of all staff and review data. I was also provided client rooms in the facility at different housing units to interview residents.

During my interviews I questioned resident on my information being available to them and if their ability to contact me. They all were aware, pointing to the poster in the rooms we were using on many occasions, and were able to vocalize their ability to contact me. As noted throughout this report, this audit had been rescheduled on several occasions related to the COVID-19 pandemic throughout the country especially in Pennsylvania. Philadelphia was especially hit hard, and we have postponed since early spring. Because of the delay, the postings were placed up three (3) different times of audit changes.

**Summation**

Through the Auditors observation, information provided and interviews with residents, the facility was within the components to meet this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Summation

This is the facilities 2<sup>nd</sup> audit. In reviewing the agencies website, they have published all their PREA related statistics and reports on the website. The report also is made available through their administrative office and under Pennsylvania's Right to Know Laws.

Based on this auditor's observation, the agency follows standard 115.403, no corrective action in needed.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

2/23/2021

**Auditor Signature**

**Date**

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

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