

PREA AUDIT: AUDITOR'S FINAL SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



Name of Facility: George Junior Republic	
Physical Address: 233 George Junior Road, Grove City, Pa. 16127	
Date report submitted: December 19, 2014	
Auditor information: Maureen G. Raquet	
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Date of facility visit: November 17,18,19,20 2014	
Facility Information: same as above	
Facility Mailing Address: George Junior Republic, PO Box 1058, Grove City, Pa. 16127	
(if different from above)	
Telephone Number: 724-458-9330	
The Facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> XXXX Private not for profit
Facility Type:	<input type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> XXX Juvenile Treatment Facility
Name of PREA Compliance Manager: Jeff Morris Title:	
COO/PREA Coordinator	
Email Address: jmorris@georgejuniorrepublic.org Telephone Number: 724-458-9330	
Agency Information	
Name of Agency: George Junior Republic	
Governing Authority or Parent Agency: (if applicable) na	
Physical Address: same as above	
Mailing Address:	
Telephone Number:	
Agency Chief Executive Officer:	
Name: Richard L Losasso	Title: CEO

Email Address: Rlosasso@georgejuniorrepublic.org	Telephone Number:	724-458-9330
Agency Wide PREA Coordinator		
Name: Jeff Morris	Title:	COO/PREA Coordinator
Email Address: same as above	Telephone Number:	s/a

AUDIT FINDINGS

Narrative: Philanthropist William Ruben George founded George Junior Republic in 1909 as a private, non-profit residential treatment community for disadvantaged boys. In 1979, this evolved into a treatment model that included husband and wife counselor parents. Older three story homes that housed between 50-60 children were replaced with single story ranch style homes where the counselor parents live with the boys. Additionally, a strong academic program in a unique partnership with the Grove City School District was formed and a state of the art vocational program was introduced. George Junior Republic also has 21 Staff Secure Units for Special Needs and Crisis Intervention that are self-contained. There is a Community Based component in several counties and a separate program in Indiana. With over 53 on campus units, 745 employees, 106 Grove City Public School Teachers, and over 500 residents, George Junior is one of the largest juvenile facilities in Pa. There are contracts with all 67 Pa. counties as well as many states, including California, West Virginia, and Ohio. On the date of this Audit, there were 510 residents on the main campus.

DESCRIPTION OF FACILITY CHARACTERISTICS: George Junior Republic is located in Northwestern Pa. between Erie and Pittsburgh, Pennsylvania, close to the Ohio border. The approximately 425 acre main campus is primarily located in the Borough of Grove City. This beautiful campus has 86 buildings and resembles a retirement community from afar. There are 53 living units: 32 single story ranch type houses, and 21 staff secure single dormitory style buildings. The cottages have a separate secure "apartment" for the house parents and their families. The residents share a kitchen, where they eat all meals family style, a sunroom, and a living room, with TV. The bedrooms are primarily doubles and are on the same hallway as the bathroom and there is also a Social Worker's Office. The residents attend school on campus in a building leased and operated by the Grove City School District. It has a central desk with individual wings radiating from the center and was built with safety and security in mind. There are no blind spots. The campus common areas include a small chapel, a large Gymnasium with an indoor pool, two smaller gymnasiums, a Multi-Purpose Program Building with a Movie Theatre, a Family Visitation Building, an Indoor Ropes Course, a Barn with Indoor riding rink, pastures, and 28 horses, a Vo-Tech building with classrooms for Masonry, Carpentry, Welding, Auto Repair, Auto Painting and Culinary Arts. There is a Medical Clinic with examining rooms, a dental office, and a Mental Health suite. The Clinic is similar to a small community hospital. There is an auditorium adjacent to a staff training building that also houses a small museum. This building also contains a security/video monitoring station for the whole campus. There are over 400 cameras throughout the campus and buildings. There is also a transportation/fleet garage, for all the vans, small buses and cars used to transport children. An administration building has around the clock telephone/reception area, meeting rooms, offices, and conference rooms. This is where Juvenile Probation Officers regularly meet with their clients. Not all buildings are accessible to the residents. Sprinkled throughout the campus are outdoor basketball courts, an outdoor swimming pool and swing sets, jungle gyms, and trampolines, for the children of the house parents, who reside in the cottages. George Junior Republic is licensed by the Pa. Department of Public Welfare under the 3800 regulations for Child Care facilities.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on November 17, 18, 19 and 20, 2014. This audit did not include the three off campus group homes. It commenced with a brief entrance interview with the, COO/PREA Coordinator, the PREA Manager/ Quality Director, Admissions Coordinator, Trainer, Staff Development Director, 2 Campus Directors and Director of Nursing, followed by a tour of all areas of the facility. Because of the very large campus and the number of housing units, an additional staff person, contracted by the PREA Auditor also participated in the tour as well as helped conduct interviews. Due to the snow, the extreme cold and the size of the campus, a small bus was used to transport the auditor and her staff person on the tour with two Administrators as tour guides. The tour included all 53 separate living units as well as any building the children have access to. The Audit team toured every common building together and then split up to tour the living units. As part of the tour, the Audit team had lunch with the children in two of the cottages to observe supervision and to candidly interview the children. Every building was very clean and well maintained. Staff throughout the facility, including the line staff, a nurse, kitchen workers, vo-tech teachers, house parents and the “stable hand” were questioned about their areas and responsibilities. All staff indicated they had received PREA training and were able to answer questions about PREA and the Zero Tolerance Policy. Children were also spontaneously interviewed during the tour regarding knock and announce and reporting avenues. The comprehensive tour, which included looking at bedrooms, bathrooms, classrooms, common areas and offices took five hours. Interviews of staff and residents commenced at the conclusion of the tour and continued for the next three days. The following staff were interviewed: 11 Specialty Staff including: CEO, COO/PREA Coordinator, Vice President of Human Resources, Quality Assurance Director/PREA Manager, a nurse, two psychiatrists (one a part time contracted employee) Intake Staff, Supervisors and Random Staff (29) from all three shifts, most being line staff from the different housing units. A total of 55 residents were interviewed including two children who reported sexual abuse and one child whose primary language was Spanish. Due to the number of housing units and residents that needed to be interviewed, the Audit team mainly conducted separate interviews to keep the on-site portion of the audit within a four day time frame. Both resident (48) and staff (24) files were randomly selected and reviewed for proper documentation.

Residents have several means to report instances of sexual abuse and/or sexual harassment. They can report to line staff, or to their therapist during a weekly counseling session. There is also a grievance process. Residents have weekly phone calls to their parents/guardians and visitation. If a parent or guardian cannot visit due to a variety of reasons, George Junior provides transportation and lodging if necessary, free of cost, once a month. Most children are also eligible for home visits. There is both an address and phone number for AWARE in Grove City, Pa. During the tour of the campus, a resident called this number for me and I spoke to a victim advocate, who confirmed reporting capabilities. I also spoke to AWARE prior to the on-site visit to confirm the support services outlined in the Memo of Understanding.

There were three allegations of sexual abuse in the past 12 months. One was unfounded, one was still under investigation, and one was investigated by the Pa. State Police and criminally prosecuted. A review of the incident reports, resident files, interviews with two children still at the facility, interviews with first responders and Administrators showed that all reporting, investigation, and medical and mental health standards were followed.

Prior to the on site visit during almost weekly phone calls, the PREA Coordinator, his team and the Auditor discussed specific actions in regard to some policies and practices. Many of these

were small additions to policy and were completed by the time of the visit and were provided to the Auditor at that time. Upon completion of the on-site portion of the Audit, an exit interview was conducted with 12 Administrators and upper level staff. They were advised that due to the date of implementation of all the PREA requirements, an additional month of documentation would be needed to meet some standards. A number of recommendations were made to ensure best practice. Of the 41 Juvenile Standards, George Junior Republic exceeded the three following standards: Supervision and Monitoring, Upgrades to Facilities and Technology and Ongoing Medical and Mental Health Care.

Number of standards exceeded: 3

Number of standards met: 38

Number of standards not met: 0

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

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

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

I interviewed both the PREA Coordinator, as well as the PREA Manager and reviewed the Zero Tolerance Policy for Sexual Abuse and Sexual Harassment.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor comments including corrective actions needed if does not meet standard

residents

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

Standard 115.313 Supervision and Monitoring

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

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

Interviewed both the CEO and COO who confirmed staffing and supervision that exceeds the PREA standard. Pa. Department of Public Welfare 3800 Regulations mandate a ratio that exceeds the PREA standard. During the tour of the facility candid questions of both staff and residents confirm unannounced rounds by both intermediate and higher level staff. A check of video recordings showed a documented round from the logs that are kept. Interviews with Staff who conduct rounds, also confirm supervision. The tour also showed supervision of residents during school and lunch and extensive video monitoring that includes 400 cameras and over 5 miles of fiber optic cable throughout the campus with an integrated phone and alarm system.

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

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

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

Interviews with random staff and random residents confirm that there are no cross-gender pat down searches, or any other cross gender search. Only supervisors perform searches, including pat downs. There were no Transgender or Intersex residents to interview, nor were there any records of Transgender and Intersex children in residence in the past 12 months. The policy allows for Transgender and Intersex residents to choose who they would be more comfortable being searched by. Deviations from this are always documented. Residents in the houseparent cottages did not report any issue with female staff announcing their presence, however residents in the staff secure units, with rotating staff, reported that females do not always announce their presence on the units. Training logs document that all staff were trained on this issue, however due to resident responses a “refresher training” was recommended for all female staff during the initial 30 day time period after the on-site audit and before the initial report. Documentation of this refresher training was received and meets standard.

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

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

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

There were no children with disabilities present at the time of the on-site audit and all children are fluent in English. One ESL child was interviewed, but he is completely fluent in English. An interview with the CEO confirmed that a child with a major disability or a child that could not speak English could not participate in the treatment and would probably not be accepted, however this is decided on a case by case basis. There are Spanish posters throughout the

facility and staff are aware of bi-lingual employees who can translate if need be. It is more common that parents are not English proficient rather than the residents, and there are bi-lingual reporting posters in the visitation building.

STANDARD 115.317 Hiring and Promotion Decisions

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

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

I reviewed the Human Resources Policy which is compliant with this standard as well as the Pa. Child Protective Services Law. A review of 24 staff files, including new hires and someone newly promoted confirm compliance with this standard. An interview with the Director of Human Resources, also confirms compliance. I also reviewed DPW Licensing and Inspection Summaries for all 53 cottages. At the time of inspection they review all new staff files and a random sampling of others and cite the agency for non-compliance with the above. There were no citations in this area.

STANDARD 115.318 Upgrades to Facilities and Technologies

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

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

Interviews with both the CEO and COO, confirm that all improvements are done to increase the safety and security of both staff and children through state of the art technology. All 400 cameras are installed to decrease any blind spots on the campus.

All resident sleeping areas are monitored by on-site staff as well as a central video control room, which I viewed. All new buildings are designed with wide halls and excellent lines of sight; an excellent example is the school building.

STANDARD 115.321 Evidence and protocol and forensic medical examinations

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

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

All investigations are conducted by the Pa. State Police and I reviewed a signed Memo of Understanding with them. Forensic Medical Exams are conducted by the Grove City Medical Center, who employ SANE and SAFE staff. I reviewed a signed MOU with AWARE, a Rape Crisis Center in Grove City and interviewed an administrator there. Interviews with the PREA Manager, nurses at the facility, as well as a child who reported sexual abuse confirm that the facility has met this standard.

STANDARD 115.322 Policies to ensure referrals of allegations for investigations

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

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

Interviews of staff and residents as well as review of resident files show that policies and protocols are in place and are followed.

STANDARD 115.331 Employee training

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

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

Interviews with 29 random staff and review of 24 staff files, confirm that all staff were trained and understand all areas of the zero tolerance policy and their reporting responsibilities. 100%, or 758, staff were trained. I reviewed these logs as well as the curriculum and spoke to staff, including, kitchen, maintenance, transportation, stable hand, and teachers during the tour. They all were able to answer affirmatively regarding PREA education.

STANDARD 115.332 Volunteer and Contractor Training

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

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

There is currently only one volunteer, an intern, who was not available for interview, however I interviewed a contractor and reviewed her file to ensure compliance with standard. There are 28 contractors, including a part time psychiatrist, dentist and Grove City School District. I reviewed the curriculum and training logs.

STANDARD 115.333 Resident Education

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

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

On the date of this audit, all 510 residents had received PREA Education through a variety of mediums and curriculum, although not at Intake, because PREA went “live” on 10-1-2014. Subsequent admissions (19) since that date, received their education in a timely manner as prescribed by the standard. Both initial 72 hour education as well as the 10 day Education are given together by a Social Worker at the time of Admission in the “Orientation Unit” for those going into the houseparent cottages. For those in the staff secure units, it is also part of the Intake process. I reviewed 48 resident files to ensure compliance. Fifty five residents were interviewed and all were educated, however even though “AWARE” is on the posters in every unit, many residents could not describe this reporting avenue. Recommendations were made for more colorful posters as well as continued ongoing education, focusing on this resource. Additionally a new video, was also implemented to ensure age appropriate and ongoing education regarding sexual abuse. Documentation of its use with every resident was provided prior to the 30 day initial report.

STANDARD 115.334 Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Investigations are conducted by ChildLine and the Pa. State Police in compliance with the CPSL and agency policy.

STANDARD 115.335 Specialized Training: Medical and mental health care.

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

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

I reviewed the curriculum, the training logs and interviewed the Director of Nursing, a nurse and two psychiatrists. Fifty one staff, 100% were trained. Forensic Exams take place at the Grove City Medical Center.

STANDARD 115.341 Obtaining Information from residents

Exceeds Standard (substantially exceeds requirement of standard)

- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Residents have always been assessed during the Intake process, and this was conducted by nurses. However, it did not include all 11 areas in the standard. A new Vulnerability and Risk Assessment was implemented and is administered by the Social Worker during Intake/Orientation. All 19 admissions since 10-1-14 had the Instrument administered and I reviewed all 19. I also interviewed one of the Social workers who administers it to document its use. None of the staff secure units had implemented it, because they had no Intakes during the time period that was reviewed. Documentation of training of those Social Workers in the Staff secure units, as well as an additional 30 days of use was provided prior to the 30 day initial report to meet the standard. Residents that were interviewed did state that the appropriate information was obtained, even without the use of the instrument. Policy and practice call for weekly re-assessment of any child identified as being at risk by the social worker, during the weekly individual counseling session.

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

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

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

There were no residents that had been identified at the time of the on-site audit, or in the past 12 months. The orientation unit is used to assess where the resident will best fit in. The use of the vulnerability assessment will help inform that decision and this was corroborated by an interview with a Social Worker responsible for administering it. There were no GBTI residents in the population that had been identified. The all-male facility does not use isolation and all children shower separately. This was confirmed with 29 random staff interviews and 55 resident interviews, as well as interviews with the PREA manager.

STANDARD 115.351 Resident Reporting

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

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

There is a plethora of both internal and external ways a child can report sexual abuse and sexual harassment. Children can report to staff, teachers who are not employees, nurses, and social workers during individual weekly counseling sessions, and/or use a grievance form. Children also receive weekly phone calls. They can have visits weekly and if parents cannot visit for a variety of reasons, the facility buses/flies them in and they are put up at a local hotel and the resident can stay with them. Most children have home visits several times a year and are also visited by their probation officer/DHS caseworker. The "hotline" to AWARE, although posted throughout the facility, was not widely recognized by the residents as a reporting avenue. During the tour, a resident went through the procedure and called the "hotline" in my presence. I spoke to the Rape Counselor to verify its use. This standard has been met, because of the many avenues for internal and external reporting. A recommendation was made for remedial education regarding the valuable resource, "AWARE". Staff are mandated reporters per Pa. CPSL and interviews with 29 random staff confirmed they received this training during orientation and were all aware of their mandate and various ways they can report. It was recommended that staff be educated again about the availability of "AWARE".

STANDARD 115.352 Exhaustion of Administrative Remedies

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

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

Pa. DPW 3800 regulations require a grievance process and notification of both residents and their parents. Review of 48 resident files, show that notification of this is done. Facility policy requires timely response and interviews with staff (29) and children (55) confirm that all aware of this.

STANDARD 115.353 Resident Access to outside support services and legal representation

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

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

All random residents (55) confirmed that they can contact their attorneys and that they have both phone contact with parents and/or guardians and on-campus visits and most children have periodic home visits. The facility will transport a parent or pay for transportation and house the parent in a local hotel once a month to ensure a visit. Probation Officers and Children and Youth Caseworkers visit on a regular basis, from most jurisdictions. AWARE is the local victim advocate agency in Grove City, Pa. There is a MOU with the agency and I spoke with a representative of AWARE, prior to the on-site Audit to confirm services. A phone call during the tour ensured that the “hotline” is functional. Although posted throughout the facility with a phone number and address, both staff and children did not spontaneously volunteer AWARE as a reporting avenue. However because of the many other outside reporting avenues, the facility meets the standard. It is strongly suggested that both staff and children receive continuing education that includes this resource. I reviewed the visiting and telephone policy and the training/education curriculum and logs to ensure compliance.

STANDARD 115.354 Third Party Reporting

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

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

Parents sign off on child rights which include the grievance procedure. This is a DPW 3800 regulation and is also inspected by them. There were no citations for any

missing parent notifications. A website with third party reporting information went live on 11-21-14 and was verified

STANDARD 115.361 Staff and agency reporting duties

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

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

Review of PREA policy and mandatory DPW reports as well as resident files confirm reporting duties. Interviewed random staff (29), medical and mental health professionals (4) PREA Coordinator and Manager and CEO. All staff are mandated reporters as per Pa. CPSL and all are aware of responsibilities. A review of incident reports show that reporting duties are followed.

STANDARD 115.362 Agency protection duties

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

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

There were no incidents of this nature to review in the past 12 months, but all random staff (29) and administrators understood and could reiterate their duties. Policy confirms this standard.

STANDARD 115.363 Reporting to other confinement facilities

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

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

There were no incidents of this kind. Both Policy, and CPSL require that these incidents be treated the same as if the incident occurred in the facility. All staff interviewed confirmed this policy.

STANDARD 115.364 Staff first Responder duties

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

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

Interviewed random staff (29) and a staff who acted as a first responder. All staff have been educated and understand their first responder responsibilities. (review of curriculum and training logs). An interview with a child who reported sexual abuse also confirmed that staff know procedure and follow it. Policy and practice confirm that this standard has been met.

STANDARD 115.365 Coordinated response

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

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

The PREA policy spells out the coordinated response and an interview with the CEO confirmed its use.

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

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

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

There are no unions or bargaining units and there are no agreements which prohibit the facility from protecting residents from contact with abusers.

STANDARD 115.367 Agency protection from retaliation

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

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

There were no incidents of this nature. Review of Policy as well as interviews with residents (55) random staff(29) CEO, PREA Coordinator/Manager and one of the Campus Supervisors charged with monitoring retaliation support that all measures would be taken for as long as necessary to protect from retaliation, including staff discipline. There is no use of isolation.

STANDARD 115.368 Post-allegation protective custody

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

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

The facility does not use isolation for any purpose. All interviews with staff and residents confirm that isolation is never used.

STANDARD 115.371 Criminal and Administrative agency investigations

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

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

All allegations of sexual abuse are investigated by the Pa. State Police and Child Line. There is a signed MOU with PSP and an ongoing cooperative professional relationship. Sexual Harassment that rises to a Criminal Level is also investigated by PSP and if it is a violation of a child’s rights would be reported to ChildLine as required by DPW 3800 regulations. Interviews with CEO, PREA Coordinator and Manager confirm this. Interview with two children who reported also confirm policy. I also reviewed all reports of allegations made in the past 12 months.

STANDARD 115.372 Evidentiary Standard for Administrative Investigations

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

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

Policy meets standard.

STANDARD 115.373 Reporting to Residents

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

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

Policy meets standard. DPW notifies residents and staff by mail of the status of investigations by their agency. Copies of notification are kept in files. Interviews with two residents who reported sexual abuse confirmed notification of unfounded reports.

STANDARD 115.376 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

There were no incidents of this kind. HR policy and PREA policy support disciplinary sanctions up to and including termination. Interview with HR director confirms this policy.

STANDARD 115.377 Corrective Action for Contractors and Volunteers

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

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

PREA Policy and interviews with PREA Coordinator confirm that Contractors and Volunteers would be restricted from contact with residents and reported as per Pa. CPSL. There were no incidents of this kind in the past 12 months.

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

- XXX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Policy and law prohibit disciplinary sanctions for residents who have reported in good faith. Residents are disciplined for sexual abuse and sexual harassment incidents on a case by case basis, commensurate with the level of their involvement as well as any mitigating factors, such as age or mental health. A review of a founded incident that was prosecuted showed different sanctions at different levels for three offenders in the same incident. Interview with COO/PREA Coordinator confirmed policy.

STANDARD 115.381 Medical and Mental Health Screenings

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

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

Policy outlines services. Interviews with Social Worker responsible for screening and Medical and Mental Health staff confirm that every resident receives a physical upon admission with any necessary follow up and that for a variety of reasons including a history of sexual abuse and or sexual aggression are seen by a psychiatrist within 14 days, and many times within 24 hours. A screening that identified either vulnerability or aggression would help inform housing decisions. During tour I saw where this confidential medical information is kept.

STANDARD 115.382 Access to emergency medical and mental health services

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

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

Interviews with nurses and psychiatrists confirm that child will receive appropriate emergency care. They also confirm level of care is the same as or better than what a child would receive in the community. Random staff confirm referral to the above as part of first responder duties. Two children who reported sexual abuse confirm medical care, including STD tests, etc. Policy and response meet standard

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

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

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

This is a juvenile treatment facility and it not only meets the standard, but exceeds it for all children. Juveniles are court committed here for this very reason. All residents receive a physical and if identified for a variety of reasons, including sexual abuse and/or sexual aggression are referred to a psychiatrist and many times see him/her within 48 hours. All residents receive weekly individual therapy with a Master's Level Social worker, as well as weekly group counseling. Interviews with nurses, psychiatrists, social workers and residents confirm the excellent care that is both offered and received.

STANDARD 115.386 Sexual Abuse Incident Reviews

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

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

Policy meets standard. An interview with the PREA Manager who is a member of the team as well as the CEO and COO confirm policy. There have been no team reviews in the last 12 months due to the date of implementation, however a review of the founded incident that did occur took all variables in the standard into consideration.

STANDARD 115.387 Data Collection

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

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

Interviews with CEO, COO/PREA Coordinator and Manager verify policy that this will be done on a yearly basis.

STANDARD 115.388 Data review for Corrective Action

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

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

Review of PREA Policy provides for this report. An interview with the CEO confirms that this information will be compiled and reviewed and any necessary actions will be taken. The report will be approved by the CEO and presented by the COO to the Facility Board of Directors at their June meeting each year. Any personal identifiable information will be redacted and noted in the report. The report will be posted on the facility website, under the PREA section. A review of the website that went live on 11-21-14, shows a tab for the posting of this report when it is made available.

STANDARD 115.389 Data storage, publication, and destruction

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

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

The PREA Policy meets this standard. The website has a tab for this information. Confidential information will be redacted and noted.

AUDITOR CERTIFICATION:

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

Maureen G. Raquet

December 19, 2014

Certified PREA Auditor