

# PREA AUDIT: AUDITOR'S FINAL SUMMARY REPORT



<b>Name of Facility:</b> Perseus House: Andromeda House ITU		
<b>Physical Address:</b> 39132 Mt. Pleasant Road		
<b>Date report submitted :</b> Spartansburg, Pa. 16434		
<b>Auditor information:</b> Maureen G. Raquet		
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<b>Date of facility visit:</b> May 11,12,13,14, 2015		
<b>Facility Information:</b> same as above		
<b>Facility Mailing Address:</b> same as above		
(if different from above)		
<b>Telephone Number:</b> 814-694-2324		
<b>The Facility is:</b>	<input type="checkbox"/> Military	County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> xxx Private not for profit	
<b>Facility Type:</b>	<input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Correction <input type="checkbox"/> xxx Juvenile Treatment Facility	
<b>Name of PREA Compliance Manager:</b> Kathy Komenda <b>Title:</b> PREA Manager		
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<b>Agency Information</b>		
<b>Name of Agency;</b> Perseus House		
<b>Governing Authority or Parent Agency:</b>		
<b>Physical Address:</b> 1511 Peach Street, Erie, Pa 16501		
<b>Mailing Address:</b> s/a		
<b>Telephone Number:</b> 814-480-5900		
<b>Agency Chief Executive Officer:</b>		
<b>Name:</b> Mark Amendola	<b>Title:</b>	Chief Executive Officer
<b>Email Address:</b> mamendola@perseushouse.org	<b>Telephone Number:</b>	s/a

Agency Wide PREA Coordinator		
<b>Name:</b> Mark DiPlacido	<b>Title:</b>	Chief Operating Officer
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## AUDIT FINDINGS

**NARRATIVE:** Perseus House was established in 1971, originally as a Community Service Project. It has since grown to become a multi-faceted agency that includes two separate components: a Charter School Program and Juvenile Residential programs. The Charter School offers alternative education for middle and high school students in the Erie School District at 3 different sites and serves over 600 children. There are nine residential programs, with a total of 96 beds, including a mother/baby program, a shelter, an Intensive Treatment Program for sex offenders, three RTFs, two “enhanced” RTFs, and a Girl’s Intensive Treatment Unit. In 2014, there were 73 total admissions for the agency. The Audit was conducted on May 11, 12, 14, 2015 at Andromeda ITU, an all-female program with 12 beds. Both dependent and delinquent children are court ordered to this placement. There were 10 residents in-house during the dates of the audit. During 2014, there were 12 admissions ranging in age from 10-19 and the average length of stay is 6-9 months. The Agency contracts with 25 Pennsylvania Counties.

This private agency is run by the Chief Executive Officer, Mark Amendola. Perseus House (residential programs) has 168 full time and 61 part time employees. At Andromeda ITU there are 15 employees. This includes the direct care or line staff who are full and part time and most work permanent shifts. The facility is licensed by the Pa. Department of Human Services, under the 3800 regulations, has received certification in the Sanctuary Program which is the organizational culture of the Agency and has received JCAHO accreditation. Perseus House also serves as a National Training Site for Life Space Crisis Intervention and ART.

**DESCRIPTION OF FACILITY CHARACTERISTICS:** Andromeda ITU is in Spartansburg, Pa., Crawford County. It sits on about 10 acres in a very rural area of Northwestern Pennsylvania. The 4,365 square foot wooden former hunting lodge has two floors and a basement. There is an addition, which houses a Girls’ RTF program, and is separated by a locked door and has a separate entrance, and separate staff. The RTF program was not audited. The front door opens into a beautiful wood paneled room with a stone fireplace with a wood stove insert. This living room is used for group and also has a television and comfortable furnishings. Directly behind this room is the dining room with a long table for eating family type meals prepared in the adjacent kitchen by residents and staff. Off the dining area are sliding glass doors leading onto a small wooden deck with a grill and an enormous backyard. In the summer there is a vegetable garden, worked by the girls and staff and used for meals. A small therapist’s office is off the dining area. Next to the kitchen is a hallway with two bathrooms across from each other; one for staff and one for residents. There is an administrative/Director’s office, laundry room and three steps down into a classroom. The classroom has a “Smart Board”, teacher’s desk, and 12 student desks. It is decorated appropriately for a classroom with girls of all ages and grade levels.

The second floor is accessed by a stairway near the front door. There are 6 bedrooms, one Triple, one Single, and Four Doubles. Each resident has a single bed or bunk bed and a bureau. There is a closet in most rooms with no doors. Doors to bedrooms are permanently open. There are two bathrooms with a tub/shower combo, sink and toilet. All residents shower separately.

A basement is accessed from the first floor, but the door is kept locked. There is an additional therapist’s office with a large table and art supplies. There is also a locked storage area. As part of the tour, I ate lunch with all the girls and staff.

## SUMMARY OF AUDIT FINDINGS:

The audit was conducted on May 11, 12, 14, 2015. It commenced with an entrance meeting at the Agency's Central Administration Building in Erie with the following: the Associate Executive Director, the COO/PREA Coordinator, the Nursing Coordinator, Human Resources Director and the three PREA Managers for each Facility being audited during this time period. Following this orientation meeting, interviews with several of the specialized staff common to each facility took place. This included the Associate Executive Director, the COO/PREA Coordinator, and the Human Resources Director. On the following day, May 12, 2015, I traveled to Andromeda ITU, about 30 miles away from the City of Erie. The facility was very clean and well maintained. The residents were doing morning chores upon my arrival. During my tour of the building, I saw postings regarding zero tolerance, reporting, and victim support services in several areas in both English and Spanish. Those I spoke to during the tour responded positively to questions regarding education of zero tolerance policy and conducting of random unannounced rounds. They were all aware of the Zero Tolerance Policy and had been educated about PREA. During the tour, the nurse walked me through the electronic file system, Blue Step and showed me documentation of both the risk assessment administration, resident education and secondary documentation of follow up by Medical and Mental Health. Following the tour, staff (13) and residents (10) were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff: Facility Director/PREA Manager, who also is responsible for monitoring retaliation and conducting random unannounced rounds, a Nurse, who also administers the Vulnerability Assessment and educates the students regarding reporting and Zero Tolerance at Intake, and a Masters' Level Mental Health Therapist, and a Volunteer. Random Staff (10) from all three shifts, including a teacher and a transporter were interviewed. Residents (10), the entire population on the date of the Audit were interviewed. This included two girls who had reported previous sexual victimization, one girl who identified as a Lesbian and one girl, who identified as Bi-sexual. There were no Transgender or Intersex residents. I also reviewed 10 electronic resident files and 11 staff files.

The residents have a plethora of ways to report sexual abuse. There is a one button hotline in the Director's office to Child Line. There is an MOU that the residents can send letters to the Erie County Sheriff's office. There is a grievance policy that both residents and parents are advised of at Intake. They can write to the facility director or the agency director. In addition besides telling line staff, which all residents stated they felt comfortable doing, they have weekly individual counseling sessions. Many also have weekly family counseling sessions, in addition to weekly visiting, (which can occur off site in the community) twice weekly phone calls, visits from Probation Officers and Caseworkers. All residents stated they can call their attorneys. There is an MOU with the Crime Victims' Center to provide a Victim Advocate and emotional support. Posters have this contact information and there is a dedicated "button" on the phone to access this service. I spoke to a staff person from CVC prior to the on-site visit and they confirmed the services in the MOU and they were not aware of any incidents at Andromeda ITP. The facility has had no allegations of staff sexual harassment or sexual abuse in the past 12 months.

Prior to the on site visit during phone calls and emails, the PREA Coordinator and the Auditor discussed specific actions in regard to some policies and practices. Many of these were small additions to policy and were completed by the time of the visit and were provided to the Auditor at that time. Upon completion of the on-site portion of the Audit, an exit interview was conducted with the Associate Executive Director by phone, the COO/ PREA Coordinator, HR Director, Nursing Coordinator and the three PREA Managers, whose facilities were being audited. On May 20, 2015 a telephone interview was conducted with the CEO, who had been out of the country during the on-site Audit. Three Standards were exceeded: # 331 Employee Training, #351, Resident Reporting and #383, Ongoing Medical and Mental Health Services. The following standards have not been met and require a corrective action plan: Due to the fact that an objective screening instrument pursuant to standard #341 had only recently been implemented, there was only one admission to review for timely administration as well as follow up pursuant to #342. Standard #333, Resident Education was implemented in March. Although the educational content and policy meets the standard, more admissions are needed to see that it is done in a timely fashion. There are limited openings (two) for this Unit and at this time no referrals for these beds. This policy is in

place and all staff have been trained. Other facilities under the agency umbrella have met this standard and I believe that Andromeda also will follow the policy. At the end of an additional 60 day period or sooner if the beds are filled, documentation will be submitted for compliance with this standard. Additionally, Standard #317 was not initially met, because the Volunteer that I interviewed had just started two weeks prior and did not yet have his Child Abuse and Criminal History Clearances pursuant to this Standard as well as Pa. CPSL. These have been applied for and documentation was provided to me by Human Resources prior to the 30 day Interim report. All other standards have been met and Agency Policy and Procedure comply with the PREA Standards.

On July 17, 2015, I received scanned Vulnerability Assessments and Documentation of Resident Education for three new admissions. Both the Assessments #341 and the Resident Education #333 were completed in a timely fashion. On July 23, I received documentation of risk based housing decisions for one of the new admissions that scored Sexually Vulnerable on the Vulnerability Assessment. This documentation is evidence of compliance with Standard #342. All standards have been met and all policy and procedure are in compliance with the PREA Standards.

**Number of standards exceeded: 3**

**Number of standards met: 38**

**Number of standards not met: 0**

<b>Standard</b>	<b>115.311 Zero Tolerance of Sexual Abuse and sexual harassment; PREA coordinator</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A Zero tolerance Policy is in place and meets the standard. There is an agency wide PREA Coordinator, and a PREA Manager for this facility. Both appear on the organizational chart and both were interviewed and stated they have enough time for their PREA related duties.

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

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

**Auditor comments including corrective actions needed if does not meet standard**

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

**Standard****115.313 Supervision and Monitoring**

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

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

Andromeda exceeds both the PREA mandated ratio as well as the Pa. DPW 3800 ratio. There were no deviations from the mandated ratio. Staffing is adjusted on a daily basis if needed to meet the needs of the population, including one on one supervision. Random unannounced rounds are performed by upper and middle level supervisors and logs of such were provided to me. There is a third shift supervisor responsible for conducting these rounds at all facilities and I interviewed him. I observed supervision of the total group when I ate lunch with the residents and staff during the on-site. I reviewed the most recent DPW inspection and there were no citations for not meeting ratio. Interviews of the PREA Coordinator/PREA Manager confirm compliance with all areas of this standard.

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

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

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

The policy is in place and meets all areas of the standard. I interviewed random staff (10) and all residents (10). They confirm compliance with “knock and announce”, which is posted at the entry to the second floor bedroom area. All residents shower alone. There are no hands-on searches conducted of any resident, except in exigent circumstances and then it is conducted with a nurse and one same sex staff. There were no cross-gender searches reported and most residents stated they have never been searched. A policy is in place, along with a cross-gender variant search form, for searches of Transgender or Intersex residents, although there were none. All staff interviewed could readily discuss this policy.

**Standard****115.316 Residents with disabilities and residents who are limited English Proficient**

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

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

All postings were in both Spanish and English. All random staff interviewed (10) knew of the policy prohibiting the use of resident translators. There is a contract in place, which was reviewed by me during the on-site for translation services. There were no residents with disabilities. Admission of these residents is on a basis, but there are enough resources to provide for educational and emotional needs.

**STANDARD 115.317 Hiring and Promotion Decisions**

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

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

The HR policy covers all areas of this standard and is also in compliance with the revised Pa. CPSL. An interview with the HR Director, confirmed compliance with this standard. She was unaware of the need to provide information as contained in #317 h. However, she is doing it for the Charter School component of the agency and will immediately start doing it for the residential side. A review of the volunteer's file showed he had not yet received his child abuse and criminal history clearances as mandated by the Standard and Pa. CPSL. He had started two weeks before the on-site. The agency immediately corrected this oversight and they were provided to me prior to the 30 day report. Review off the facility's most recent DPW inspection did not show any citations for other volunteers or staff.

**STANDARD 115.318 Upgrades to Facilities and Technologies**

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

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

The policy meets the standard. There have been no renovations or upgrades to the facility or technology.

**STANDARD 115.321 Evidence and protocol and forensic medical examinations**

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

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

The policy meets the standard. Administrative staff have completed an investigator training, but do NOT conduct investigations. Investigations are conducted by the Pa. State Police and there is an MOU. All forensic investigations are conducted at Hamot, in Erie and there is an MOU.

**STANDARD 115.322 Policies to ensure referrals of allegations for investigations**

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

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

Policy meets standard. All interviewed, Agency head, Director, PREA Coordinator, PREA manager, and Random staff (10) were well aware of the reporting mandate. There is a sexual abuse incident checklist.



## **STANDARD 115.331 Employee training**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

A specialized curriculum was designed for Perseus house by a contracted trainer, with an extensive background in recognizing and treating those who have suffered sexual abuse. She trained all employees. Training logs and evaluations/sign off sheets were reviewed for 10 random staff and for those who also completed the investigator training. Additional PREA training was also conducted at weekly staff meetings at Andromeda by the PREA manager. All staff interviewed (10) had been trained and were able to demonstrate knowledge of their roles and responsibilities.

## **STANDARD 115.332 Volunteer and Contractor Training**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

A policy is in place requiring an appropriate level of training for volunteers and contractors. I reviewed the information provided to them. I also interviewed a volunteer on-site who verified that he had received training and was able to describe to me his reporting responsibilities. Also, while on-site, I witnessed an electrician enter the facility with a maintenance man and he was handed a sign-off sheet, describing PREA and that Andromeda had a Zero Tolerance Policy. He was asked to read it and sign it. There is a binder that I reviewed of such sign offs for any non-employee/contractor who enters the premises.

**STANDARD 115.333 Resident Education**

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

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

The policy is in place. I have reviewed the video, and the information provided to the residents and it is appropriate. It is given at Intake, by the nurse, who I interviewed. All residents have received the education, and I saw sign off sheets in all 10 electronic case files. All were able to respond to the interview questions, but because all but one resident had been admitted prior to PREA implementation, there were no examples of the timely education. Therefore, when the two vacancies are filled, documentation will be provided to me of timely education. However, if they are not filled within 60 days, this corrective action plan will be reviewed. Ongoing education, although provided by postings, is going to be enhanced by adding a PREA module to the 12 week Victim Awareness Curriculum. This was also provided to me prior to the 30 day Interim report. I received documentation of timely education for three new admissions on July 17. This standard has been met.

**STANDARD 115.334 Specialized Training: Investigations**

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

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

The policy is in place and specifically details responsibilities. PREA Coordinators and Managers completed an on-line training for investigations and I saw a log and completion certificate for such. Any such investigations are designed only to gather information to turn over to the State Police and to develop safety plans to keep the residents safe. All investigations are completed by Child Line and the Pa. State Police. Administrative Investigations are conducted after the fact, so as not to interfere with an on-going investigations.

**STANDARD 115.335 Specialized Training: Medical and mental health care.**

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

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

I saw the curriculum from the PRC. I saw the training logs and interviewed both the nurse and the Masters' Level Therapist, who confirmed having received the training and were able to outline their responsibilities.

**STANDARD 115.341 Obtaining Information from residents**

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

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

This policy is in place. The instrument that is used is objective and contains all necessary variables as outlined in the Standard. It is administered by the Nurse during Intake. An interview with the nurse confirms that she receives information from other sources including admissions packets to complete this assessment. All current residents had a risk assessment in their electronic files, which the nurse showed to me. Only one resident had it administered in a timely fashion because all others had been admitted prior to PREA implementation. There are two openings at Andromeda. When they are filled, documentation of timely administration will be provided to me. This plan of correction will be reviewed if they are not filled within 60 days. I received documentation of timely assessment of three new residents on July 17, 2015. This Standard has been met.

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

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

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

The policy is in place, as is the practice, however, there is no documentation of risk based housing decisions. All residents participate in education and programming together. They are admitted specifically to this placement. There is one single bedroom and a resident who is either extremely vulnerable can be placed in this room. When documentation of consideration of risk based housing decisions are provided to me, this standard will be met. Of the three new residents that were admitted since the 30 day Interim Report, one resident scored as Sexually Vulnerable. I received documentation of a risk based housing decision for that child on 7-23-15. This standard has been met.

**STANDARD 115.351 Resident Reporting**

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

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

As mentioned in the narrative, every possible avenue for reporting has been provided to these residents and all are aware of them.

**STANDARD 115.352 Exhaustion of Administrative Remedies**

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

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

An amended grievance policy was provided to me during the on-site and meets all the stipulations of the standard. Both residents and parents are provided with the grievance procedure during Intake and it is signed off on pursuant to the DPW regulations.

**STANDARD 115.353 Resident Access to outside support services and legal representation**

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

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

There is an MOU in place with the Erie Crime Victims' Center (CVC). I spoke to a staff person there prior to the on-site to confirm those services. The brochure is posted and there is a dedicated button on a private phone for the residents. Staff (10) and residents (10) interviewed were familiar with these services. All residents stated they were able to phone their attorneys if they needed to. Interviews with Administrative staff confirm this as well.

**STANDARD 115.354 Third Party Reporting**

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

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

The policy meets the standard. Information is posted on the website and there are also postings in the area where the parents visit. Interviews with Administrators confirm compliance with this Standard, which also is mandated by the Pa. CPSL.

**STANDARD 115.361 Staff and agency reporting duties**

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

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

This information is contained in policy and is also part of the new employee orientation required by Pa. DPW 3800 regulations, regarding mandated reporters. All random staff (10) interviewed knew they were mandated reporters and must personally call Child Line as required in the revised Pa. CPSL. Administrators confirmed the Agency's role.

**STANDARD 115.362 Agency protection duties**

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

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

All interviewed, Agency Head, Director, PREA Coordinator and Manager, as well as random staff (10) were well aware of the policy and their duty to protect a resident. Administration responded with several ways they could protect a resident from imminent sexual abuse, of which there were no reported incidents. ISOLATION is prohibited and never used.

**STANDARD 115.363 Reporting to other confinement facilities**

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

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

This is contained in the policy and also Pa. CPSL. An interview with the agency head confirms compliance with this policy, although there were no such incidents in the past 12 months.

**STANDARD 115.364 Staff first Responder duties**

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

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

Staff first responder duties are contained in the policy and listed in the employee training. All random staff interviewed (10) were able to discuss in detail their first responder responsibilities. There have been no allegations of sexual assault, so there were no staff who had to actually perform first responder duties.

**STANDARD 115.365 Coordinated response**

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

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

The coordinated response is in policy and there is also a sexual abuse incident checklist, so that staff can properly perform their duties. An interview with the Agency head confirms this response.

**STANDARD 115.366 Preservation of ability to protect residents from contracts with abusers**

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

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

There is no Union or bargaining unit. The policy states that there are no obstacles to prevent protection of residents and this was confirmed in an interview with the Agency head.



**STANDARD 115.367 Agency protection from retaliation**

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

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

The policy meets standard. I interviewed both the HR Director, who is responsible for monitoring retaliation against employees and the PREA Manager who is responsible for monitoring retaliation of residents and also reporting retaliation against staff to the HR Director. Both knew what to look for to prevent and would monitor for at least 90 days or longer if needed. In the case of a resident, it could be as long as length of stay. Both would initiate contact with a staff or resident and have many resources to protect both staff and residents.

**STANDARD 115.368 Post-allegation protective custody**

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

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

There is no use of isolation for post allegation protective custody or for any reason. This was confirmed during interviews with the Nurse, Mental Health Therapist, and PREA Coordinator, Manager and Agency Head. During the tour, I did not see any area where a child could be isolated.

**STANDARD 115.371 Criminal and Administrative agency investigations**

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

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

Whereas, the agency has administrators/PREA Coordinator/PREA Manager who have completed investigative training and I have seen the completion certificates and the curriculum, they do NOT complete any Criminal Investigations. They do limited Administrative investigations to ensure that policy and procedure are followed, so that everything can be turned over to the Pa. State Police and to Child Line. There is an MOU with PSP. All subsections are in Policy, but are up to the PSP and the District Attorneys' office. There is full cooperation with the PSP and an ongoing relationship that ensures that Andromeda can be kept abreast of the investigation. Interview with the PREA Manager confirms this.

**STANDARD 115.372 Evidentiary Standard for Administrative Investigations**

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

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

This standard is in policy.

**STANDARD 115.373 Reporting to Residents**

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

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

This is in policy and it meets the standard. An interview with the Assoc. Ex. Director confirms compliance. There were no children who had reported an incident to interview.

**STANDARD 115.376 Disciplinary sanctions for staff**

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

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

Policy meets standard. There were no disciplinary actions to review.

**STANDARD 115.377 Corrective Action for Contractors and Volunteers**

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

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

Policy meets standard. There were no incidents involving Contractors or Volunteers to review.

**STANDARD 115.378 Interventions and Disciplinary sanctions for residents**

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

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

Policy meets standard and there were no residents to interview in this area and there were no incidents to review. I interviewed the Assoc. Ex. Director, the Nurse and the MH Therapist. Interviews confirmed compliance with this standard, including considering age, mental status, etc. on a case by case basis, consistent with other incidents.

**STANDARD 115.381 Medical and Mental Health Screenings**

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

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

The nurse administers the risk assessment as well as a Health and Safety Assessment during the Intake process. If a child identifies as having been previously sexually assaulted or being sexually aggressive, they are both offered Medical and Mental Health services. The Medical screen is done by the nurse immediately and the MH screen is done within 24 hours of Intake. I saw documentation of these timely services that are done for all residents, not just those identified in the electronic health files. I interviewed the nurse, Mental Health Therapist who confirmed these practices.

**STANDARD 115.382 Access to emergency medical and mental health services**

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

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

Policy meets standard. I interviewed the nurse and MH Therapist. There were no residents who had reported a sexual abuse to interview. There is a nurse present every day in the facility and on-call. The MH Therapist is also assigned to this unit and there are other resources available through the agency as well as MOUs with the Community resources.

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

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

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

The agency exceeds the standard. They are a treatment facility and residents are sent there by the Court to receive treatment. In addition to individual weekly therapy, there is group therapy, COG groups, and in many cases weekly family therapy in person or by phone. This is for all residents.

**STANDARD 115.386 Sexual Abuse Incident Reviews**

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

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

Policy meets standard. I interviewed the CEO who stated that they have a review process in place for all incidents and that as part of the Sanctuary model they use it on a regular basis. The incident review team would meet within 30 days of the completion of the investigation and would consider all variables noted in the standard. An interview with the PREA Manager at Andromeda House, who is a member of the Incident Review Team confirmed compliance with this standard. There were no incidents to review.

**STANDARD 115.387 Data Collection**

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

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

The agency is in compliance with this standard and the policy is in place. There was no data to review.

**STANDARD 115.388 Data review for Corrective Action**

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

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

Policy meets standard. An interview with the PREA Coordinator/COO and the CEO indicate that data collection is something the agency does on an ongoing basis for any kind of incident. In compliance with this standard, the COO states that the first few reports would be compiled/written by the Admin team and subsequent reports would be written by the PREA Coordinator and approved by the COO for dissemination. Corrective action would be taken on an ongoing basis as needed.

**STANDARD 115.389 Data storage, publication, and destruction**

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

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

There is a PREA tab on the home page of the PERSEUS House website and the annual report as well as the Audit will be published on that site. Personal Identifiers will be redacted and that will be noted. All files will be retained or destroyed according to law.

**AUDITOR CERTIFICATION:**

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

*Maureen G. Raquet*

*July 24, 2015*

Certified PREA Auditor