

**PREA AUDIT REPORT     INTERIM     FINAL**  
**JUVENILE FACILITIES**

**Date of report:** Sept. 5, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> June 1, 2, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Edmund L. Thomas Adolescent Center			
<b>Facility physical address:</b> 4728 Lake Pleasant Road, Erie, Pa. 16504			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 814-451-6191			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Gerald Battle			
<b>Number of staff assigned to the facility in the last 12 months:</b> 30			
<b>Designed facility capacity:</b> 20			
<b>Current population of facility:</b> 10			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 11-18			
<b>Name of PREA Compliance Manager:</b> Kenny Hollis		<b>Title:</b> Asst. Director/PREA Coordinator	
<b>Email address:</b> khollis@eriecountypa.gov		<b>Telephone number:</b> 814-451-6191	
<b>Agency Information</b>			
<b>Name of agency:</b> Erie County Office of Children and Youth, Department of Human Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> County of Erie			
<b>Physical address:</b> 154 W. Ninth Street, Erie, Pa. 16501-1303			
<b>Mailing address:</b> <i>(if different from above)</i> s/a			
<b>Telephone number:</b> 814-451-6556			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Lana Rees		<b>Title:</b> Director, Erie County Office of Children and Youth	
<b>Email address:</b> LRees@eriecountypa.gov		<b>Telephone number:</b> 814-451-6191	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> s/a		<b>Title:</b> <a href="#">Click here to enter text.</a>	
<b>Email address:</b> <a href="#">Click here to enter text.</a>		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of the Edmund L. Thomas Adolescent Center was conducted on June 1, 2, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in April of 2015 and was found to be in full compliance on April 24, 2015. This Audit, conducted on June 1, 2, 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 4-13-17, and I received an email with pictures of the posting in the living units and common areas on this date. 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 June 1, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On April 13, 2017, I received the Pre-Audit Questionnaire and important documentation on a flash drive. During this six week period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on May 24, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the Director and the PREA Coordinator, followed by a tour of all areas of the facility that the children have access to. The facility was very clean and well maintained. During the tour, I saw postings for the upcoming Audit in the front lobby area, 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 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 a private office off the Intake area and between the girls' and boys' units. I asked a boy, who was not attending school, to show 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. 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 the Youth Center. There are PREA dropboxes on each unit, which is another reporting avenue.

During the tour, I spoke to a maintenance employee, a teacher's aide, a Transition Coordinator, and a clerical staff, who told me that they had received PREA training each year and as recently as two weeks ago. I spoke to Detention staff who received training and they told me that Administration conducts unannounced rounds on a regular basis. While onsite, I viewed a video recording of a random unannounced round that was conducted on 5-23-15 at 6:40 AM, a third shift, by an Administrator. Recording capability is for approximately 30 days.

I observed the Medical Room, off the Intake area, and saw where a resident could be seen privately by Medical staff and where Medical Records are kept in this locked room.

During the tour, all residents were in school, except for one boy who had his GED and does not attend school and another boy who was doing schoolwork from his home school in the gym/cafeteria/multipurpose room. I had the opportunity to see the residents supervised in group settings in the classrooms and also during a lunch period while on the tour and during both days of the on-site Audit. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations. On the units, I heard "knock and announce" practiced when male staff entered the all female shelter unit and when female staff entered the male unit. There were postings next to each living unit door, directing the opposite gender staff to announce themselves

Directly after the tour of the facility, and the following day, I interviewed the following:

Director

PREA Coordinator

A Nurse

A contracted Mental Health Caseworker

A staff who administers the Vulnerability Assessment

A staff who conducts Intakes

A staff who participates on the Incident review team

Volunteer

A teacher who is a contracted employee

PREA Audit Report

Ten residents ( the entire population)

Ten (10) random staff

Staff are both full and part time and work permanent shifts. Several staff were off and many staff were working doubles. There were three staff on each of the awake shifts and I interviewed them, including two midnight staff and two per diem or part time staff. I interviewed 45% of all the direct care staff. There is a union at ELTAC: Pennsylvania Social Service Union Local #668, SEIU, AFL-CIO. The Medical and Mental Health staff are contracted employees. There is a full time nurse, a doctor who does physicals and a Physician's Assistant who fills in for the doctor to conduct physicals. The Mental Health Therapist works for Affinity and conducts the 14 day follow ups of residents required to have a Mental Health Assessment because of identification on the Vulnerability Assessment.

There were nine residents on the first day of the Audit and the facility received one additional intake on that same day. I interviewed all 10 residents. I met with the PREA Coordinator so that we could identify any residents in the current population that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non English speaking. Of the 10 total residents, I interviewed all ten: 3 girls and 7 boys. That represents 100% of the total population on the days of the Audit. There were no residents who reported a sexual abuse. There were no Transgender or Intersex residents in the population. There was one resident who identified as bisexual. There were no disabled or non-English proficient residents. There was one resident who had disclosed prior sexual abuse.

I reviewed the files of 10 staff for required documentation including two hired within the past 12 months and one promoted during the past 12 months. I reviewed the files of 12 residents, 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 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 and the PREA dropboxes. There is also the grievance procedure, family visiting six times a week, phone calls 5 times a week, and 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 Millcreek 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 has been one allegation of resident on resident sexual harassment. This did not rise to a criminal offense and the outcome was that it was consensual. All reports were provided to me and all policy and procedure were followed. There have been no reports from other facilities of abuse at the Youth Center and the Youth Center has not received any reports of sexual abuse at other facilities.

At the conclusion of the second day, an Exit interview was conducted with the PREA Coordinator to discuss the preliminary findings of the Audit and a plan of correction.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Edmund L. Thomas Adolescent Center is a County run Juvenile Detention Center and Shelter, just outside the city of Erie, Pa. The Shelter is a separate building on the same campus and has 12 beds for Dependent children only. This Audit did not include the Shelter Program. The Detention Center has 20 beds. On the date of the Audit, there were 10 Detention residents: three girls and seven boys.

During the past year, 2016, there were 153 Detention Admissions, 134 male and 19 female, ranging in age from 10-21. On the date of the Audit, the oldest child was 19 and the youngest was 12. Detention is a temporary placement for the protection of the community or to ensure that residents appear for their court dates. Only delinquent and alleged delinquent children may be placed in Detention by Juvenile Probation or by order of the Juvenile Court. The average stay is 19.25 days. The Edmund L. Thomas Adolescent Center (ELTAC) contracts with approximately 5 other Pennsylvania Counties to house Detention residents. These counties include: Lawrence, Warren, Crawford, Washington and Venango.

The facility is run by the Director, Gerald Battle, and he reports directly to the Director of the Erie Office of Children and Youth. The facility is licensed by the Pa. Department of Human Services. There are 30 full and part time employees in Detention as well as contracted employees in Medical, Behavioral Health, and the Educational Units (Norhtwest Tri-County Intermediate Unit #5). The 22 direct care or line staff are both full and part time and work permanent shifts. The units are staffed by both male and female staff. All residents attend school and participate in recreation in the gym and courtyard. School continues through the summer with the full time teacher employed as a contractor and paid through Title I funds. The staff conduct groups every Monday and the topics range from life skills to anger management.

The Edmund L. Thomas Adolescent Center is located in Millcreek Township, a suburb 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. The Geriatric Center is County owned, but is listed for sale, and is currently empty. There are vegetable gardens and a greenhouse that are used as a Community Service site for the Erie County 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 residents. A door to the west of the Administrative Area, off the Intake corridor, opens into the Recreation/Dining/Visiting area. This area serves as a gymnasium and also has a small kitchen (Café Prep), where meals are served through a serving line and eaten at round tables with chairs. The meals are shipped in from a local restaurant, since the closing of the adjoining county run geriatric facility which used to supply the meals. Direct Care staff serve the meals.

A traditional classroom, with two large windows, desks and a counter with computers, is directly off the Recreation/Dining Area.

A second exterior 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. The shower has a partial door. Another room has a desk and two chairs with lockers behind it for the residents' personal belongings. This is the Intake area and there is a PREA corner, with posters, forms, a PREA manual and a poster for translator services by language.

A separate room with an examing 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 a door to the staff office. 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 doors, a toilet and sink. There is a staff office, with window walls, as well as a corridor to access the boys' unit. The boys' unit has identical rooms, a bathroom with three shower stalls, a toilet, sink, and 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. Up four stairs is the large recreational/dining/visiting area, described earlier.

The detention center has 24 cameras both inside and outside of the building. They can be monitored from administrative desktop computers and have about a 30 day recording capability. Additional cameras were added to the kitchen area and two of the storage areas since the last Audit. A backup power source was also added to allow the cameras to continue to record when power is lost and before the emergency generator kicks in.



## 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 Facility 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 Assistant Director of the Facility. He also monitors retaliation in this role. He is newly promoted to both the Assistant Director and the PREA Coordinator position, within the past year. The previous PREA Coordinator left the facility in July 2016. The PREA coordinator does much of the PREA training as well as the 10 day education for the residents. There has been a decline in the number of admissions since the last PREA Audit. In fact, prior to the Audit, there were two weeks without any residents and the facility took this time to provide additional PREA training to all staff. The staff and residents have demonstrated that they not only received but understand the education and training. The PREA Coordinator keeps extensive and detailed logs of everything that requires documentation. There has been no drift from policy and procedure since the first Audit. The record keeping of everything PREA related by the PREA Coordinator is excellent.

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 Millcreek Police Department to conduct criminal investigations. This information is posted on the website.

The residents receive timely education at Intake and again within 10 days of admission. All staff conduct Intake education and conduct the Vulnerability Assessment. The Intake education consists of reporting information and sign offs where the residents initial key points. The resident also receives a PREA pamphlet with phone numbers and addresses for services and reporting. There are comic books with PREA information for residents. Within 10 days, but usually within 2-3 days, the PREA Coordinator meets with the individual resident and conducts the more comprehensive education, which includes two PREA videos and a one on one verbal presentation of important points including services offered through the Crime Victims' Center. He does a short quiz to test for understanding. He also takes this time to review the Risk Assessment scores and information. There are large bi-lingual posters throughout the facility that serve as ongoing education for residents, staff and visitors.

The Vulnerability Assessments and the resultant medical/mental health follow ups were done in a timely fashion. The PREA Coordinator keeps records of all Medical and Mental Health 14 day follow ups. These records were all in order. He also keeps records of any risk based housing decisions for those residents identified as being sexually vulnerable or aggressive. He conducts 7 day reviews of the risk based housing for these residents. During the tour, I saw the rooms that are used to house these residents close to the staff office. There is a policy that requires that if a resident is identified as either sexually vulnerable or aggressive that he/she is to be placed in a specific room. There is a poster in the Intake area that specifically designates by room number where these residents should be housed.

All staff and resident logs and files were complete for both education/training, child abuse and criminal history clearances and documentation for risk based housing decisions or medical follow up.

Four standards as noted below have been exceeded. Three standards as noted below do not apply. Two standards requires corrective action. The remaining 32 Standards have been met. All policy and procedure meet the Standards.

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, power point presentations and training by contracted Mental Health Professionals. The PREA coordinator conducts much of the Orientation training, but speciality training such as LGBTI issues are conducted by experts in the field. There is Mandated Reporter training for all staff. The training logs are kept by the PREA Coordinator and show training for all staff. The documentation was excellent. During the tour, maintenance, clerical, a Transition Coordinator, and a teacher's aide all stated they had received training several times. Due to the low number of Admissions in the past several months, all staff have been able to undergo several PREA trainings. All staff interviewed were able to demonstrate a keen understanding of these issues.

### Standard #333 Resident Education

All residents receive education immediately at Intake. They initial each important point of the education, along with a staff person, on the PREA checklist, such as how to report, who to report to, and zero tolerance. They receive a PREA pamphlet with reporting information. In the Intake area there is a PREA corner with posters, and PREA "Comic Books". Within 10 days, but usually 2-3 days, more thorough education is conducted one on one by the PREA Coordinator and this information is signed off on as well. He has them view two PREA Intake videos, acquired through the Bureau of Justice Assistance and the Idaho State Police. He reviews several forms with them regarding reporting and services offered at the Crime Victims' Center. He does a verbal quiz to ensure understanding and both he and the resident sign off. He keeps a log book of all Resident PREA Education since inception. The interviews of the residents corroborate the above information. Several residents who had been interviewed stated that they had received education several times due to multiple placements

in different facilities. Spanish and English posters and brochures are available as is a translation service. The City of Erie is Pennsylvania's designated immigrant reception city. This means that they help relocate, educate and job train immigrants. Because of this, there is a diverse immigrant population. There is a service that allows the Youth Center to access a translator for any language. This standard has been exceeded.

#### Standard #342 Use of Screening Information

The PREA Coordinator reviews every Vulnerability Assessment within two or three days of admission to monitor those residents who are identified as sexually vulnerable or aggressive. He also keeps records of any risk based housing decisions for those same residents. He conducts 7 day reviews of the risk based housing for these residents. During the tour, I saw the rooms that are used to house these residents close to the staff office. There is a policy that requires that, if a resident is identified as either sexually vulnerable or aggressive, he/she is to be placed in a specific room. There is a poster in the Intake area that specifically designates by room number for the staff conducting intakes. I saw this documentation of the 7 day reviews. This is a best practice and this standard has been exceeded.

#### Standard #351 Resident Reporting

Residents can report in writing, verbally, anonymously and through third parties. There is a "hotline" to the Erie Crime Victims' Center, a PCAR, who accepts reports. There is a procedure set up to enable privacy for the residents using this "hotline". There are phones on the living units and pencil and paper available as seen on the tour. The residents are allowed to use a flexible pencil in their rooms. There is a grievance form and procedure given to each resident. There are PREA boxes above the water fountains in both the boys' and girls' units, that are checked daily by the PREA Coordinator and Director. The residents have private and confidential access to attorneys, parents, guardians, probation officers and children and youth caseworkers through phone calls and visiting. There is visiting everyday but Monday. Residents receive 5 phone calls a week. Interviews with random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline" and the PREA boxes. The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake and again during their 10 day education. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

The following standards require corrective action:

#### Standard #313 Monitoring and Supervision

Random unannounced rounds are conducted on all three shifts by the PREA Coordinator and the Director. These rounds are required by policy and are documented. They were provided to me for several months. However, upper level management, when conducting midnight rounds, are usually only doing them at the beginning and the end of this shift. A video of an administrator conducting a round on third shift was viewed by the Auditor. In order to be in compliance with this standard, 90 additional days of random unannounced rounds at all hours of all three shifts need to be conducted and documented by upper and mid level staff in order to be in compliance. These logs will be submitted to and reviewed by the Auditor.

On 8-31-17, I received documentation of random unannounced rounds conducted by the Director and the PREA Coordinator consistently at all hours on all three shifts. This documentation meets the requirements in the standard and satisfies the plan of correction.

#### Standard #341 Obtaining Information from Residents

The standard requires that periodically throughout a youth's confinement, the facility shall obtain information from the youth using an objective instrument. The ELTAC policy requires reassessment within 30 days of admission and the PREA Coordinator is conducting a reassessment during this time period. He showed me logs of each reassessment. Although the objective screening instrument is being used at Intake, it is not being used during the 30 day re-assessment. Ninety days of documentation needs to be submitted for a reassessment using the objective tool for any resident in the facility at the 30 day mark.

On 8-31-17, I received documentation of 30 day reassessments of residents as required by the ELTAC policy using the Vulnerability Assessment as required by this standard. The documentation included the actual Vulnerability Assessment of each of the 8 residents who required a reassessment in the past 90 days and the log that the PREA Coordinator keeps of each assessment and any action that is needed. This documentation satisfies the plan of correction. This standard has been met.

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents: The Edmund L. Thomas Adolescent Center does not contract with any other entities for the confinement of their residents.

Standard #334 Specialized Training; Investigations: The ELTAC staff do not conduct Investigations. This is done by the Millcreek 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 ELTAC.

All other Standards have been met and all Policy meets the Standards. When the documentation for Standard #313 and #341 is received, the facility will be in full compliance.

On 8-31-17, the documentation required by the plan of correction was received and reviewed. The documentation satisfies the plan of correction. All standards have been met and this facility is fully PREA compliant, effective Sept. 5, 2017.

Number of standards exceeded: 4

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

**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:

Edmund L. Thomas Adolescent Center Zero Tolerance Policy  
ELTAC Organizational Chart

Interviews Conducted:

PREA Coordinator

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 the PREA Coordinator show that he has both sufficient time and the authority to coordinate the facility's PREA compliance efforts. The PREA Coordinator is the Assistant Director of the Facility. The organizational chart confirms that he has the authority within the organization to ensure compliance. He conducts most of the PREA training for staff, keeps the training records and also conducts the 10 day education for residents and keeps their logs. He conducts the 30 day Vulnerability Reassessments. He is responsible for monitoring retaliation. He is new to this position, but has the prior PREA Coordinator available for guidance and consultation. He keeps logs of all PREA related documentation. His logs were comprehensive and well organized.

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

ELTAC PREA Zero Tolerance Policy

Logs of Unannounced Rounds

Documentation of three month reviews of staffing by PREA Coordinator

Video of a third shift round conducted on 5-23-17. 6:40 AM by an Administrator.

Additional 90 days of random unannounced rounds

Interviews:

PREA Coordinator

Detention Staff and Residents during tour

The review of the Zero Tolerance Policy, ELTAC 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. BHSI inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I reviewed documentation of three month reviews of staffing by the PREA Coordinator and the Facility Director. The standard requires an annual staffing review by the PREA Coordinator, but he and his team review and document staffing in conjunction with their Safety Meetings, conducted every three months. This is a best practice. The Director states that staffing is reviewed daily to ensure one on one supervision and that other resident needs are met. I saw staff schedules posted in the staff office.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:6 , 1:12 for Detention. The Director states his ratios are usually better than that. He states that the use of voluntary and mandatory overtime is used to cover call outs so that there are no deviations. He states that he “worked the floor” one day earlier in the year to meet ratio. Part time staff are regularly used to provide one on one supervision that may be required or for additional staffing due to programming.

I was provided current staff schedules with more than the required ratio.

Video surveillance is also used to supplement the supervision of the residents. The cameras are monitored from the staff office and each of the administrators has a separate computer screen with the motion activated cameras. The cameras have an approximately 30 day recording capability.

During the tour, I saw residents supervised on the unit as well as in the gym/cafeteria/multi-purpose room and classroom. I saw a resident being transported to and from Court by probation officers and being transported to Medical appointments by ELTAC staff. The residents are never in a group larger than 10 and ratio was always more than appropriate.

Administrative staff were conducting rounds as evidenced by the video of a third shift round and several months of logs provided prior to and during the onsite. The policy requires them and they are being conducted but more consistent and documented rounds of specifically third shift at all hours must be submitted to the Auditor for compliance with this standard.

Corrective Action:

Logs of ninety days of random, unannounced rounds on all shifts, conducted by mid and upper level staff will be submitted as a corrective action.

On 8-31-17, I received and reviewed 90 days of random unannounced rounds conducted at all hours on all three shifts by the Facility Director and the PREA Coordinator. This documentation satisfies the plan of correction. This standard has been met.

**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:

Edmund L. Thomas Adolescent Center Zero Tolerance Policy

ELTAC Search Policy

ELTAC Shower Policy

ELTAC Gender Variant Search Preference Form

Staff Training Curriculum

Staff Training Logs

Interviews:

10 Random staff from Detention

10 residents

The Edmund L. Thomas Adolescent Center Zero Tolerance Policy contains the necessary requirements for this standard. It along with the ELTAC 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. ELTAC Search policy prohibits any pat down searches. Staff state they do not conduct them and even in an emergency they believe that a same sex staff would conduct a search. Residents state that they have never been subject to a cross gender pat down 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 door of every unit and I saw "knock and announce" practiced during the tour.

Residents state that they shower one at a time. If the population rises, they sometimes conduct the boys’ showers two at a time. Girls always shower one at a time. Same sex staff conduct showers. This shower procedure was demonstrated for me during the tour. 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 are no cameras in the resident rooms or in the bathrooms.

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:

ELTAC Zero Tolerance Policy

Resident PREA Brochure in Spanish and English

Resident Educational Curriculum

Logistics Linguistics Posting

Interviews Conducted:

Director

Ten Random Staff

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 resource for all languages that is in poster form in the Intake area. It allows the resident to point to his or her

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own language on the poster and then the staff can call the translator for this or any language. The City of Erie is Pennsylvania's designated immigrant reception city. This means that they help relocate, educate and job train immigrants. Because of this, there is a diverse immigrant population. This is a service that allows the Youth Center to access a translator for any language. 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. The "Logistics Linguistics" that is used for languages can also be used for resources for residents that are blind or deaf. There is the capacity, through the Educational program, The Intermediate Unit, for all residents to receive PREA Education.

The PREA policy requires these accommodations.

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

ELTAC Zero Tolerance Policy

Affirmative duty to disclose form

Files of 10 staff including two who had been recently hired and one who had been recently promoted

File of one Contractor

Logs of Contractor clearances

Interviews:

PREA Coordinator

The ELTAC 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 a separate form that all employees sign upon hire that is called an Affirmative Duty to Disclose Form. The PREA Coordinator keeps a log of these forms. There is Zero Tolerance for this behavior when seeking a promotion within Erie County departments.

The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as those 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 two who had most recently been hired, one new promotion and one contractor and all had the required clearances. I saw the log containing clearances for all contractors and volunteers.

The policy and the interview with the PREA Coordinator state that all clearances of all employees will be conducted every five years by the employee and submitted to the facility. This policy went into effect in 2015, when ELTAC became PREA compliant, so employees hired prior to this date have had rechecks conducted. I saw the required rechecks in 7 of the files I checked.

The PREA Coordinator was interviewed because as the Assistant Director he conducts pre-employment interviews and also is responsible for obtaining the Child Abuse, Pa. Criminal History and FBI clearances for the employee files.

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.**

Both the tour of the facility and the interviews with the PREA Coordinator and the Director confirm that there has been no renovation, expansion or modification to the facility since the last PREA Audit.

There have been several new cameras installed and a backup power source that allows the cameras to continue to record during a power outage and until the backup generator kicks in. During the tour, I was shown the newly installed camera in the “Café Prep” small kitchen area to improve supervision. The other two cameras were added in storage areas. The cameras are checked at the beginning of every shift according to policy to ensure they are working properly. The cameras can be monitored by the Administrators from their computers.

I saw documentation in the Safety Committee meeting notes regarding the need for and the installation of the new cameras to aid in the supervision of the residents.

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

#### **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:

ELTAC Zero Tolerance Policy

MOU with Hamot Medical Center

MOU with the Erie Crime Victims’ Center (a PCAR)

MOU with Millcreek Police Department

Interviews:

Director

PREA Coordinator

Youth Center Nurse

10 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 Millcreek 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:

ELTAC PREA Zero Tolerance Policy  
Pennsylvania Child Protective Services Law  
Edmund L. Thomas Adolescent Center Website  
MOU with the Millcreek Police Department

Interviews:

Director  
PREACoordinator

I interviewed the Director and the PREA Coordinator and reviewed the PREA Policy and the MOU with the Millcreek Police Department. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The 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 Millcreek Police Department and Pa. Child Line and that ELTAC does not investigate any allegation but reports all of them. The contact information for the Millcreek Police, Pa. Child Line and ELTAC 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:

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

Interviews:

PREA Coordinator  
Ten 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 a Masters Level Mental Health Clinician who is an expert in the field. I saw sign offs for all employees kept in a log by the PREA Coordinator. I also saw a training log that contains sign in sheets for each training and the curriculum attached to the sign in sheet. I reviewed 10 random staff files to ensure yearly training that is appropriate. All 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 ten 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, 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 required by the standard and the review of files showed all staff receive it and the interviews demonstrate that staff understand it. Due to the low number of residents in the past several months, all staff have received training again the week before the Audit.

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 ( Intermediate Unit Teacher)  
Volunteer

I interviewed a Volunteer (religious outreach) and a Contracted Employee ( Intermediate Unit teacher). Both were able to tell me that they received training and the extent of the training. The Teacher, because of her daily interaction, receives the training that all employees receive. I reviewed her file and saw the acknowledgement of training in it. She also attended the most recent LGBTI training. The volunteer, who conducts religious programs with the Detention residents, has been volunteering at the Center for 11 years. He described the literature he reviewed and signed off on. His file also contained a signed acknowledgement of his training. Both were able to tell me that they would report to their immediate supervisor and the Director. They would also call Child Line. The teacher is a mandated reporter and is aware of her responsibilities. Logs provided show that all volunteers and contractors receive appropriate training. The pamphlet that is used for Contractor and Volunteer training was obtained from the Pa. Bureau of Juvenile Justice Services and adapted to ELTAC's needs. 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:

- ELTAC PREA Zero Tolerance Policy
- Resident PREA Intake Brochures in Spanish and English
- Resident PREA Orientation Acknowledgement Forms
- Resident PREA 10 day Acknowledgement Forms
- Posters for Reporting and Education in Spanish and English
- Resident Education Logs
- 12 Resident Files

Interviews:

- Staff person who performs Intakes
- PREA Coordinator who conducts 10 day education
- 10 residents.

The Edmund L. Thomas Adolescent Center conducts initial education at Intake. All staff conduct Intakes and I interviewed one staff person who states that as part of the admission process the resident, while in the Intake area, is given a brochure. Then, the staff person verbally goes over a PREA Orientation checklist that both the staff and the resident initial. There are also reporting and zero tolerance posters in the Intake area where this education is being conducted. This signed orientation checklist is placed in the resident's file. The PREA Zero tolerance policy requires this timely education.

Within 10 days, but usually within 72 hours, the PREA Coordinator conducts individual education with the resident that includes two videos, a power point presentation and a verbal question and answer. The videos are out of the Bureau of Justice Assistance and the Idaho State Police. I viewed both videos and they are age appropriate. The first video is about a minute long and tells them why they are getting the education and the second video is about 8 minutes long and contains definitions and reporting information. Once again, the resident and staff initial each bullet point and this signed acknowledgement is placed in the resident files. A log is kept of all education.

Throughout the facility there are posters for reporting, zero tolerance, staff boundaries what is sexual harassment. These are age and gender appropriate. There are “Comic Books” with PREA information for any resident who wants one and a PREA pamphlet is given at Intake. I reviewed the files of 12 residents, 10 active and 2 discharges and all had the Intake and ten day education acknowledgement in their files.

I interviewed ten random residents and all stated they received education when they first got here and that education advised them 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. Eight out of ten residents could tell me about services offered through the Crime Victims’ Center and they told me they learned of this during their 10 day education and also from the posters throughout the Center. Spanish and English posters and brochures are available as is a translation service. This service, “Logistic Linguistics”, can also provide assistance for those that are blind and deaf. The Intermediate Unit teachers can provide assistance to those residents with learning difficulties.

Due to the individualized ten day education and documentation, 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:

ELTAC PREA Policy

ELTAC Employee Training Curriculum

Employee Training Logs

Certificates of Completion of NIC Medical Training

File of Nurse

Logs of Signed acknowledgement for Contracted Medical and Mental Health Employees

Interviews:

Nurse

Master's Level Mental Health Therapist

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

I interviewed a full time Nurse and I also interviewed a Mental Health Therapist. Both have completed PREA Training and the full time Nurse has also completed the training for all staff at the ELTAC. 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.

The Mental Health Therapist states that she has received the training to conduct Certified Sexual Abuse Offender Evaluations and Psycho-Sexual Evaluations. She has received extensive training to conduct therapy for LGBTI children and to do Trauma Work.

Both the Nurse and the MH Therapist are mandated reporters and would report to their supervisor at ELTAC and to Child Line. They would both document any reports they received.

I received certificates of completion for the NIC PREA online course for the three Medical contracted employees.

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:

- ELTAC PREA Zero Tolerance Policy
- Vulnerability Assessment Instrument
- Intake Victimization Screening Tool
- Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)
- 30 day re-assessment log
- 90 days of documentation of 30 day reassessments using VAI

Interviews:

- PREA Coordinator
- A Staff who completes Vulnerability Assessment
- 10 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. There is also an Intake Victimization tool that is used in conjunction with the VAI. All staff conduct admissions and take into account the Health and Safety Assessment that is conducted at Intake, the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. They use the VAI as a guideline and use a combination of developing a conversational rapport with the resident and asking direct questions. They conduct PREA education for the residents and use the education as a way to elicit information.

All completed VAIs are kept in the resident files. Only the direct care staff and medical and administrative staff have access to them. The PREA Coordinator reviews all completed VAIs within 72 hours. I reviewed the files of 12 residents (10 active and 2 discharged) that I chose randomly from those admitted during the past 12 months. All had timely administration of the VAI.

I interviewed 10 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 or if they were fearful of sexual abuse while at ELTAC or if they identified as LGBTI. The ELTAC policy requires a re-assessment at 30 days. The length of stay is around 19 days. I saw a log of every resident receiving a re-assessment conducted by the PREA Coordinator at the 30 day mark. However, this re-assessment did not use the objective screening instrument as required by the Standard and ELTAC policy.

Corrective Action:

Ninety days of documentation of 30 day re-assessments using the objective screening tool of 8 residents who required such. The actual vulnerability assessment for each resident was provided as well as the VAI log kept by the PREA Coordinator documenting any subsequent action. This documentation has satisfied the plan of correction. The standard has been met.

**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:

- ELTAC PREA Zero Tolerance Policy
- Pa. Department of Human Services 3800 Child Care Regulations
- ELTAC Shower Policy

Vulnerability Assessments of 12 residents (10 active, 2 discharges)  
Documentation of Risk Based Housing.  
Examples of Risk based housing 7 day reviews  
Interviews:  
PREA Coordinator  
Director  
One Resident identified as Bi-sexual

Isolation is not practiced and is prohibited by both ELTAC 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 sexually vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I saw the rooms that are closer to the staff office and are within both eye and ear shot of staff. In the Intake area I observed a posting with the procedure for housing sexually aggressive or vulnerable residents and which specific rooms they are to be housed in. There were no residents in the current population who required this housing, but I saw documentation of both aggressive and vulnerable room assignments for prior residents. The PREA Coordinator keeps a log of such and reviews each of these placements every 7 days.

I observed the bathrooms that have three shower stalls with partial doors on the boys' unit and two stalls on the girls' unit. ELTAC policy calls for boys to shower two at a time and girls one at a time, but also allows for residents to shower alone for several reasons, including an identification of Transgender or Intersex. Due to the low number of residents all residents are showering separately at this time. During the tour, a staff person showed me the shower procedure.

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 interviewed one resident who identified as a Bi-sexual and she states that she showers alone and is not discriminated against in any way. I reviewed the files of 12 residents (10 active and 2 discharges). All risk based housing recommendations are recorded on the instrument itself. The room assignments are part of the policy and procedure that are posted in the Intake area. Of the 10 active resident files that I reviewed, none were identified as sexually Aggressive or Vulnerable. I saw examples of housing for two discharged residents, one Vulnerable and one aggressive. The housing policy was followed and it was documented.

The documentation was excellent and the practice of reviewing risk based housing every 7 days by the PREA Coordinator is a best practice. The policy contains all necessary verbiage and, according to the interviews and the reviews of the housing logs, show it is practiced. This standard has been exceeded and no corrective action is 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;  
ELTAC PREA Zero Tolerance Policy  
ELTAC Grievance Policy  
ELTAC Telephone Policy  
ELTAC Visiting Policy  
Pa.Child Protective Services Law  
Pa. Bureau of Human Services 3800 Child Care Regulations  
PREA Intake Pamphlet  
Resident Rights' Form  
MOU with Erie Crime Victims' Center, CVC  
Interviews:  
PREA Audit Report

PREA Compliance Coordinator  
Director of the Erie CVC, a PCAR (by phone, prior to Audit)  
Ten Random Staff  
Ten 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 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.

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 did 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 a private office. A resident 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.

Residents can also write to the Erie County Sheriff Department and this address is on posters throughout the facility.

The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it 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 also call home five times a week and residents can receive visits from parents and grandparents six times a week, every day but Monday. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

The PREA boxes are located above the water fountains on both units and are checked by the PREA Coordinator on a daily basis. The 10 residents interviewed most often answered "PREA Box" as the way they would report. On the video of the unannounced round, I saw the PREA Coordinator checking the PREA box on a midnight shift.

There are tools, such as pencils and paper throughout the living units and in the classrooms for the residents to write letters, grievances or to report. The residents have "flexible pencils" in their rooms.

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 exceeded. 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 Service Licensing Annual Licensing and Inspection Summary

Resident PREA Orientation Forms

Resident Intake PREA Pamphlet

Grievance Form

Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Coordinator

Director

No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation in the past 12 months. 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. There are separate forms for emergency grievances. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL, during their annual licensing inspection, reviews resident files for this signed acknowledgement by both parent and resident. I reviewed 12 resident files and all contained notification of the grievance process.

Additionally, the most recent Licensing and Inspection Summary did not contain any citations for not notifying of the grievance process.

The grievance process was not mentioned as often as the "PREA Box" or "telling a staff" by either residents or staff interviewed, but there are grievance forms and documentation of notification in the child's file.

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:

ELTAC PREA Policy

Visiting Policy

Telephone Policy

Resident PREA Orientation Form

Resident 10 day PREA Education

Resident PREA Pamphlets

Spanish and English Posters

MOU with Erie Crime Victims' Center

Interviews:

PREA Coordinator

Director

Ten Random residents

CVC Director (by phone prior to onsite)

The PREA Policy outlines that the Youth Center 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 Resident PREA Pamphlets and the education that they receive within 10 days also includes what services are offered and how to contact this agency to access these services.

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 five times a week. Visiting by parents/grandparents/guardians is six times a week, every day except Monday.

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 that were interviewed state that they usually see the Public Defender before Court. One Detention resident stated that he had a private attorney who he spoke to and has seen several times.

Some residents were able to tell me about the counseling services offered through the CVC, because they received this information during the one on one ten day education with the PREA Coordinator. Eight out of ten residents could tell me about these services. The two who could not were new admissions and had not yet received their 10 day education.

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:  
ELTAC PREA Policy  
ELTAC website

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by the Youth Center 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:  
ELTAC PREA Policy  
Pa. Child Protective Services Law  
Training Logs  
Pa. Department of Human Services 3800 Child Care Regulations

Interviews:  
Director  
PREA Coordinator  
Ten Random Staff  
Nurse  
Masters' Level Mental Health Therapist

There have been no incidents or reports of sexual abuse and one report of resident on resident sexual harassment. This report was unfounded as the behavior did not rise to the level of a criminal action and was consensual. The PREA policy as well as the Pennsylvania Child Protective Services Act 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, their supervisor, and also the ELTAC Supervisor on Duty. 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. The resident on resident sexual harassment was witnessed by a contracted staff who reported immediately to a direct care staff. The supervisor and PREA Coordinator were notified and staff documented the incident. The probation department and parents of both residents were notified. The victim declined to press charges and this was documented. The sexual harassment was determined to be consensual and part of “flirting behavior”. It was reported to the Pa. Bureau of Human Services Licensing. All reports were provided to the Auditor. A review of the reports show that policy and procedure was followed. 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:  
ELTAC PREA Zero Tolerance policy  
Interviews:  
Director  
Ten Random staff

There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse. After reviewing the policy that was amended during the pre-audit time period and interviewing the 10 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.**

ELTAC PREA Policy  
Pa. Child Protective Services Law  
Interview:  
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 an ELTAC staff person, it will be reported to Child Line and documented. The Director 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 ELTAC from another facility, it will be reported to the Director, who will contact Child Line, the Millcreek 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:

ELTAC PREA Policy

Interviews:

Ten 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 ten 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:

ELTAC PREA policy.

Interviews:

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. The 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, demonstrating 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:

ELTAC PREA Policy

Pa. Child Protective Services Law

Union Contract

Interviews:

Director

The Union representing the ELTAC staff is the Pennsylvania Social Services Union Local #668, SEIU, AFL-CIO. Their contract is effective January 1, 2015 through December 31, 2018. The contract does not prohibit the facility from removing a staff from contact with the resident due to an allegation of Sexual Abuse or Sexual Harassment. 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 Director shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and 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:

ELTAC PREA Policy

Incident Reports for Unfounded Sexual Harassment

Interviews:

Director

PREA Coordinator

There has been one incident that required monitoring for retaliation. A resident on resident sexual harassment was observed and reported by a contracted staff. The victim refused to press charges and this was documented. The perpetrator was removed from the group for three days and placed in a room for sexually aggressive residents which provides for more monitoring. The victim was interviewed by the PREA coordinator and it is documented that he advised her that she had the right to be free from retaliation and what to do if there was any. This incident was determined to be unfounded, because it was consensual. However, prior to this determination, all policy and procedure were followed and the documentation was provided to me.

The ELTAC 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 ELTAC is the PREA Coordinator. He 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. He monitors behavioral changes in residents, including acting out. He monitors work records of staff, including tardiness, and absenteeism, among other variables.

He 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 in the case of an out of county child, they could be discharged.

In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action. After reviewing policy, incident reports and interviewing the Director and PREA Coordinator, 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:  
ELTAC PREA Policy

Interviews:  
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:  
ELTAC PREA Policy  
MOU with the Millcreek Police Department  
Pa. Child Protective Services Law

Interviews:  
PREA Coordinator  
Director

There have been no sexual abuse reports within the past twelve months. The victim of the resident on resident sexual harassment incident refused to file charges and this was documented. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Millcreek 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 Director state that they have a very cooperative relationship with the Millcreek 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)
- 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 PREA Policy

The Standard of Proof is in the ELTAC 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:

Edmund L. Thomas Adolescent Center PREA Policy  
Pa. Department of Human Services 3800 Child Care Regulations

Interviews:

Director

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. There was documentation that both sets of parents, perpetrator's and victim's, were notified of the unfounded sexual harassment and the actions taken. 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:

ELTAC 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:

ELTAC PREA Policy

Pa. Child Protective Services Law

Interviews:

Director

There have been no incidents of this nature in the past twelve months.

Both the ELTAC 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:

ELTAC PREA Policy

Pa. Child Protective Services Law

Pa. Department of Human Services 3800 Child Care regulations.

Interviews:

Director

Nurse

Mental Health Therapist

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. A resident on resident sexual harassment resulted in a safety plan for both the perpetrator and the victim as required by the Pa. 3800 Child Care Regulations. There is no punishment that is permitted.

The ELTAC Policy prohibits residents from touching opposite sex residents.

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.

Both the Nurse and the Mental Health Therapist state that counseling is not offered at ELTAC, but both the victim and perpetrator could be evaluated if they consented. The assessment is voluntary and a resident would not be prohibited from program or educational participation.

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:

ELTAC PREA Policy  
Vulnerability Assessment Instrument  
Logs of all Admissions for 6-1-16 through 6-1-17  
Secondary Medical Documentation  
Files of 12 residents (10 active, 2 discharges)

#### Interviews:

A staff who administers Risk Assessment  
PREA Coordinator  
Nurse  
Master's Level Mental Health Therapist  
One Resident 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 Staff who administers the risk assessment to notify the PREA Coordinator of the need for a follow up. This is done by filling out a Medical/Mental Health form that is part of the Intake PREA Packet. This serves as documentation of both the request and the timeline and is kept in a logbook by the PREA coordinator. If a resident refuses, there is a signed declination on this form.

The PREA Coordinator who keeps secondary documentation states that 100% of the residents who disclosed prior sexual abuse were offered medical and/or mental health follow up. Of those that accepted, they were all seen within 14 days of the risk assessment. Most were seen within the same week. I saw documentation of this. The PREA Coordinator keeps a log.

I interviewed one resident who disclosed prior sexual abuse and he stated he saw the MH therapist within a few days of Intake. I saw a discharged resident's file who was a perpetrator and there was a signed declination.

The PREA Coordinator states that he coordinates both the Medical and Mental Health follow up. The MH Therapist states that she is on call and responds to the center within days of a referral.

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:  
ELTAC PREA Policy

Interviews:  
Nurse  
Master's Level Mental Health Therapist  
Ten 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 judgement. This would be done immediately and would be free of charge to the resident.

All residents are offered STD testing and follow up and all female residents are offered pregnancy testing and related services required by law. Interview with the Nurse and the MH Therapist 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:  
ELTAC PREA Policy

Interviews:  
Nurse  
Master's Level Mental Health Therapist

There were no incidents in the past twelve months, so there were no residents to review or any secondary documentation. 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.

If a female becomes pregnant as a result of an assault, she is offered pregnancy testing, STD testing and all lawful pregnancy related services. This is free of charge to the resident whether she names the perpetrator or not.

All residents are offered STD testing and all female residents are offered pregnancy testing.

Any resident on resident offender will be assessed but the facility does not provide therapy. This is a short term detention facility. A recommendation would be made to the Court as part of the child's disposition. This assessment would be completed within 60 days of learning of such an abuse history.

This standard has been met 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:  
 ELTAC PREA Policy  
 Sexual Incident Review Form

Interviews:  
 PREA Coordinator  
 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 Director, PREA Coordinator, Medical and Mental Health staff with input from line staff. I interviewed a senior staff who is a member of the incident review team. 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 PREA Coordinator and the County Commissioners. 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 and Senior staff who were interviewed state 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:  
 ELTAC PREA Policy  
 ELTAC PREA Annual Report, 2015 and 2016  
 Annual Report of Sexual Violence

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 any other resources.

The DOJ has requested information in the past. This report was provided to me.

The annual reports from 2015 and 2016 are 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:

ELTAC PREA Policy

ELTAC PREA Annual Report 2015 and 2016

Survey of Sexual Violence Report

ELTAC website

Interviews:

PREA Coordinator

Director

There are Annual PREA Reports for 2015 and 2016 posted on the website. The PREA Coordinator states he prepares the report and the Director approves them. The reports compare data from year to year and discuss the facility’s efforts at prevention, detection, and response. All personal identifiers would be removed and noted. The data would be reviewed and if necessary corrective action would be taken. 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:

ELTAC PREA policy

ELTAC Annual PREA Reports 2015, 2016

ELTAC website

Interviews:

PREA Coordinator

PREA Audit Report

Director

There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The ELTAC website contains Annual PREA Reports for 2015 and 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 *Maureen G. Raquet*

Auditor Signature

Sept. 5, 2017

Date