

# PREA AUDIT: AUDITOR'S FINAL SUMMARY REPORT



<b>Name of Facility:</b> Perseus House: Boys Residential Treatment Facility and Shelter		
<b>Physical Address:</b> 1510 State Street, Erie, Pa. 16501		
<b>Date report submitted :</b> June 10, 2015		
<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> 814-480-5900		
<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> Mario Mezzacapo		<b>Title:</b> PREA Manager/Facility Administrator
<b>Email Address:</b> <a href="mailto:mmezzacapo@perseushouse.org">mmezzacapo@perseushouse.org</a>		<b>Telephone Number:</b> 814-480-5904
<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</b>	s/a

	<b>Number:</b>	
<b>Agency Wide PREA Coordinator</b>		
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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, excluding Shelter. The Audit was conducted on May 11, 12, 13, 14, 2015 at 1510 State Street, Erie, Pa.: the Boys 12 bed Residential Treatment Facility and the 16 bed coed short term Shelter program. Both dependent and delinquent children are court ordered into these placements. Additionally, residents can be placed at the RTF by the County Office of Mental Health/Behavioral Services. There were 7 residents in-house at the RTF during the dates of the audit. During 2014, there were 16 admissions ranging in age from 12-18 and the average length of stay is 6-9 months. The coed Shelter program had 14 residents on the days of the Audit, 6 females and 8 males. The average length of stay for the Shelter program is 30 days.

This private agency is run by the Chief Executive Officer, Mark Amendola. Perseus House (Residential Services) has 168 full time and 61 part time employees. The direct care or line staff are full and part time and most work permanent shifts. At the Shelter and RTF, there are a total of 30 full time staff and 3 nurses. 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. They also have JCAHO accreditation. Perseus House serves as a National Training Site for Life Space Crisis Intervention and ART. Perseus House contracts with 25 Pa. Counties.

**DESCRIPTION OF FACILITY CHARACTERISTICS:** These two programs: Boys RTF and Shelter are housed in the same facility in the center of the City of Erie. The front door or Intake for both programs is on State Street. The building runs the width of the block and the other side of the building, the Administrative Offices for Perseus House, as well as a Charter School have a separate address, 1511 Peach Street. There are two levels to the building, both being one floor, but you must go down the stairs from the Offices on Peach Street to the Shelter/RTF. The building was once a Bowling Alley/indoor miniature golf course/Arcade. It was taken over by the Erie School District as an Administrative Building and then bought by Perseus House for its current use. The residential units are separated from the rest of the building and its occupants, by an internal stairwell and locked doors. The residents do not have access to the Office/School Area. The residential programs are on one floor and occupy 7,760 square feet. They are separated by a locked door with common areas, including Intake, the Medical Unit, and Administrative Offices, in between the two living areas. When you enter the brick building from the Intake Area, there is a glass reception booth and a small waiting area, with a posting that this is a PREA compliant facility, with a Zero Tolerance Policy. When you leave this vestibule, the medical/nurses area is to the right and the Administrative offices are straight ahead. To the right is the 16 bed Shelter. This unit has a large open living space in the middle (painted drywall) with three bathrooms,( tub/shower, toilet, sink) and 11 bedrooms, ( 6 singles and 5 doubles), with built in beds and shelving, on one side, and a staff office, two classrooms, and Kitchen/Laundry on the other side. There is one additional bedroom, next to the staff office that can be used to house a resident temporarily who needs round the clock supervision. The television/living area is in the center of this open area. The resident phone and postings are on the wall next to the staff office. There is an outside walled courtyard with a basketball court. The RTF program is the mirror image of the Shelter, but smaller to the left of Intake. There are 8 bedrooms, (4 singles and 4 doubles), with built in beds and shelving, two baths, (back to back, bath/shower combo, toilet, sink) a therapist office, staff office, kitchen/laundry area, but no classroom. The

residents are transported off site to a school. The living area has wooden furniture with upholstered cushions and a television/recreation area. This facility does have cameras located throughout the Units. There is remote live viewing capability.

#### **SUMMARY OF AUDIT FINDINGS:**

The audit was conducted on May 11,12,13,14,2015 .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. A telephone interview with the CEO took place subsequent to the on-site. Immediately following these interviews I toured the RTF/Shelter. The residents in Shelter were in school on the Unit. Three Shelter residents attend their home schools and are transported by school bus and return at the end of the day. As mentioned before, RTF residents attend the Perseus Alternative School, located several miles away. 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, including a nurse, a teacher, line staff and residents 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 (10) 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. Resident interviews of RTF residents occurred at the off campus school on 5-12-15 and interviews of the Shelter residents occurred at the Shelter on 5-14-15. Residents (10), 5 from RTF and 5 from Shelter, included a girl and a boy who had reported a previous victimization. I also reviewed 10 electronic resident files and 13 staff files. There were no LGBTI residents on the date of the Audit.

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 by Phone. Random Staff (10) from all three shifts, including a part time staff were interviewed.

The residents have a plethora of ways to report sexual abuse. There is a one button hotline in the Staff 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 either the Shelter or the RTF. 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. Four Standards were exceeded: #313 Supervision and Monitoring, # 331 Employee Training, #351, Resident Reporting and #383, Ongoing Medical and Mental Health Services All other standards have been met and Agency Policy and Procedure comply with PREA.

**Number of standards exceeded: 4**

**Number of standards met: 37**

**Number of standards not met: 0**

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

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

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

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**

- 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**

Shelter/Boys RTF 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 saw a video of an unannounced round. Both the CEO and COO state that they have the capability to log on remotely and view live feed from these units and have done so. They state that staff are aware of this. 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. All resident 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.

<b>Standard</b>	<b>115.316 Residents with disabilities and residents who are limited English Proficient</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**

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 or who were not English proficient. Admission of these residents is on a case by case 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 did not show his clearances. He did have them and they were subsequently provided to me. Review of the facility's most recent DPW inspection did not show any citations for other volunteers or staff. I reviewed 10 staff files, including someone recently hired and all had necessary clearances.

**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. The cameras were recently upgraded for more definition.

**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 City of Erie Police Department 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 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 by phone who verified that he had received training and was able to describe to me his reporting responsibilities. Also, while on-site, a sign was placed at Intake on the glass enclosure advising anyone that entered that this was a PREA compliant facility. I reviewed a binder of 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. This education was given in a timely manner for all admissions after the implementation date. All residents interviewed were able to respond to the interview questions. Both 72 hour and 10 day education is given at the time of Intake, except in the case of Shelter, if the Intake is not during business hours. 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 implemented and also provided to me. A post test that is given at Intake, has also be added to the ongoing curriculum as well.

**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 City of Erie Police Department. 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. All residents who were admitted after the implementation date had this risk assessment administered in a timely fashion.

**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, documentation of risk based housing recommendations by the nurse were shown to me and actual assignment of residents for these reasons. There is one single bedroom in Shelter and a resident who is either extremely vulnerable or aggressive can be placed in this room. Both units contain single as well as double rooms for risk based housing decisions.

**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 Erie City PD. All subsection are in Policy, but are up to the PSP and the District Attorneys' office. There is full cooperation with the Erie City PD 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 interview.

**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 the case off the RTF, medical necessity is one of the grounds for admission. There are two therapists assigned to this unit and a contracted therapist who deals with sexual abuse. 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*

*June 10, 2015*

Certified PREA Auditor