

PREA AUDIT: AUDITOR'S FINAL SUMMARY REPORT

NATIONAL
PREA
RESOURCE
CENTER



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

Name of Facility: Edmund L. Thomas Adolescent Center

Physical Address: 4728 Lake Pleasant Road, Erie, Pa. 16504

Date report submitted: April 24, 2015

Auditor information: Maureen G. Raquet

Address: P.O. Box 274, Saint Peters, Pa. 19470-0274

Email: mraquet1764@comcast.net

Telephone number: 484-366-7457

Date of facility visit: April 13, 14, 2015

Facility Information: same as above

Facility Mailing Address: same as above

(if different from above)

Telephone Number: 814-451-6191

The Facility is:	<input type="checkbox"/> Military	xx <input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		

Facility Type:	<input type="checkbox"/> XXX Juvenile Detention	<input type="checkbox"/> Correction	<input type="checkbox"/>
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Name of PREA Compliance Manager: Scott Coughenour	Title: PREA Coordinator
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Email Address: scoughenour@eriecountygov.org	Telephone Number: 814-451-6556
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Agency Information

Name of Agency: Edmund L. Thomas Adolescent Center

Governing Authority or

Parent Agency: Erie County Office of Children and Youth, Department of Human Services

Physical Address: 154 W. Ninth Street, Erie, Pa. 16501-1303

Mailing Address: s/a

Telephone Number: 814-451-6556

Agency Chief Executive Officer:

Name: Gerald Battle	Title:	Director
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Email Address: gbattle@eriecountygov.org	Telephone Number:	814-451-6556
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Agency Wide PREA Coordinator		
Name: Scott Coughenour	Title:	
Email Address: same as above	Telephone Number:	s/a

AUDIT FINDINGS

NARRATIVE: The Edmund L. Thomas Adolescent Center consists of a 20 bed Juvenile Detention Center and an 8 bed Dependent Shelter. The Detention Center was built in 1973 on a County campus that also contains a County run geriatric center, Pleasant Ridge Manor East. The Audit was conducted on April 13 and 14, 2015 on the Detention Program. There were 6 male residents in-house during the dates of the audit. During 2014, there were 193 Detention admissions, 162 male and 31 female, ranging in age from 10-21. The average length of stay is 15 days. The County maintains contracts with Warren, Crawford and Lawrence Counties to accept their Detentions.

The facility is run by the Director, Gerald Battle, under the auspices of the Erie County Office of Children and Youth, Department of Human Services. There are 32 full and part time employees, as well as 13 contracted employees in the Medical (Prime Care) Behavioral Health (Affinity Services), and Educational Units (Tri-County Intermediate Unit) The direct care or line staff are full and part time and most work permanent shifts. The facility is licensed by the Pa. Department of Human Services under the 3800 regulations.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Edmund L. Thomas Center is located in Millcreek Township, a suburb of the City of Erie, in Erie County in Northwest Pennsylvania. It sits on a 13.81 acre County campus that also includes a geriatric center and a dependent shelter. There are also vegetable gardens that are used as a Community Service site for the Juvenile Probation Department. The 15,000 square foot brick building has two floors. The front door, used by the public and visitors, opens into the administrative area on the second floor. Keys are used for both exterior and interior doors. Clerical, administrative offices, conference rooms and storage rooms are used by staff and employees and are off limits to the residents. A door to the west of the Administrative Area, off the Intake corridor, opens into the Recreation/Dining Area. This area serves as a gymnasium and also has a small kitchen, where meals are served through a serving line and eaten at round tables with chairs. The meals are prepared at the adjacent County run geriatric center. This area is also used for visiting. The classroom with two large windows, desks and a counter with computers is off the Recreation/Dining Area. A second door on the East side of the building is used for Intake. Upon entering this door, there is a corridor for visitors to sign in. An interior door opens into the Intake/Medical Area, which is on the first floor. There is a shower, used as part of intake, a toilet and a sink in a separate bathroom. Another room has a desk and two chairs and lockers behind it for the residents' personal belongings. A separate room with an examining table and file cabinets, is used to privately conduct physicals and medical examinations. Access to the two living units, on the first floor is through this outside door. The two 10 bed units each have a lounge area with wooden furniture, a television and bookshelves. Off this lounge, are the individual rooms, which are identical, containing a built in bed, a toilet and a sink, as well as a window. On the girls' unit there is a shower room, with two stalls, with half stainless steel doors, a toilet and a sink. There is a staff office, as well as a corridor to access the boys' unit. The girl's unit was not in use, because there were no females and only 6 boys during the on-site portion of the Audit. On the boys' unit, there are 10 identical rooms, a bathroom with three stalls, a toilet and a sink, a dayroom with television and furnishings, and a door that accesses the outside fenced in courtyard, with a basketball court. A laundry room is across from the bathroom, but is not accessible to the residents. Up four stairs is the large recreational/dining area, described earlier. A long glass hall connects the detention building with the geriatric facility. The residents do not have access to this and the geriatric residents do not have access to it either. It is used by Detention staff to bring the meals, prepared in the geriatric kitchen, over to Detention on a meal cart. The detention building has 24 cameras both inside and outside the building. These can be monitored from desktop computers and have a 120 day recording capability.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on April 13, 14, 2015. It commenced with a brief entrance interview with the Executive Director and the PREA Coordinator, followed by a tour of all areas of the facility. The facility was very clean and well maintained. There were large PREA posters in both Spanish and English in every area. PREA drop boxes were located on each of the living units, above the water fountain. Following the tour random staff (13) and all residents (6) were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff: Executive Director, PREA Coordinator, a Nurse, the Mental Health Therapist, a Human Resources Staff Person, a Contractor and a Volunteer, and a member of the Incident Review team. Line staff conduct both Intakes and administer the risk assessment. Random Staff (13) from all three shifts, both full and part time and 6 Residents (the entire population on the dates of the Audit) were interviewed. I also reviewed 6 resident files and 13 staff files.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. Residents and staff can put a report in the locked PREA drop boxes on the living units. These are checked daily by the administrators. Addresses and phone numbers for Erie County OCY, and the Erie County Sheriff's office are also posted in all living units and in the visiting area. Child Line reporting information is also posted. A phone in a private area is available for children to use. This information is given to each child at Intake verbally and in writing. An MOU between the Crime Victims' Center and the Youth Center provides for emotional support as well as other services. A call to the director prior to the site visit confirmed these services. He also stated he was not aware of any incidents at the Center. All children felt safe and verbalized that they could all go to a Youth Center staff as well. The residents all have the opportunity to receive visits from parents six days a week, and five phone calls a week. There is also a grievance policy for reporting.

The facility has had no accusations of staff sexual harassment or sexual abuse. There was one third party allegation of resident on resident sexual abuse, during the last 12 months. It was investigated by both DPW and the Millcreek Police Department and was unfounded. All reporting protocol and mandates were followed during this incident. The incident file was reviewed during the onsite.

Prior to the on site visit, during phone calls, the PREA Coordinator and the Auditor discussed specific actions in regard to some policies and practices. Many of these were small additions to policy and were completed by the time of the visit and were provided to the Auditor at that time. Upon completion of the on-site portion of the Audit, an exit interview was conducted with the Director, and PREA Coordinator. Review of files, requested documentation, interviews with Specialty staff, random staff and residents confirm that policy is in practice. Three standards have been exceeded: Standard #331, Employee Training. The curriculum was excellent and specific to the Edmund L. Thomas Center. Several Trainings were conducted over several months and contracted Mental Health professionals presented a portion of the training. The interviews with staff showed they all knew and understood the training and could verbalize it. Standard #333, Resident Education was also exceptional. Children receive information at Intake, and again individually with a curriculum specific to this center and a video. Weekly group education by Safe Net is also conducted and deals with Domestic Violence as well as Sexual abuse and sexual harassment. Interviews with all children confirmed that they not only received the education, but also knew the many ways to report and what services were available. They were able to spontaneously give this information. Standard #351 was also exceeded. Children were given a plethora of reporting avenues in all forms, written, verbal, anonymously and through third parties. All other standards were met by the time of the on-site audit and verified by the auditor through interviews, tour and review of files, policy and documents. There were no LGBTI residents in the population at the time of the on-site portion of the Audit.

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

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

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

The Center has a Zero Tolerance Policy that is specific to their facility. The Assistant Director also acts as the PREA Coordinator. He is one of two administrators.

Standard	115.312 Contracting with other entities for the confinement of residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- xxx** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments including corrective actions needed if does not meet standard

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

Standard**115.313 Supervision and Monitoring**

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

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

The facility complies with the Pa. DPW 3800 regulations mandating that a secure detention facility has a ratio of 1:6 and 1:12. A review of the most recent Licensing and Inspection Summary did not show any citations for not meeting ratio. There were no deviations from the staffing plan, because mandatory overtime is used, so there will not be any. Staffing is reviewed frequently to meet the needs of the residents. Unannounced rounds are conducted by both administrators on all three shifts. Logs were provided to me to document this and I reviewed video footage of a round that was in the log.

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

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

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

Policy and interviews confirm that there are NO pat down searches used at any time. There are other searches and staff are trained on how to conduct them. The staff are trained to use a form at the time of Intake if an admission identifies as Transgender or Intersex. On a case by case basis the resident would be given a preference and a cross gender search would only occur in an exigent circumstance. All staff had been fully trained and were able to spontaneously discuss this policy. Staff sign off on training for this particular policy. Interviews with random staff (13) and residents (6) confirm that there is no issue with cross gender viewing and that staff practice knock and announce. There were no Transgender or Intersex residents at the time off the on-site.

Standard	115.316 Residents with disabilities and residents who are limited English Proficient
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- Exceeds Standard (substantially exceeds requirement of standard)
- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There were no children who did not speak English and there were no residents with disabilities during the on-site. The policy is in place should there be any with a translation service available and the Intermediate Unit available for accommodations for children with disabilities. Postings were in both Spanish and English throughout the facility. All staff were aware of the policy prohibiting the use of resident interpreters.

STANDARD 115.317 Hiring and Promotion Decisions

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

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

All new hires are required by Pa. CPSL to have a Child Abuse clearance, a Criminal History check, and an FBI fingerprint clearance. This is required of volunteers and contractors too. Pa. CPSL requires that these clearances be updated every three years and this is in policy. Interviews with the Director, PREA Coordinator, and an OCY HR staff, as well as a Solicitor, confirm affirmative duty to report and requesting this information during employment interviews. The policy includes reporting to another institution regarding a former employee with substantiated sexual abuse or sexual harassment incidents. I reviewed 13 staff files, and a line staff hired and one promoted within the past 12 months.

STANDARD 115.318 Upgrades to Facilities and Technologies

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

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

There have been no upgrades to facility or technology.

STANDARD 115.321 Evidence and protocol and forensic medical examinations

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

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

The Facility has an MOU with Hamot Medical Center in Erie and the Millcreek Police Department for investigations. The facility does not conduct investigations.

STANDARD 115.322 Policies to ensure referrals of allegations for investigations

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

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

There is a policy in place that requires all employees at the facility to report any knowledge or suspicion of sexual abuse or harassment. All staff are aware of this policy and the Pa. Child Protective Services Law. They are aware that they must personally call Child Line to report, under penalty of law.

STANDARD 115.331 Employee training

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

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

This is one of the areas where the facility exceeded the standard. The curriculum was developed specifically for the Edmund L. Thomas Center. Several trainings over several months were conducted by staff and by Mental Health Practitioners. The MH trainers dealt with sexual abuse dynamics and victim's behavior. All staff were trained and those that were interviewed knew what training they received. The documentation and record keeping of the training was excellent. Interviews of 13 random staff were conducted. I reviewed all curriculum.

STANDARD 115.332 Volunteer and Contractor Training

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

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

All contractors and volunteers were trained. I saw sign off sheets for every volunteer and every contractor. I interviewed a contractor and a volunteer, who could both tell me what the training consisted of and what their responsibilities were.

STANDARD 115.333 Resident Education

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

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

This standard was exceeded. All children receive information at Intake regarding reporting and the zero tolerance policy. Within 10 days, they receive additional education presented either individually or in a group by the PREA coordinator. He uses a specific curriculum designed for the Center. Bi-lingual postings throughout the facility also detail reporting avenues and ongoing education is conducted weekly, through Safe Net, which deals with Domestic Violence issues, as well as sexual abuse and sexual harassment. I reviewed education logs, as well as sign off sheets in the residents' files. Interviews with 6 residents (the entire population during the on-site) indicated that the children understood the education they received.

STANDARD 115.334 Specialized Training: Investigations

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

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

The facility does not conduct investigations. They are conducted by the Pa. Dept. of Human Services and the Millcreek Police Department.

STANDARD 115.335 Specialized Training: Medical and mental health care.

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

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

In addition to the training that every staff received the medical staff received additional training. The curriculum was reviewed and was appropriate. I reviewed their sign off sheets for that training and interviewed both the nurse for the facility and I interviewed the Mental Health therapist by phone.

STANDARD 115.341 Obtaining Information from residents

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

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

A standard, objective instrument is used during the Intake process. The line staff administer the Vulnerability Assessment and I interviewed a staff to confirm its proper use. The information is confidential and only those authorized are able to access it. A review of the log and 6 resident files show that it has been administered in a timely fashion since the inception of its use on Feb. 20, 2015. Interviews with the 6 residents, confirmed they had been asked those questions on the instrument during Intake.

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

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

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

Policy and protocol is in place for this standard. As off the date of the on-site, one resident had been identified through the use of the Risk Assessment Instrument. His housing decision (what room he was placed in) was informed by his identification. Secondary materials regarding this decision were provided to me and reviewed. All staff were able to tell me how the risk assessment informed a housing decision and what the procedure was.

STANDARD 115.351 Resident Reporting

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

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

As mentioned in the narrative, every possible avenue for reporting has been provided to these residents and all are aware of them. Residents can privately Child Line in the classroom. They can write to the Erie County Sheriffs' Department (contact info posted). They can use the PREA drop box, which is checked daily. They can use the grievance policy, in addition to verbally reporting to staff, including teachers, nurses, administrators. The visiting and phone call policy is so liberal as to allow for visiting 6 out of 7 days and frequent phone calls, to parents, POs, caseworker and attorneys. This information was available in a brochure, given verbally at the time of Intake and posted.

STANDARD 115.352 Exhaustion of Administrative Remedies

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

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

The grievance policy is mandated by the 3800 regulations and residents and their parents are notified of it at Intake. It is in their files. I reviewed 6 resident files. A review of the LIS did not show any citations for not having this information.

STANDARD 115.353 Resident Access to outside support services and legal representation

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

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

There is an MOU with the Crime Victims' Center. A poster over a phone in the girls' unit staff office has the contact information. The residents can privately use this phone, monitored only by video. A phone call with the CVC Director confirmed the services offered. Residents can contact their attorneys at any time and are aware of that, according to interviews.

STANDARD 115.354 Third Party Reporting

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

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

This information is on the website and verified by the Auditor. Additionally, it is posted in the visiting area and at all public entrances.

STANDARD 115.361 Staff and agency reporting duties

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

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

All staff are aware that they are mandated reporters per the Pa. CPSL. The 13 random staff and the Medical and Mental Health staff could all recite the procedure during the interviews. The agency reports all and any allegations, including reports from other institutions. I reviewed a file for an unfounded report called in from another agency. All procedures were followed.

STANDARD 115.362 Agency protection duties

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

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

There have been no incidents requiring protection. The policy outlines procedure and staff interviewed, including the Director and PREA coordinator outlined possible measures.

STANDARD 115.363 Reporting to other confinement facilities

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

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

There have been no incidents of having to report to other facilities, but it is in policy and the administrator was aware of the responsibility. One unfounded report FROM another facility was reviewed and was dealt with appropriately.

STANDARD 115.364 Staff first Responder duties

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

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

There have been no incidents that necessitated a first responders' actions, but all staff interviewed knew what they needed to do.

STANDARD 115.365 Coordinated response

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

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

There have been no incidents that have required a coordinated response, but it is in policy and other incidents of a different type also utilize this coordinated response. In these cases it has met policy and demonstrated appropriate response.

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

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

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

There is one union that represents the direct care staff. I reviewed the contract and interviewed the Director. There is nothing that prohibits the protection of residents in the agreement.

STANDARD 115.367 Agency protection from retaliation

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

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

There have been no incidents of retaliation. Interviews with residents show they know they should be free from retaliation. Staff interviews show they know they need to report it and the PREA Coordinator, who would monitor it and the Director know their responsibilities.

STANDARD 115.368 Post-allegation protective custody

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

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

Use of isolation is prohibited. Policy and interviews confirm that. During the tour of the facility, I did not see any place where a resident could be isolated.

STANDARD 115.371 Criminal and Administrative agency investigations

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

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

The Millcreek Police Department conducts criminal investigations. A MOU outlines the responsibilities for the agency and the PD. Child Line is also called and the Pa. Department of Human Services as well as the Bureau of Human Services' Licensing conducts investigations. The Center cooperates with all investigations.

STANDARD 115.372 Evidentiary Standard for Administrative Investigations

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

This is in policy and meets the standard.

STANDARD 115.373 Reporting to Residents

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

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

There have been no incidents that have required this. It is in policy and an interview with the Director confirmed the efforts that would be made to notify residents and their parents. The average length of stay is 15 days.

STANDARD 115.376 Disciplinary sanctions for staff

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

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

Disciplinary actions are outlined in the PREA Policy. An interview with the Director confirmed the actions that could and would be taken.

STANDARD 115.377 Corrective Action for Contractors and Volunteers

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

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

Corrective actions for Contractors and Volunteers is in the PREA Policy and an interview with the Director confirmed that appropriate actions would be taken.

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

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

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

There have been no incidents. Policy prohibits discipline for any report made in good faith. This is also prohibited by the Pa. CPSL.

STANDARD 115.381 Medical and Mental Health Screenings

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

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

All children receive a physical within 72 hours. If the Vulnerability Assessment identifies a resident as either Sexually Vulnerable, or has been a victim of Sexual Abuse, or is a perpetrator, a MH assessment is also offered. I reviewed the file of a Perpetrator and he was offered a MH assessment and declined. It was offered in a timely manner and his declination was documented. The procedure is in place for any identified child to receive a timely assessment. Interviews with the Nurse and the Mental Health clinician confirm this.

STANDARD 115.382 Access to emergency medical and mental health services

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

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

There is unimpeded access to both emergency medical and mental health services. Interviews with the nurse and Mental Health Clinician and review of the MOU with Hamot hospital confirm this. Both believe that community level of care is exceeded.

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

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

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

The average length of stay is 15 days, but the policy and procedure is in place for this standard.

STANDARD 115.386 Sexual Abuse Incident Reviews

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

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

There have been no incidents that have necessitated this. The policy and procedure are in place and are appropriate. An interview with the Director confirmed who would participate in this review. I also reviewed a line staff who would be a member of this review.

STANDARD 115.387 Data Collection

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

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

Policy meets standard. I interviewed the PREA Coordinator and the Director for compliance.

STANDARD 115.388 Data review for Corrective Action

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

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

Both the Director and PREA Coordinator confirm the Policy.

STANDARD 115.389 Data storage, publication, and destruction

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

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

The website is in place and the report would be posted there with confidential information redacted and noted.

AUDITOR CERTIFICATION:

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

Maureen G. Raquet

April 24, 2015

Certified PREA Auditor