

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 30, 2017

Auditor Information			
Auditor name: Maureen G. Raquet			
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Telephone number: 484-366-7457			
Date of facility visit: July 17, 18, 19, 20, 2017			
Facility Information			
Facility name: Perseus House Boys' Intensive Treatment Program			
Facility physical address: 516 West Seventh Street, Erie, Pa. 16502			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 814-453-6389			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mark Amendola			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 10			
Current population of facility: 5			
Facility security levels/inmate custody levels: secure			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Debbie Malory		Title: Facility Director/PREA Manager	
Email address: dmalory@perseus house.org		Telephone number: 814-453-6389	
Agency Information			
Name of agency: Perseus House			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1511 Peach Street, Erie, Pa. 16501			
Mailing address: <i>(if different from above)</i> s/a			
Telephone number: 814-480-5900			
Agency Chief Executive Officer			
Name: Mark Amendola		Title: Chief Executive Officer	
Email address: mamendola@perseushouse.org		Telephone number: 814-480-5900	
Agency-Wide PREA Coordinator			
Name: Mario Mezzacappo		Title: Chief Operating Officer	
Email address: mmezzacappo@perseushouse.org		Telephone number: 814-480-5900	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of the Perseus House Boys' Intensive Treatment Program was conducted on July 17, 18, 19, 20, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This Audit was conducted in conjunction with two other facility Audits during this same time period. This facility was initially audited during the first PREA cycle in May 2015 and was found to be in full compliance on September 2, 2015. This Audit, conducted on July 17, 18, 19, 20, 2017, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on 6-6-17 and I received an email with pictures of the posting in the living units and common areas. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on July 18, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On June 17, 2017, I received the Pre-Audit Questionnaire and important documentation on a flash drive. During this time period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed and clarified and amendments were made to policy. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on July 7, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the Executive Director, Associate Executive Director, Chief Operating Officer/PREA Coordinator, Nursing Coordinator, and the Director of Human Resources. The tour of the facility took place the next day on July 18, 2017. The facility was clean and well maintained. During the tour, I saw postings for the upcoming Audit in every living unit and every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area and the resident bathrooms describing PREA, describing Sexual Abuse, providing reporting information for the Crime Victims' Center and providing residents, visitors and staff with reminders of the Zero Tolerance Policy.

While on the tour, I observed the "Hotline" to the Crime Victims' Center (CVC) that is located in the caseworker's office. I asked for a volunteer and a boy showed me how this procedure worked. He did so and I spoke to the CVC staff person on the other end, ensuring that the line worked as described. There is actually a dedicated pink button on the phone with CVC on it. During the pre-Audit time period, I contacted the Director of CVC, a member of the Pennsylvania Coalition Against Rape (PCAR), who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. He also stated he was not aware of any incidents or problems at Perseus House.

During the tour, I spoke to staff who told me that they had received PREA training each year. The staff also told me that Administration conducts unannounced rounds on a regular basis. The residents were in group during the tour, so I did not speak to them at that time, but I subsequently interviewed all five of the residents, the entire population during the onsite portion of the Audit. There are single bathrooms with one curtained shower/tub, toilet and sink. I saw signs for knock and announce and I saw it practiced during the tour. This facility has no cameras.

I observed the Medical Suite adjacent to the front foyer and saw where a resident could be seen privately by Medical staff. Medical records are kept electronically in a system called "Bluestep". I was given access to this system.

During the tour all residents were in group. I had the opportunity to see the residents supervised in a group setting during lunch which was in the backyard on picnic tables. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations.

During the onsite Audit, I interviewed the following at the Agency Administration Building:

Executive Director

Associate Executive Director who is a member of the Incident Review team

PREA Coordinator/Chief Operating Officer

Director of Human Resources

Nursing Coordinator

Clinical Director

A plumbing contractor by phone

A volunteer by phone

The day of the tour in a private office at the facility I interviewed the following:

The Facility Director/PREA Manager who monitors retaliation

The Nurse who also conducts the Vulnerability Assessment and conducts Education

A third shift supervisor who conducts unannounced rounds

Five (5) residents (the entire population)

Nine (9) random staff

There are 10 full time direct care staff and they work rotating, swing and permanent third shifts with rotating days off. I was provided with a roster of all staff by program and job description. I interviewed nine staff from all three shifts including a third shift staff and a third shift floater. The only direct care staff person that I did not interview was on vacation. This represents 90% of the direct care staff. Both male and female staff work in this program. The Nurse is full time and the Facility Director is also the residents' primary therapist, who conducts the 14 day follow ups of residents required to have a Mental Health Assessment because of identification on the Vulnerability Assessment. All residents receive a physical within 72 hours of admission. Every resident receives a Mental Health Assessment on their first day in the program.

There were 5 residents on the first day of the Audit. I was provided with a census of all residents and interviewed all 5 boys. This represents 100% of the total population. I met with the PREA Manager so that we could identify any residents in the current population that identified as LGBTI, (0), had disclosed a prior sexual abuse (4) , that were disabled (0) or non English speaking (0) or who had reported a sexual abuse at the facility(0).

I reviewed the files of 10 staff for required documentation including six hired within the past 12 months and one promoted during the past 12 months. I reviewed the files of 7 residents, 5 active and 2 discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 5 active files were those of the residents that I interviewed.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including a hotline to the Crime Victims' Center. There is also the grievance procedure, family visiting once a week and phone calls once a week (depending on level), visits by attorneys, probation officers, and caseworkers. Both residents and staff who were interviewed knew that they could report in writing, verbally, anonymously and through third parties. Staff knew and understood their mandated reporter responsibilities. Pennsylvania Child Line, by phone or computer, is a mandated reporting requirement for staff, but is a phone resource for residents as well.

There are MOUs with Hamot Medical Center for Forensic Examinations with SAFE/SANEs and an MOU with the City of Erie Police Department who conducts Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months there have been no allegations of sexual abuse or sexual harassment. There have been no reports from other facilities of abuse at the Boys' ITP and this facility has not received any reports of sexual abuse at other facilities.

At the conclusion of the fourth day, an Exit interview was conducted with the Associate Executive Director, Chief Operations Officer/PREA Coordinator, Assistant Nursing Coordinator and the Director of Human Resources to discuss the preliminary findings of the Audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Perseus House was established in 1971. 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 is also an alternative school in adjacent Crawford County.

There are nine residential programs, with a total of 96 beds, including a mother/baby program, a shelter, an Intensive Treatment program for male sex offenders, three Residential Treatment Facilities, two "enhanced" RTFs and a Girls' Intensive Treatment Unit. Five of these programs require PREA Audits due to the percentage of delinquent residents placed there by the Courts. Some of these programs share a building or physical plant and are considered to be one Facility Audit for PREA Audit purposes. This includes the Shelter/Boys' Residential Treatment Facility located on State Street in the City of Erie and Andromeda House, which houses the Girls' RTF and the Girls' Intensive Treatment Program located in rural Crawford County.

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 called Behavioral Specialists or Behavioral Technicians depending on their college degree. At the Boys' ITP, there is a full time Nurse and a Facility Director, who is also the primary therapist for the residents. There are 10 Direct Care staff assigned to this program. The facility is licensed by the Pa. Department of Human Services under the 3800 Child Care Regulations and maintains 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 Aggression Replacement Training. Perseus House contracts with 25 Pa. counties.

The Boys' Intensive Treatment Program is a ten bed facility located at 516 West Seventh Street in the City of Erie, Pa. This is an all male residential low level sex offender treatment program. It accepts dependent and delinquent children and the length of stay is about one year. In the past 12 months there have been three admissions. The Boys' ITP receives residents from several Pa. counties. On the dates of the Audit, the facility had 5 residents. All residents attend school year round at an off site alternative school run by Perseus House for several of the residential facilities and children from the community. All residents participate in several groups including Aggression Replacement Training (ART), an evidence based curriculum. They have an individual therapist who they see at least once a week. They are seen by a Psychiatrist for medication evaluation. Residents also receive family therapy either in person or by Skype or conference call. Parents' groups are conducted every Thursday evening in the State street facility for any local resident. The ITP is licensed by the Pa. Department of Human Services under the 3800 regulations and is JCAHO accredited.

The facility is located in a mixed use residential neighborhood in the City of Erie, Pa. It sits on a large lot, under an acre, on a residential street. The street also hosts a Womens' Shelter and a College Fraternity. The 5,005 square foot older Victorian Home, was purchased by Perseus House in the 80's and has two floors and a basement. The front door opens into a foyer area with a television and then two separate living rooms/community rooms used for groups and visiting. The house has large windows and built in shelving with ornate woodwork. The living room is used for group and is furnished comfortably. On the other side of the house is the Nurse's office where Intakes are conducted, a small office area for files and a dining room with a large table for family style meals. Directly behind the dining room is the kitchen and a stairway with access to the basement and an exit to the rear yard. As mentioned above, the residents were eating lunch on picnic tables in the backyard during the onsite.

The second floor of the building is accessed by a very wide stairway with a landing half way up with large windows. There are 3 bedrooms: two quads with bunk beds and a double room, which was not in use at the time of the Audit. Each room has an open closet. There is a hall bath with a tub/shower combo, a sink and a toilet and a sign in sheet for bathroom use. The double room has a bathroom attached with a shower, sink and toilet. All residents shower separately. Also on this floor is the Director's office in the front of the building and the Caseworker office where the CVC hotline is located. I also noted where the overnight staff person is stationed for line of view.

A small basement is accessed from the first floor. It has three separate, open areas that contain athletic/recreation equipment: weights, exercise equipment, etc.

The building does not have cameras and it is staff secure.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Agency Leadership and the Staff have spent considerable time ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. There is a PREA Coordinator who is the Chief Operating Officer of the Agency. He was previously a PREA Manager, so he has experience with the implementation of PREA standards. Five PREA Managers report to him. The PREA Managers monitor retaliation in their role at their respective facilities. The Nurse conducts both a Health and Safety Assessment, the Vulnerability Assessment and Intake education. All residents receive a physical within 72 hours of admission and they see a Master's Level Mental Health Therapist who is also the Facility Director the same day as admission. All staff and residents are educated in a timely fashion and demonstrated their knowledge during interviews and during the tour. There has been no drift from policy and procedure since the first Audit. In fact, due to the low number of residents, the staff and administration are able to dedicate more time to individual residents.

There is an ongoing relationship and an MOU with the Erie Crime Victims' Center that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Hamot Medical Center for Forensic Medical Examinations for residents where there is a SAFE/SANE, and there is an MOU with the City of Erie Police Department to conduct criminal investigations. This information is posted on the website.

The residents receive all education at Intake. The education consists of reporting information and the Zero Tolerance Policy. Residents view a video and take a quiz to demonstrate their understanding of the material. There are bi-lingual posters throughout the units including the resident bathrooms. The video is shown again quarterly to all residents. This is a best practice.

The Vulnerability Assessments and the resultant medical/mental health follow ups were done in a timely fashion. There is a spread sheet that logs admissions, date of education, date of all Medical and Mental Health 14 day follow ups. These records were all in order. The spreadsheet also includes documentation of any risk based housing decisions for those residents identified as being sexually vulnerable or aggressive. During the tour, I saw the room that is used to house these residents. Dorm #1 is a quad and it is directly next to the midnight staff post. During the last Audit, documentation of risk based housing was part of the plan of correction. All of these residents at the Boys' ITP are identified as sexually aggressive because of their charges, but not all require risk based housing. The documentation that is now logged is excellent and discusses why a resident does not need, as well as needs, risk based housing. These residents are also assigned seats at the dining room table, in the classroom and in the living room area.

All staff files were complete for both education/training, child abuse and criminal history clearances.

During the pre-Audit period, the Annual Report as required in Standard #388 was submitted and posted to the Perseus House website.

During the post Audit period and prior to the 45 day Interim Report, amendments and additions to policy including Standard #352: Exhaustion of Administrative Remedies were submitted to the Auditor.

Four standards as noted below have been exceeded. Four standards as noted below do not apply. The remaining 33 Standards have been met. All policy and procedure meet the Standards. This facility is fully PREA compliant.

The following standards have been exceeded:

Standard #331 Employee Training

All employees receive training as part of orientation and as refreshers on a yearly basis. The employee curricula includes a video of a live presentation that was presented and recorded when PREA was implemented in 2015. There are power point presentations and training by contracted Mental Health Professionals. All new staff receive PREA training as part of their Orientation training, but speciality training such as LGBTI issues are conducted by experts in the field. The LGBTI training is a separate comprehensive curriculum presented by a member of an organization entitled Transfamily of NWPa. There is Mandated Reporter training for all staff. The staff at Boys' ITP receive specialized training regarding the supervision of this special population. The training logs are complete and up to date, including initial training, yearly training and refreshers. The documentation was excellent. All staff interviewed were able to demonstrate a keen understanding of these issues.

Standard #333 Resident Education

All residents receive education immediately as part of Intake. They receive a PREA pamphlet with reporting information. They view an age appropriate PREA video with the Nurse and they take a comprehension quiz which is included in their electronic file. The interviews of the residents corroborate the above information. Spanish and English posters and brochures are available as is a translation service. The PREA video is also shown again, quarterly, to every resident. The resident files all showed documentation of timely education.

Standard #342 Risk Based Housing Decisions:

All residents have a Vulnerability Assessment conducted within 72 hours. If they are identified as Sexually Vulnerable or Sexually Aggressive, this is being noted in their electronic record and they are being placed in Dorm #1, which is directly adjacent to the Midnight staff desk. During the last Audit, documentation of risk based housing was part of the plan of correction. All of these residents are identified as sexually aggressive because of their charges, but not all require risk based housing. The documentation that is now logged is excellent and discusses why a resident does not need, as well as needs, risk based housing. These residents are also assigned seats at the dining room table, in the classroom and in the living room area. This is a best practice.

Standard #383 Ongoing Medical and Mental Health Services for Victims and Perpetrators of Sexual Abuse

Perseus House Boys' Intensive Treatment Program is a treatment facility and residents are committed there by the Courts for treatment. All residents receive a physical within 72 hours of admission and all residents receive a Mental Health Assessment within 14 days, but usually the same day as admission. A Psychiatrist will see a resident and monitors medication. The residents have an Individual Therapist and participate in individual therapy, group therapy and family therapy. Drug and Alcohol Counseling is also available through a contracted service, Pyramid. After care plans follow these residents upon discharge or transfer.

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents: Perseus House does not contract with other entities for the confinement of their residents.

Standard #318 Upgrades to Facilities and Technology: There have been no upgrades since the last PREA Audit.

Standard #334 Specialized Training; Investigations: The Perseus House staff do not conduct Investigations. This is done by the City of Erie Police Department and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Perseus House.

Number of standards exceeded: 4

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Documentation Reviewed:

Perseus House Zero Tolerance Policy
Perseus House Organizational Chart

Interviews Conducted:

PREA Coordinator
PREA Manager

There is a PREA Zero Tolerance Policy for preventing, detecting reporting and responding to incidents of sexual abuse and harassment. The policy defines what is sexual abuse and harassment. It details training and education for staff and residents. The Policy describes how the above will be implemented.

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that they have both sufficient time and the authority to coordinate the facility’s PREA compliance efforts. The PREA Coordinator is the Operations Officer for the Agency and is still the Acting Director of the Shelter. Prior to his recent promotion, he was the PREA Manager for the Shelter. The organizational chart confirms that he has the authority within the organization to ensure compliance. He develops and implements PREA policy and collects all reports and data for any incidents that occur. He has five PREA Managers who report to him. There is a PREA Manager for this facility and she is the Director of the Boys’ ITP. In this role she is also responsible for monitoring retaliation and she also conducts the Mental Health Assessments.

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard does not apply. The facility does not contract with any other agency or facility to provide confinement for their residents

Standard 115.313 Supervision and monitoring

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation Reviewed:

Pa. Bureau of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing and Inspection Summary
Posted Staff Schedules
PREA Zero Tolerance Policy
Logs of Unannounced Rounds
Documentation of annual reviews of staffing by PREA Manager

Interviews:

PREA Coordinator
Third Shift Supervisor
Associate Executive Director

The review of the Zero Tolerance Policy, Perseus policies and the above documentation shows compliance with staffing, supervision and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing and Inspection Summary. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I examined documentation of the annual reviews of staffing by the PREA Coordinator and the Facility Director. The Associate Executive Director states that staffing is reviewed daily to ensure one on one supervision and that other resident needs are met. I was provided with current staff schedules with more than the required ratio.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8 , 1:16. The Associate Executive Director states his ratios are better than that. They staff 1:6 and 1:16 and in some programs they staff 1:3 or 1:2. He states that the use of voluntary and mandatory overtime is used to cover call outs so that there are no deviations. He also stated that staff can be temporarily transferred to different Perseus House programs, if the number of residents are down in their program, to provide one on one supervision that may be required or for additional staffing due to programming.

There are no cameras in this facility.

During the tour, I saw residents supervised in the living room and at lunch in the backyard. There were three staff for five residents. Administrative staff are conducting random unannounced rounds on all Shifts. I saw the most recent rounds in a log book at the facility and several months of logs were provided to me prior to and during the onsite. There is a third shift supervisor who I interviewed and she schedules the third shift staff. Her responsibility is to conduct unannounced rounds of several of the Perseus facilities. She also has an assistant who conducts these rounds as well.

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

Standard 115.315 Limits to cross-gender viewing and searches

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

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

corrective actions taken by the facility.

Documents Reviewed:

Zero Tolerance Policy
Perseus Search Policy
Perseus Shower Policy
Perseus House Gender Variant Search Preference Form
Staff Training Curricula
Staff Training Logs

Interviews:

9 Random staff
5 residents

The Perseus House Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Perseus House policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Perseus House Search policy prohibits any pat down searches. Staff state that they do not conduct any hands on search at all and that even in an emergency they believe that a same sex staff would conduct a search. They conduct a visual "shake out" search, where a child pulls out his pocket, pulls out his waist band and shakes his clothing. Residents state that they have never been subject to a cross gender pat down search or any hands on search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. They were able to describe for me the procedure and the use of the Gender Variant Search Form.

Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the top of the stairs and I saw "knock and announce" practiced during the tour.

Residents state that they shower one at a time. The bathrooms have a single curtained tub/shower. Same sex staff conduct showers. Transgender or Intersex residents would shower alone according to policy and interviews.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.

There were no Transgender or Intersex residents in the population at the time of the onsite portion of the Audit.

There are no cameras in this facility.

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

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

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

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

Documents Reviewed:

Zero Tolerance Policy
Resident PREA Brochure in Spanish and English
Resident Educational Curricula
Contract with Translator

Interviews Conducted:

Executive Director
Associate Executive Director
Nine Random Staff
PREA Audit Report

During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator and it was provided to me. Staff stated that the use of a resident as a translator for reporting sexual abuse or sexual harassment is prohibited by policy and does not occur.

The Director stated that all reasonable accommodations would be made for a resident with a disability. There is the capacity, through the Educational program, for all residents to receive PREA Education. The PREA policy requires these accommodations. Admission to any of the Perseus House programs would be on a case by case basis due to a need for a basic level of functioning to participate in the cognitive therapy groups according to the Director.

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

Standard 115.317 Hiring and promotion decisions

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

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

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing and Inspection Summary
Pa. Child Protective Services Law
Zero Tolerance Policy
Files of 10 staff including six who had been recently hired and one who had been recently promoted
File of one Contractor
Logs of Contractor clearances

Interviews:

Director of Human Services

The Perseus House Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The policies require a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Perseus House according to an interview with the Director of Human Resources.

The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection. This includes the files of contractors and volunteers. A percentage of random employee files are inspected by BHSL as well. There have been no citations for non-compliance in this area.

I checked the files of 10 staff, including six who had most recently been hired, one new promotion and one contractor. All had the required clearances. The clearances for all contractors, including the physician, are kept by Human Resources.

The policy and the interview with the HR Director revealed that clearances of all employees will be conducted every 30 months. I saw the required rechecks in 3 of the files I reviewed.

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

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This standard does not apply.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Documents Reviewed:
 Zero Tolerance Policy
 MOU with Hamot Medical Center
 MOU with the Erie Crime Victims’ Center (a PCAR)
 MOU with City of Erie Police Department

Interviews:
 Director
 PREA Coordinator
 Nursing Coordinator
 9 Random Staff
 Phone Interview with Director of the Crime Victims’ Center (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Hamot Medical Center, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the City of Erie Police Department and their responsibilities are outlined in the MOU. The Erie Crime Victims’ Center, a PCAR, provides a victim advocate to provide crisis intervention, emotional support, information and referrals. I spoke to the Director of the CVC prior to the onsite portion of the Audit by telephone and he confirmed the services stated in the MOU. All MOUs are in place for the necessary services to be offered for a resident outside of the Center. The Nurse confirmed SAFE/SANEs at Hamot Medical Center. There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months. This information is posted on the facility website. This standard has been met. There is no need for corrective action.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:

PREA Zero Tolerance Policy
Pennsylvania Child Protective Services Law
Perseus House Website
MOU with the City of Erie Police Department

Interviews:

Executive Director
PREA Coordinator
PREA Manager

I interviewed the Executive Director, the PREA Coordinator and the PREA Manager. I reviewed the PREA Policy and the MOU with the City of Erie Police Department. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Executive Director states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the City of Erie Police Department and Pa. Child Line and that the facility does not investigate any allegation but reports all of them. The contact information for the Erie City Police, Pa. Child Line and Perseus House is on the website. This standard has been met. There is no need for corrective action.

Standard 115.331 Employee training

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

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

Documents Reviewed:

PREA Policy
PREA Curricula for Employees
Pa. Dept. of Human Services 3800 Child Care Regulations
Employee training evaluations
Logs of employee training
Ten Random employee files

Interviews:

PREA Coordinator
Nine Random Staff

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2015 and any staff who were hired after that date receive this training during orientation. There is a specific LGBTI curriculum conducted by an expert in the field. I saw signed evaluations of the PREA training, which each staff is required to complete. These demonstrate receipt and understanding of education. I reviewed 10 random staff files to ensure yearly training that is appropriate. All

PREA Audit Report

ten files contained appropriate documentation.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The nine random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents and how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI.

All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.

The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it. Due to the excellent curricula and the extent of the training, this standard has been exceeded.

There is no corrective action needed.

Standard 115.332 Volunteer and contractor training

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

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

Documents Reviewed:

ELTAC Zero Tolerance Policy

PREA Brochure for Volunteers and Contractors

PREA Volunteer and Contractor Acknowledgement Form

Training Logs

File of a Volunteer

File of a Contracted Employee

Interviews:

Contracted Employee , Plumber (by phone)

Volunteer in the School (by phone)

I interviewed a Volunteer (in the school) and a Contracted Employee (Plumber) by phone. Both were able to tell me that they received training and the extent of the training. The Plumber signed off on the Zero Tolerance Policy and his sign off is kept in a log with all physical plant contractors. This is kept by the maintenance supervisor and was provided to me.

The volunteer, who helps in the alternative school program, described the literature he reviewed and signed off on. His file also contained a signed acknowledgement of his training

The only other Volunteers are Student Interns and their training and acknowledgements were provided to me.

Both of those interviewed were able to tell me that they would report to their immediate supervisor. The Volunteer would also call Child Line. He is a retired teacher and is aware of his responsibilities.

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

Standard 115.333 Resident education

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

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

Documents Reviewed:

PREA Zero Tolerance Policy
Resident PREA Intake Brochures in Spanish and English
Resident PREA Orientation Acknowledgement Forms
Resident PREA Orientation Quiz
Posters for Reporting and Education in Spanish and English
Resident Education Logs
7 Resident Files

Interviews:

Staff person who performs Intake
5 residents.

The Nurse conducts all education as part of the Intake process for any new resident or for any resident transferred from another Perseus facility. She states that as part of the admission process the resident, while in the Medical office, is given a brochure and is shown a PREA Orientation Video. Then she verbally goes over a PREA Orientation form that both she and the resident sign. The resident also takes a PREA quiz while watching the video. Both the signed form and the PREA Quiz are scanned into the resident's electronic file. The PREA Zero tolerance policy requires this timely education.

Throughout the facility there are posters for reporting, zero tolerance and what is sexual harassment. These are age and gender appropriate. There are also reporting posters in the resident bathrooms. I reviewed the files of 7 residents, 5 active and 2 discharges. All had the education acknowledgement and quiz in their files.

I interviewed five residents and all stated that they received education when they first arrived here. The education advised them that they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished for reporting sexual abuse and harassment. One resident stated he had received education several times, because of placement in several facilities. All five residents could tell me about services offered through the Crime Victims' Center and they told me they learned of this during their education and also from the posters in the facility. Spanish and English posters and brochures are available as is a translation service. This service can also provide assistance for those that are blind and deaf.

In addition to the posters and brochures throughout the facility, the Intake video is shown quarterly to every resident as a refresher. I feel this standard has been exceeded. There is no need for corrective action.

Standard 115.334 Specialized training: Investigations

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

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

This standard does not apply. There are no investigators at this facility.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed:

PREA Policy
 Employee Training Curriculum
 Employee Training Logs
 Certificates of Completion of NIC Medical Training
 File of a Nurse

Interviews:

Coordinator of Nursing
 Clinical Director

This facility does not perform forensic medical examinations. These are conducted at the Hamot Medical Center by SAFE/SANEs and there is an MOU with the Hospital.

I interviewed the Nursing Coordinator and I also interviewed the Clinical Director. Both have completed PREA Training for all employees and the specialized training. Both state that the facility does not conduct forensic examinations and that they both have received training regarding the sexual abuse of juvenile victims. They both received training on the protection of forensic evidence.

Both the Nurse and the Clinical Director are mandated reporters and would report to the Executive Director and to Child Line. They would both document any reports they received. They both supervise Medical and Mental Health Staff and are responsible for ensuring that their staff receive PREA training.

I received certificates of completion for the NIC PREA online course. I saw training logs for all staff and the Medical and Mental Health staff were included. I saw a file for a Nurse not assigned to ITP and she had received both the all employee training and the NIC specialized training. She had been hired within the past two months.

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

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Documents Reviewed:

PREA Zero Tolerance Policy
 Vulnerability Assessment Instrument
 Completed Vulnerability Assessment Instruments for 7 Residents (5 Active, 2 discharges)

Interviews:

PREA Coordinator
 PREA Manager

Nurse who completes Vulnerability Assessment
5 residents

The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability . The Nurse conducts a Health and Safety Assessment and PREA Education along with the Vulnerability Assessment at Intake. She takes into account the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.

All completed VAIs are kept in the electronic resident files. Only the direct care staff and medical and administrative staff have access to them. I reviewed the electronic files of 7 residents, 5 active and 2 discharges (that I chose randomly from those admitted during the past 12 months). All had timely administration of the VAI.

I interviewed 5 residents and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, if they were fearful of sexual abuse while at Perseus or if they identified as LGBTI.

The facility policy requires a re-assessment at 6 months. There were six resident files which required a six month review and all were completed according to the policy timeline.

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

Standard 115.342 Use of screening information

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

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

Documents Reviewed:

PREA Zero Tolerance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Shower Policy

Vulnerability Assessments of 7 residents (5 active, 2 discharges)

Documentation of Risk Based Housing Log

Interviews:

PREA Coordinator

PREA Manager

Nurse who conducts Vulnerability Assessment

Isolation is not practiced and is prohibited by both the Perseus House Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.

I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. All of these residents are identified as sexually aggressive because of their charges. While on the tour, I saw Dorm#1, next to the midnight staff desk and within both eye and ear shot of staff. I observed the bathrooms that have single shower/tub combos, a toilet and a sink and doors that close. All residents shower by themselves.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.

I reviewed the files of 7 residents (5 active and 2 discharges). All risk based housing recommendations are recorded on the PREA log and a notification is posted on the resident's electronic record. Of the 5 active resident files that I reviewed, one resident was identified as sexually vulnerable. He is placed in Dorm#1 according to policy. There was one discharged resident identified as both sexually vulnerable and

aggressive and he was housed by himself. All other residents, although identified as sexually aggressive because of their charges, are not always in need of special housing, however, the reason why it is not being utilized is documented. This is a best practice. These residents also have assigned seating in school, at meals and in the television room based on their identification. The housing policy is being followed, and the documentation is specific to each case. There were no LGBTI residents in the population.

This standard has been exceeded and corrective action is not necessary.

Standard 115.351 Resident reporting

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

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

Documents Reviewed;
PREA Zero Tolerance Policy
Grievance Policy
Telephone Policy
Visiting Policy
Pa. Child Protective Services Law
Pa. Bureau of Human Services 3800 Child Care Regulations
PREA Intake Pamphlet
MOU with Erie Crime Victims' Center, CVC

Interviews:
PREA Manager
Director of the Erie CVC, a PCAR (by phone, prior to Audit)
Nine Random Staff
Five Residents

I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all of these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made. There were no residents who reported a sexual abuse.

The primary reporting mechanism is to an outside agency, the Erie Crime Victims' Center- CVC. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. Prior to the onsite, I completed a telephone interview with the Director of the CVC and he confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the upstairs caseworker office. There is a dedicated button. A resident volunteered and called it while I was on the tour and it worked as described. The residents can also call Child Line and the staff are required to call Child Line as mandated reporters. As mentioned in the narrative, there are posters throughout the facility with the name and phone number of CVC for reporting. There is a reporting poster in the residents' upstairs bathroom.

The Pa. Department of Human Services 3800 Child Care Regulations requires that all residents and their parents receive a Grievance Policy upon Intake and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL. Residents can call home once a week and can purchase more phone time with their behavioral points. Residents can receive visits from parents and grandparents once a week, but accommodations are made for those parents who must travel to get there or who work during regular visiting hours. There is a parent group every Thursday night for all the facilities at the Perseus House State Street facility. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

There are tools, such as pencils and paper throughout the living units for the residents to write letters, grievances or to report. Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues. This standard has been met. No corrective action is needed.

Standard 115.352 Exhaustion of administrative remedies

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

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

Documents Reviewed:

PREA Policy
Grievance Policy
Pa. Department of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing Annual Licensing and Inspection Summary
Resident PREA Orientation Forms
Grievance Form
Files of 7 residents (5Active, 2 discharges)

Interviews Conducted:

PREA Coordinator

There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are 7 days according to the policy and within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require that a grievance policy be given at Intake and that notification and acknowledgement of such by both the resident and their parent/guardian be included in the resident file. The Pa. BHSL, during their annual licensing inspection, reviews resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summary contained no citations for failing to notify of the grievance process.

The grievance process was not mentioned as often as the “Hotline” or “telling a staff” by either residents or staff interviewed, but there are grievance forms and documentation of notification in the child’s file.

The policy was amended during the post audit period and submitted prior to the 45 day Interim report.

This standard has been met and does not require any corrective action.

Standard 115.353 Resident access to outside confidential support services

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

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

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

Documents Reviewed:

PREA Policy
Visiting Policy
Telephone Policy
Resident PREA Orientation Form
Resident CVC Pamphlets
Spanish and English Posters
MOU with Erie Crime Victims' Center

Interviews:

PREA Manager
Associate Executive Director
Five Random residents
CVC Director (by phone prior to onsite)

The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the Erie Crime Victims' Center. Posters in both Spanish and English, are posted throughout the facility with the name, phone number and address for this service.

The Director described the MOU with CVC, a PCAR, and the services that they offer. The MOU was reviewed and I spoke to the CVC Director by telephone prior to the Audit to confirm the services offered in the MOU.

The residents who were interviewed state that they can make and receive phone calls. All stated that they can make a phone call to parents or guardians at least once a week and can "purchase" another phone call with behavioral points. Visiting by parents/grandparents/guardians is once a week and accommodations are made for parents that must travel far or whose work schedule conflicts with regular visiting. There is a parents' group that is conducted every Thursday at the Perseus House State Street Facility for all Perseus residents' parents.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. Several of the residents stated that they could speak to their attorney but have no reason to at this point.

All residents were able to tell me about the counseling services offered through the CVC because they received this information during Intake. It is posted throughout the facility. Several of these residents could even tell me where the posters were located with this information. This standard has been met and requires no corrective action.

Standard 115.354 Third-party reporting

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

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

Documents Reviewed:

PREA Policy
Perseus House website

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Perseus House via the website, which was verified and it is also posted in the visiting area in both Spanish and English.

This standard has been met and requires no corrective action.

Standard 115.361 Staff and agency reporting duties

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

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

Documents Reviewed:

PREA Policy
Pa. Child Protective Services Law
Training Logs
Pa. Department of Human Services 3800 Child Care Regulations

Interviews:

Associate Executive Director
PREA Coordinator
Nine Random Staff
Nursing Coordinator
Clinical Director

There have been no incidents or reports of sexual abuse or sexual harassment. The PREA policy as well as the Pennsylvania Child Protective Services Law requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line and the Executive Director.

The Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that, if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification they would contact a guardian.

Although this has not been done for a sexual abuse report, it has been done for other types of incidents and this evidences practice. This standard has been met and there is no need for corrective action.

Standard 115.362 Agency protection duties

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

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

Documents Reviewed:

PREA Zero Tolerance policy

Interviews:

PREA Audit Report

Executive Director
Associate Executive Director
Nine Random staff

There have been no incidents in the past twelve months in which a resident was at substantial risk of imminent sexual abuse. After reviewing the policy and interviewing the 9 random staff and the Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. This standard has been met. There is no corrective action necessary.

Standard 115.363 Reporting to other confinement facilities

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

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

Documents Reviewed:
PREA Policy
Pa. Child Protective Services Law

Interview:
Executive Director
Associate Executive Director

There have been no incidents that have required reports within the past twelve months. The policy clearly states that if a resident reports a sexual abuse at another facility to a Perseus staff person, it will be reported to Child Line and documented. The Director or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours. If a report is made to Perseus from another facility, it will be reported to the Director and/or PREA Coordinator who will contact Child Line and the Erie Police Department and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours. This standard has been met. There is no need for corrective action.

Standard 115.364 Staff first responder duties

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

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

Documents Reviewed:
PREA Audit Report

PREA Policy

Interviews:

Nine Random Staff

There have been no incidents in the past twelve months that have required first responder actions.

The policy contains the following first responder duties: Seek assistance, Separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum. When interviewed, the nine random staff were able to discuss their first responder duties although they have not had to practice them.

The policy also contains the provision that if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.

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

Standard 115.365 Coordinated response

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

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

Documents Reviewed:

Coordinated Response in the PREA Zero Tolerance Policy
Sexual Assault Checklist

Interviews:

Associate Executive Director

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. There is also a sexual assault checklist that is used in conjunction with the Coordinated Response. The Associate Executive Director stated during his interview that, although not utilized for a report of sexual abuse, it is and has been used for other types of incidents. This demonstrates that the policy is in practice.

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

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

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

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

Documents Reviewed:

PREA Audit Report

PREA Policy
Pa. Child Protective Services Law

Interviews:
Executive Director

There are no Unions or collective bargaining units at any of the the Perseus House facilities. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation. An interview with the Executive Director reveals that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place. This always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL. This standard has been met. There is no corrective action that is needed.

Standard 115.367 Agency protection against retaliation

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

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

Documents Reviewed:
PREA Policy

Interviews:
Executive Director
Associate Executive Director
PREA Coordinator
PREA Manager

There have been no incidents that have required the monitoring of retaliation in the past 12 months. The PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Perseus house is the PREA Manager. She does a status check daily or weekly if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. She monitors behavioral changes in residents, including acting out. The Director is also the primary individual therapist for the residents and she sees them in this private capacity once a week. She states that she would expect that this would come up in therapy. She monitors work records of staff, including tardiness and absenteeism, among other variables. She stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff’s work assignment or suspension. It could include moving the child’s room, unit, or program or the possible discharge of a child. In the case of staff, she would probably include Human Resources and this could include emotional support or disciplinary action. After reviewing policy and conducting interviews, I believe this standard has been met. There is no need for corrective action.

Standard 115.368 Post-allegation protective custody

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

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:
PREA Policy

Interviews:
Associate Executive Director

This standard does not apply. There is no use of isolation.

Standard 115.371 Criminal and administrative agency investigations

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

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

Documents Reviewed:
PREA Policy
MOU with the City of Erie Police Department
Pa. Child Protective Services Law
Pa. 3800 Child Care Regulations

Interviews:
PREA Coordinator
Executive Director
Associate Executive Director

There have been no sexual abuse or sexual harassment reports within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the City of Erie Police Department with whom the facility has an MOU. The facility has no investigators. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the Directors state that they have a very cooperative relationship with the City of Erie Police Department.

The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the ELTAC Coordinated Response and would conduct an incident review after the investigation was completed.

By law, the facility reports all allegations, even if the victim has recanted. All allegations, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported.

The policy meets the standard and no corrective action is needed.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

PREA Audit Report

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

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

Documents Reviewed:
Perseus House PREA Policy

The Standard of Proof is in the facility policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of PA. Child Line and law enforcement. This standard has been met. There is no need for corrective action.

Standard 115.373 Reporting to residents

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

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

Documents Reviewed:
PREA Policy
Pa. Department of Human Services 3800 Child Care Regulations

Interviews:
Associate Executive Director

There have been no incidents of sexual abuse or sexual harassment in the past 12 months. The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident and their parents would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent and would document the notification. I feel that the policy, documentation and the interview confirm that the standard has been met. There is no corrective action needed.

Standard 115.376 Disciplinary sanctions for staff

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

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

Documents Reviewed:
PREA Policy
Pa. Child Protective Services Law

Interview:
Director

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. The policy contains all provisions, including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed. This standard has been met and needs no corrective action

Standard 115.377 Corrective action for contractors and volunteers

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

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

Documents Reviewed:
PREA Policy
Pa. Child Protective Services Law

Interviews:
Director

There have been no incidents of this nature in the past twelve months. Both PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. The Director states he would also contact the contractor or volunteer’s agency. The policy and the interview confirm that this standard is met. No corrective action is needed.

Standard 115.378 Disciplinary sanctions for residents

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

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

Documents Reviewed:

PREA Policy

Pa. Child Protective Services Law

Pa. Department of Human Services 3800 Child Care regulations.

Interviews:

Associate Executive Director

Nursing Coordinator

Clinical Director

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months.

The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.

Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.

The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.

The Director states that the only sanctions for a violation of the policy are reduction in level and unit confinement. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents. Any incident would be considered a behavior that would be addressed in therapy.

Both the Nursing Coordinator and the Clinical Director state that counseling is offered at Perseus House for both the victim and perpetrator.

The assessment and/or treatment is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed or under a mental health commitment for therapy and, if they did not cooperate, it is possible that they would be discharged from the program.

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

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

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

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

Documents Reviewed:

PREA Policy

Vulnerability Assessment Instrument

Health and Safety Assessment

Logs of all Admissions for 7-1-16 through 7-17-17

Secondary Medical Documentation

Electronic Files of 7 residents (5 active, 2 discharges)

Interviews:

Nurse who administers Risk Assessment

PREA Coordinator

Nursing Coordinator

Clinical Director

Four residents who disclosed Prior Sexual Abuse

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a mental health professional for any resident who has previously perpetrated a sexual abuse. The policy and practice requires the Nurse who administers the risk assessment to include the identification in "Bluestep", the electronic record. A banner with this identification appears in their electronic file.

All residents receive a physical within 72 hours of admission and all residents see their Mental Health Therapist usually the same day as admission.

I reviewed the electronic health records of 7 residents with the Nurse and reviewed the secondary documentation. A spread sheet of all follow up is generated by this "Bluestep" system.

I interviewed four residents who disclosed prior sexual abuse and all stated that they were offered and received Mental Health follow up. Interviews and documentation demonstrate compliance with the standard. There is no corrective action needed.

Standard 115.382 Access to emergency medical and mental health services

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

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

Documents Reviewed:

PREA Policy

Interviews:

Nursing Coordinator

Clinical Director

Nine Random Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Hamot Medical Center for a Forensic Medical Exam by a SAFE/SANE. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgment. This would be done immediately and would be free of charge to the resident. All residents are offered STD testing during their admission and at any time throughout their stay. Interviews with the Nursing Coordinator and the Clinical Director confirmed the policy.

Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response.

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

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

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

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

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

Documents Reviewed:
PREA Policy

Interviews:
Nursing Coordinator
Clinical Director

The two Medical staff who were interviewed both stated that the level of care that the residents receive is comparable to community level of care. They coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.

All residents are offered STD testing.

Any resident on resident offender would be assessed immediately upon learning of it and it would be dealt with therapeutically.

The facility offers intensive treatment for the boys committed there. They receive individual, group, and family therapy. Many of these boys have been victims of prior sexual abuse. All are abusers.

The residents have been committed to this facility by their respective Juvenile Courts for treatment.

This standard has been exceeded and there is no need for corrective action.

Standard 115.386 Sexual abuse incident reviews

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

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

Documents Reviewed:
PREA Policy
Sexual Incident Review Form

Interviews:
PREA Coordinator
Associate Executive Director who is a member of the Incident Review team

There have been no incidents within the past twelve months that have required an incident review. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Associate Director, PREA Coordinator, PREA Manager, and Medical and Mental Health staff with input from line staff. I interviewed the Associate Executive Director. Although he has not had to participate in a review, he responded accurately to the questions posed in the interview. The team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the Perseus House Administrative Team. The recommendation would be followed or the reason for not doing so would be documented. Although there have been no incidents to review, the Director states that this policy would be followed. This standard has been met. There is no need for corrective action.

Standard 115.387 Data collection

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

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

Documents Reviewed:
 PREA Policy
 PREA Annual Report, 2015/2016

Interviews:
 Director
 PREA Coordinator

The policy is in place that would require the collection of data that is utilized in the Annual Report of Sexual Violence. It is collected using information from reports and many other sources.
 The DOJ has requested information in the past but not recently. There were no reports to provide to me.
 The annual report from 2015/2016 is posted on the website. The PREA Coordinator is responsible for compiling this information.
 This standard has been met. There is no need for corrective action.

Standard 115.388 Data review for corrective action

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

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

Documents Reviewed:
 PREA Policy
 PREA Annual Report 2015/ 2016
 Perseus House website

Interviews:
 PREA Coordinator
 Executive Director

There is an Annual PREA Report for 2015/2016 and it is posted on the website. This report was prepared, submitted and posted to the website during the pre-audit period. The PREA Coordinator states he prepares the report and the Executive Director approves it. The reports compare data from year to year and discuss the facility’s efforts at prevention, detection, and response. The Executive Director states that Perseus House relies heavily on data and produced a comprehensive report of each residential program with several measurable outcomes. He states that any PREA data would also be treated in the same manner.
 All personal identifiers would be removed and noted.
 Although there have been no incidents, this standard has been met. No corrective action is needed.

Standard 115.389 Data storage, publication, and destruction

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

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

Documents Reviewed:
PREA policy
Annual PREA Reports 2015/2016
Perseus House website

Interviews:
PREA Coordinator
ExecutiveDirector

There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The Perseus House website contains the Annual PREA Report for 2015/2016. It contains the initial PREA Audit from 2015. The policy states that all records will be retained for ten years. The PREA Coordinator securely keeps all records and reports related to any PREA incident. This standard has been met. There is no need for corrective action.

AUDITOR CERTIFICATION

I certify that:

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

Maureen G. Raquet

August 30, 2017

Auditor Signature

Date