

**PREA AUDIT:
AUDITOR'S FINAL SUMMARY REPORT
JUVENILE FACILITIES**



Name of Facility: Shuman Center, Allegheny County Juvenile Detention		
Physical Address: 7150 Highland Drive, Pittsburgh, Pa. 15206		
Date report submitted: March 9, 2015		
Auditor information: Maureen G. Raquet		
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Date of facility visit: January, 12,13,14, 2015		
Facility Information: same as above		
Facility Mailing Address: same as above		
(if different from above)		
Telephone Number: 412-665-4114		
The Facility is:	<input type="checkbox"/> Military	xx <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> xxxxxxDetention	<input type="checkbox"/> Correction <input type="checkbox"/>
Name of PREA Compliance Manager: Cheyenne L. Patterson		Title: PREA Coordinator
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Agency Information		
Name of Agency: Shuman Juvenile Detention Center		
Governing Authority or Parent Agency: Allegheny County		
Physical Address: s/a		
Mailing Address: NA		
Telephone Number: na		
Agency Chief Executive Officer:		
Name: Earl Hill	Title:	Director
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Number:		
Agency Wide PREA Coordinator		
Name: Cheyenne Patterson	Title:	PREA Coordinator
Email Address: same as above	Telephone Number:	s/a

AUDIT FINDINGS

NARRATIVE: The Shuman Juvenile Detention Center, serving Allegheny County and the City of Pittsburgh Pa., celebrated its 40th Anniversary in December 2014. The program consists of a 120 bed Detention center. There are two wings of five 12 bed units each; the East Wing and the West Wing. There were 50 residents in-house during the dates of the audit, 10 females and 40 males housed in 6 of the ten units and two boys in the Infirmary. During 2014, there were 2,038 Detention admissions, 1,587 male and 451 female, ranging in age from 10-20.

The facility is run by the Director, Earl Hill, and he reports to the Allegheny County Manager. There are 134 full time employees, as well as contracted employees in Behavioral Health (CACTIS), and Educational Units (Allegheny County Intermediate Unit) The direct care or line staff are full time and work permanent shifts. Both male and female units are staffed by male and female Youth Care Workers. There are six separate Unions representing various categories of employees in the Detention Center.

DESCRIPTION OF FACILITY CHARACTERISTICS: The 121,000 square foot 40 year old building sits on 18.5 wooded acres in the city of Pittsburgh, Pa. Even though within the city limits, it feels rural and hosts a large flock of wild Turkeys and many white tailed deer as well as a sculpted dinosaur on the front lawn. It is of brick construction on the outside and is one floor. It is surrounded by very large fenced playing fields on one side. The front entrance is utilized by both employees and the public and consists of a reception area monitored by security officers. Parents and those attending court hearings also enter here. This area was under construction to enhance security and video monitoring in the 40 year old building. There are two wings of five 12 bed units each; all are single rooms. In each unit, there is a very large open area, with a window wall at one end and a glass enclosed staff office and shower /bathroom area at the other. The bedrooms that contain built in bunks and desks open onto the common area. The bathroom/shower area situated behind the staff area contain both showers with curtains and toilets with doors. All living units are physically the same. The Infirmary is used to house children, who are too sick or injured to be in the general population, until medically cleared. The living wings, as well as the gymnasium are at the back of the building, and the school is in the middle with the rotunda, used for visiting in the front. The rotunda has several tables for visiting and a life size papier mache statue of Martin Luther King, made by the children in art class. There is an abundance of student art work throughout the rotunda. The administration wing, cafeteria, staff lounge, medical unit and Intake/Admissions Area are off the two story open glass walled rotunda. A courtroom and probation offices are in a separate wing off the rotunda. Detention Hearings are conducted here 5 days a week, by a Master. The cafeteria is covered in one giant mural and the posts are covered in mosaics. The children eat one unit at a time and are served by the kitchen staff. The 12 classrooms are staffed year round by 19 teachers from the Allegheny County Intermediate Unit. There are several courtyards available for the residents, with gardens. A self-contained Intake Area with a drive-in fenced yard is connected to the rotunda. The Intake Area has two showers and four separate changing/search rooms. There is a basement laundry area that the children do not have access to, therefore it was not toured. Both exterior and interior doors are buzzed open by security. There is a key override. The inner program spaces reflect the ideology of rehabilitation. The Youth Center is licensed by the Pennsylvania Department of Human Services.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on January 12, 13, 14, 2015. It commenced with a brief entrance interview with the Director, the PREA Coordinator, the Training Manager, the Deputy Director, Security Manager and a Chief Supervisor. It was followed by a tour of all areas of the facility. The facility was very clean and well maintained. It did not appear to be 40 years old. Staff throughout the facility, including the line staff, Medical, Teachers, Kitchen and maintenance men, were questioned about their areas and responsibilities. They were all aware of the Zero Tolerance Policy and had been educated about PREA. There were educational posters about sexual abuse and postings regarding reporting in English and Spanish throughout the building. These posters were not only appropriate age wise, but targeted female posters were on the girls’ units and vice versa. During the tour, an announcement came over the intercom advising children, staff, visitors and parents, that Shuman is a PREA Compliant facility with a Zero Tolerance Policy. This is repeated twice a day, at the beginning of the day for Court and during evening visiting. Following the tour, staff (24) and residents (15) were interviewed individually about PREA and all were well aware of the Zero Tolerance Policy, their reporting requirements and various methods to report. I interviewed the following staff: the Director, Deputy Director/Human Resources, PREA Coordinator, the Health Services Manager, a Registered Nurse, Security Manager, Two Chief Supervisors, two Wing Supervisors, Admissions Staff(2), A Mental Health Case Manager, a Caseworker, a contracted employee (Title One Supervisor), a member of the Incident Review Team and 9 Random Staff from all three shifts (a total of 24 staff) and 15 Residents, from the six units that are currently occupied including the Infirmary. I also reviewed 14 resident files and 17 staff files, for required clearances and education/training documentation.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. One is a 24 hour hotline for crisis support and is a Rape Crisis Center. This hotline is operated by PAAR (Pittsburgh Action Against Rape). I spoke to a staff person from this agency prior to the on-site to confirm the services described in the MOU, which they did, and they were not aware of any ongoing problems at the facility. All staff and children were aware of the hotline. Addresses and phone numbers for written reports to PAAR are posted throughout the center in both languages. This information is on the back of the PREA pamphlet given to each child at Intake. All children felt safe and verbalized that they could all go to a Youth Center staff as well. The residents all have the opportunity to receive visits from parents every day, and a phone call upon admission and as frequently as everyday on the units. There is also a grievance policy for reporting as well as Child Line. In every living Unit, there is a secure drop box for both Staff and residents. There were no incidents of Sexual Abuse or Sexual Harassment at the Shuman Center in the past 12 months.

During the on-site Audit there were no identified LGBTI residents.

The full time PREA Coordinator was hired and came on board about three weeks prior to the Audit. Prior to the on site visit, during almost weekly phone calls, the Director, 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 the Director, Deputy Director, Training Manager, PREA Coordinator, Security Manager, Health Services Manager, Social Services Manager, Mental Health Caseworker, Social Services Caseworker, IT Manager and 7-3 Chief Supervisor.

The objective screening instrument pursuant to standard #341 was implemented on December 19, 2014. Due to this start date, there was not enough documentation of the use of the Assessment, nor the necessary follow up pursuant to Standards #342 and #381. This was also the “go live” date for Education for Residents, pursuant to Standard #333. An additional 30 days of documentation was required and was provided to the Auditor, prior to the submission of the Interim report. Secondary Medical and Mental Health materials pursuant to #381, including training logs, will be provided and reviewed by March 12, 2015.

A PREA link on the Shuman website was constructed for third party reporting, investigative procedure, yearly aggregated data report, as well as the Audit itself. This was subsequently completed and verified by the Auditor on 2-10-15.

Although there is a Policy, Curriculum and Training for Staff regarding Cross Gender Searches for Transgender and Intersex Residents, (Standard #315), none of the Intake/Admission Staff were able to demonstrate an understanding of this policy, during the on-site Audit. Documentation of use during admission, as well as logs of refresher training were reviewed and verified during phone interviews on 2-4-15. Additionally, cross gender pat down searches conducted by female staff on male residents is a routine practice, and knock and announce by female staff on male units is not consistent. A directive was issued immediately by the Director regarding cross gender pat down searches and refresher training will be conducted for all staff. Re-interviews with both staff (9) and residents (3) were conducted via phone on 2-4-15, and it was verified that it is no longer a practice, and that Knock and Announce is being practiced routinely.

Human Resources must update their Policy and practice regarding Child Abuse Clearances and Criminal History Checks, to be consistent with the change in the Pa. CPSL. (Standard 317). This should be implemented and verified by February 12, 2015. This information, including change in policy was received and verified for compliance with the standard prior to March 9, 2015.

Standard 331 (a) 10, Mandatory reporting of Sexual Abuse according to State Laws, changed in December 2014. The Pa. Child Protective Services Law now requires that the individual receiving the report must call it in to Child Line. All mandated reporters at Shuman were advised of this change and their responsibility, but were unable to accurately describe it during their interviews. A memo was issued immediately and it requires staff to sign off on this important change. Logs were provided to the Auditor and phone interviews on 2-4-15 confirmed that staff now know and understand the change in the law and their mandated reporter responsibilities.

Standard #313, Monitoring and Supervision requires Unannounced Rounds by Intermediate and Upper Level Supervisors. I saw logs and verified on video, however Upper level Administrators were not documenting their rounds. On 2-12-15, logs were provided to the Auditor as well as Staff meeting minutes directing Unannounced Rounds by middle and upper level supervisors twice a month.

All other standards were met by the time of the on-site audit and verified by the auditor through interviews, tour and review of files, policy and documents. There were two areas where Shuman Center excelled: the first was Standard #382 Access to Emergency Medical and Mental Health Services. The contracts with the Community providers for specialized emergency services, as well as the in-house assessment by CACTIS for Mental Health by a Mobile Crisis team far surpassed the Standard. The second area was Standard # 351, Resident Reporting. Every conceivable way for both residents and staff to make reports, has been provided. This policy and the plethora of reporting avenues far exceeded the standard. This initial report is being submitted to meet the 30 day timeline. All corrective actions discussed during the exit interview have been implemented and reviewed by the Auditor prior to the submission of the interim report, except for Standard #381 and Standard #317. Changes to the Human Resources policy regarding Child Abuse and Criminal History Clearances still need to be written and implemented. Training Logs of Medical and Mental Health staff and forms necessary to document services have been submitted to and verified by the Auditor. These were implemented 2/1/15, so 30 days' worth of secondary Materials for Medical and Mental Health are necessary for compliance. All corrective actions and the necessary verification should be completed by March 12, 2015.

All documents regarding Medical and Mental Health follow up to comply with Standard #381 have been received and verified for compliance on March 9, 2015. All Human Resource Policies, requested by the Auditor, have been implemented and submitted. They comply with Standard #317. Therefore, all Standards have been met and Shuman Juvenile Detention Center is in compliance with PREA.

Number of standards exceeded: 2

Number of standards met: 39

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

Review of policy and interview with PREA Coordinator verify compliance with Standard.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor comments including corrective actions needed if does not meet standard

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

Standard**115.313 Supervision and Monitoring**

- 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 policy, staff schedules, logs of unannounced rounds, corroborating video, as well as interviews with Executive Director and PREA Coordinator, verify compliance with the Standard. During the tour I viewed supervision in the cafeteria, gym, classrooms and units. The facility complies with the Pa. Department of Public Welfare ratio of 1:6 and 1:12 for Secure Detention Facilities. There were no citations for failure to meet this ratio and no record of deviations from this ratio. At the exit interview it was agreed that upper level supervisors would perform and document unannounced rounds, on shifts when they were not working. Logs were provided to the Auditor, as well as Staff Meeting minutes directing the rounds by middle and upper level supervisors.

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 Intake Staff and Random Residents confirm that the knock and announce policy is not always practiced by female staff on male units. Additionally, although there is a policy and there are no cross-gender searches, interviews revealed that not all staff were aware of the LGBTI policy for searches and were unsure as to how this would be handled. New staff were aware of this policy and were able to re-iterate it. As part of the plan for compliance, staff will be re-trained. Cross gender pat down searches of male residents by female staff is still a routine practice, and must be stopped immediately. A directive was issued immediately during the Audit by the Director to cease this immediately. This may necessitate a change in staffing on some shifts. Both staff and residents will be re-interviewed to determine compliance. Logs of re-training will be provided. Compliance with this standard will be demonstrated by February 12, 2015. There were no Transgender or Intersex residents in the population at the time of the on-site. I received training logs and interviewed 9 staff, including 4 Intake staff and 5 random staff via telephone on 2-4-15. I also interviewed 3 male residents. These subsequent phone interviews as well as documentation of training logs confirm compliance with this standard.

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

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

Interviews with the Director, Random Staff and a child whose first language was not English, demonstrated compliance with Standard, as did postings, documents and bi-lingual staff. There were no disabled or non-English speaking residents at the time of the audit.

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

Review of policy as well as interview with a Deputy Director/Human Resources revealed that the facility is not in compliance with this standard. All child abuse and criminal background checks are done pre-employment as required by DPW, but subsequent checks are not performed in a timely manner as required by the Pa. CPSL and are not part of the policy. They are currently revising their policy to come into compliance with PREA as well as the revised Pa. Child Protective Services Law that just went into effect. As of the 30 day Interim report, the policy has not been completed. It is still being worked on and it is anticipated to be completed within 30 days, at which time, I will review the new policy. A revised HR policy was submitted to Auditor on 2-26-15 and meets every area of the standard

STANDARD 115.318 Upgrades to Facilities and Technologies

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

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

Additional Cameras had been added in the school hallways and the Security Monitoring Station was being upgraded and situated in the Public Entrance/Reception Area. A separate Security Manager (who was interviewed) consults with experts in this area before implementing changes or upgrades.

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

Interviews with Random Staff, Medical, and PREA Coordinator and review of policy and MOU show that staff have received appropriate training and that all forensic exams are conducted at Children's' Hospital of Pittsburgh. The Allegheny County Police conduct all investigations at the Shuman Center. I spoke to a staff person from PAAR, prior to the on-site, to confirm victim support services. There were no residents who had reported a current sexual abuse in the population at the time of the audit.

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

All policies and procedures are in place, however at time of the on-site audit not all staff were aware of the recent changes to the Pa. CPSL, which mandates reporting. A re-issue of the memo with the new reporting responsibilities as well as refresher training were verified by the Auditor prior to the 30 day report. Re-training was conducted and logs were reviewed as well as telephone interviews with 9 staff on 2-4-15 to confirm compliance with this standard. The website describing the investigation procedure was developed and is up and running and was verified by the Auditor on 2-10-15.

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

Logs of training (100% of staff trained) interviews of random staff (9) and individual training files (17) were reviewed to verify understanding of training. I interviewed the PREA Coordinator, as well as random staff to determine compliance with Zero Tolerance Policy and related PREA training. Additional/refresher training regarding Cross-Gender and Gender Variant Searches needs to be conducted for Standard #315. Telephone interviews of 9 additional staff on 2-4-15 and review of training logs and policies confirm understanding of all PREA standards.

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

Reviewed training logs and sign off sheets for both volunteers and contractors. Interviewed a contractor. A volunteer was not available for an interview, during the on-site. This standard has been met.

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

Interviewed 14 randomly selected residents and reviewed their files. They receive education at Intake in the form of one on one review of reporting and Zero tolerance policy. They also view a video during the Orientation process with the Social Work staff and there is ongoing education on the unit in the form of pamphlets and posters. I interviewed random staff (9), Social Work Staff, PREA Coordinator and two Intake staff to confirm this practice. During the tour, the Security staff made one of the twice daily PREA and Zero Tolerance announcements. This is a form of ongoing education. Review of Resident files (14) show compliance. This education was implemented by December 19, 2014 for all admissions. All children currently in population and those admitted since 12-19-2014, received their education in a timely fashion Due to the short period of time for implementation, an additional 30 days of documentation is required. Received documentation of required Intake and 10 day training on 2-12-15. Meets standard.

STANDARD 115.334 Specialized Training: Investigations

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

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

The facility does not conduct investigations. The Allegheny County Police are responsible for any and all sexual abuse and sexual harassment investigations. I have reviewed the MOU with the police agency and everything is in order. This is a long term cooperative relationship.

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

Reviewed the curriculum and training logs. I also interviewed the Health Services Manager, and a Nurse. I interviewed the Mental Health Master's Level Clinician, who is a County Employee and there is also a contract with CACTIS for Mental Health Emergency Services.

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

The facility was using a screening tool to comply with the PA. DPW 3800 regulations. It was not objective, nor did it collect all the necessary information. As of the date of the on-site audit, the new Vulnerability Assessment had been used since 12-19-14. A review of admissions since this time showed use of the instrument, however an additional 30 days of documentation is required. All intakes since the time of the on-site Audit were assessed using the Vulnerability Instrument and they were submitted to the Auditor on 2-12-15. This documentation meets the standard.

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 is no use of isolation. All children shower separately. Once the new Vulnerability Assessment has been in use for an additional 30 days, documentation of housing decisions will be provided. The forms have been developed and the Shift Chief Supervisor and Mental Health Caseworker will be responsible. The PREA Coordinator will keep logs of those identified and the resulting actions. Logs and assessments were submitted with Identified children and housing decisions and safety plans on 2-12-15.

STANDARD 115.351 Resident Reporting

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

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

As mentioned in the narrative, every possible avenue for reporting has been provided to these residents and all are aware of them. Interviews with random staff (9), Random residents (14) and PREA Coordinator verify practice. Phone call to PAAR, prior to on-site, verifies reporting capabilities, via Hotline and by provided addresses. Grievance forms for reporting are available and secure PREA Drop boxes are available on every living unit. Phone numbers for reporting are posted above the resident phones in every living unit. Children also have frequent phone calls and visits with parents and guardians, as well as contact with attorneys.

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

Review of policy and child/parent rights' form, which outlines grievance policy were reviewed and meet standard. DPW 3800 regs require a grievance procedure and notification of such. They inspect resident files for compliance with this and there were no citations in this area. I reviewed 14 resident files.

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

Interviewed the Director, PREA Compliance Coordinator, Random Staff (9), Random residents (14). I also spoke to a representative from PAAR. Parents, guardians, attorneys, Probation Officers, and Caseworkers were able to be communicated and visited with on a frequent basis, according to both policy and interviews.

STANDARD 115.354 Third Party Reporting

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

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

The website, submitted and verified on 2-10-15 contains information on third party reporting, parents are advised during Intake and there is reporting information in both the visiting area (rotunda), court area, and public areas. The twice daily announcement during court and visiting also serves as an advisement for third party reporting.

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

Interviewed the Director, PREA Coordinator, Medical and Mental Health Care Staff and a Random Sample (9) of staff. All are subject to Pa. CPSL and are Mandated Reporters. This is part of their orientation training per DPW 3800 regs that must receive before they are alone with residents. DPW 3800 regs also require timely notification of involved parties. A sign off on the change to the CPSL will be provided to the Auditor, prior to the 30 day report. Although they were advised, not all staff were able to describe their new responsibilities. Additional staff telephone interviews on 2-4-15 confirmed that all staff now know and understand the change in the law and their mandated reporter responsibilities. Re-training logs were also provided to the Auditor.

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

Interviews with random staff (9), director, and PREA Coordinator, indicated that all are aware of their responsibilities and that the policy is followed.

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 in the past 12 months, however policy and interviews, Director and PREA Compliance Coordinator, demonstrate knowledge of and compliance with this standard. Pa. CPSL requires that this is treated the same as an incident at the facility.

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

All staff had been trained according to training logs and a review of staff files (17). All interviewed random staff (9) were able to verbalize their first responder duties. There were no incidents within the previous 12 months that required a first responder.

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

Interview with Director and review of policy demonstrate compliance with this standard.

STANDARD 115.366 Preservation of ability to protect residents from contact 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

I interviewed the Director and reviewed a copy of the current Union contracts and there is no inability to protect residents from contacts with abusers. I also interviewed the Deputy Director who is responsible for HR.

STANDARD 115.367 Agency protection from retaliation

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

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

The policy outlines who is responsible and what they must do to protect from retaliation. The PREA Coordinator and the Shift Chief Supervisors are responsible and an interview with the PREA Coordinator demonstrated complete compliance and understanding of this procedure. There were no incidents of this type in the past 12 months.

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

Isolation is not permitted, nor is it used, as verified in interviews with Director, PREA Coordinator, Medical and Mental Health Staff, as well as the Chief Supervisor, responsible for monitoring retaliation. Housing changes for both staff and residents can be made. Staff and residents can and will be disciplined on a case by case basis.

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

Review of policy and interviews with Director, PREA Coordinator, and compliance with Pa. CPSL indicated compliance with Standard. The Allegheny County Police are responsible for investigations of Sexual Abuse and Sexual harassment. There were no residents currently in population, who had reported an incident that occurred in the facility.

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, however, because of the short length of stay (10 days) most notification is being done by those who investigate: the Police and Child Line. There were no residents to interview who had reported an abuse at the facility.

STANDARD 115.376 Disciplinary sanctions for staff

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

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

Policy meets standard. There were no such incidents in the past 12 months.

STANDARD 115.377 Corrective Action for Contractors and Volunteers

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

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

Policy meets standard and complies with Pa. CPSL. There were no such incidents 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 meets standard. There were no residents to interview, who had been disciplined. There were no incidents in the past 12 months. Discipline is decided on a case by case basis. Good faith reporting cannot be disciplined per DPW.

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

Due to the fact that the Vulnerability Assessment in Standard #341 was only implemented on 12-19-14 there were no review of secondary documents to ensure timely compliance, per the standard. Documentation must be provided for an additional 30 days. However, all children are offered these services, if the current screen indicates that they are necessary. Logs of training for Medical and Mental Health staff and appropriate forms for tracking were provided and verified by the auditor. Documentation of 30 days of use will be provided by 3-12-15, at which time it will be verified by the Auditor and the standard will be met. On March 9, I received all necessary follow up documentation to ensure that this standard is in policy and practice and this standard has been met.

STANDARD 115.382 Access to emergency medical and mental health services

- 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

All children are offered these services. There is an agreement with Children’s Hospital of Pittsburgh and CACTIS and Medical staff state that the services are of no cost to the resident and are routinely provided, whether a child reports an incident that occurred in the facility or immediately prior to Intake.

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

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

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

All children are afforded all of these services. Contracts with providers and regulations requiring physicals ensure compliance. While on tour, I saw residents meeting with the Emergency Mental Health provider (CACTIS). Interviews with Medical staff indicate that children are receiving more care than if they were in the community.

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

The policy provides for an incident review team and I interviewed a member of that team. There were no incidents to review in the past 12 months. The policy takes into account all areas in the Standard.

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

An interview with the PREA Coordinator and a review of the data she is collecting as well as the policy, meets standard.

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

Interviews with the Director, and the PREA Coordinator, indicate that the Data compiled will be reviewed on a yearly basis. The policy meets the standard.

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 policy and interviews indicate compliance with the standard. The website was completed and provides for publication of the data, with personal identifiers redacted. This standard has been met.

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

March 9, 2015

Certified PREA Auditor