

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



Name of Facility: Adelphoi Village: Greystone Intensive Supervision Unit		
Physical Address: 537 Lincoln Highway, Boswell, Pa. 15531-2523		
Date report submitted: July 28, 2015		
Auditor information: Maureen G. Raquet		
Address: P.O. Box 274, Saint Peters, Pa. 19470-0274		
Email: mraquet1764@comcast.net		
Telephone number: 484-366-7457		
Date of facility visit: June 1,2,3,4,2015		
Facility Information: Adelphoi Village: Greystone Intensive Supervision Unit		
Facility Mailing Address: same as above (if different from above)		
Telephone Number: 814-629-6365		
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
	xx <input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction <input type="checkbox"/> XXX Other: Juvenile Treatment Facility
Name of PREA Compliance Manager: Larry Huffman		Title: Supervisor
Email Address: larry.huffman@adelphoi.org		Telephone Number: 814-629-6365
Agency Information		
Name of Agency: Adelphoi Village		
Governing Authority or Parent Agency: (if applicable) na		
Physical Address: 1119 Village Way, Latrobe, Pa. 15650		
Mailing Address: (if different from above) s/a		
Telephone Number: s/a		
Agency Chief Executive Officer:		
Name: Nancy Kukovich	Title:	President/CEO
Email Address: nancy.kukovich@adelphoi.org	Telephone Number:	724-804-7000

Agency Wide PREA Coordinator		
Name: Jennifer McClaren	Title:	Quality Assurance Director
Email Address: Jennifer.mcclaren@adelphoi.org	Telephone Number:	s/a

AUDIT FINDINGS

NARRATIVE:

Adelphoi Village came into existence in 1971 when Fr. Paschal Morlino, a Benedictine monk, set out with a plan to open a home for boys. This program, which he called Adelphoi, is Greek for "my brothers for whom I am concerned". In 1978, foster care was added, followed by a private academic school in 1981. Today, Adelphoi provides an extensive network of community-based programs and services to over 1,200 youth and families on a daily basis. Group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, secure care and other services overlap to provide a complete continuum of care to children, youth and families. In 2014, Adelphoi served 1,137 youth and families. Anchored by a 20-acre campus in Latrobe that includes a school building, administration building, three secure units, a substance abuse residential facility, two sex offender group homes, and a multipurpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania. The counselors, teachers, and therapists, along with administrative and supervisory staff, make up a workforce of nearly 650. Greystone Intensive Supervision Unit has 11 staff, including the Supervisor, Caseworker, and Cook. Direct Care staff work a rotating first and second shift and a permanent 3rd shift.

Adelphoi Village is a component of Adelphoi U.S.A. The juvenile residential component is comprised of 21 group homes of which 5 are female, and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, Somerset and Armstrong Counties. A previous Audit of the 6 units on the main campus was conducted in August 2014. A subsequent Audit of four off campus units was conducted in April 2015. This Audit was conducted at Greystone in Boswell, Somerset County, Pa., about 30 minutes from the main campus in Latrobe. Four other residential units were also audited at this time. Greystone is a 15 bed male unit, with ages between 12-19, licensed under the Pa. Dept. of Public Welfare 3800 regulations. In 2014, there were 47 admissions and the average length of stay was 5 months. On the date of the Audit there were 15 residents in this unit; one boy was discharged during the Audit. Residents from Greystone are transported to the central Latrobe campus to attend the Robert Ketterer Charter School on the main campus. They are transported there in a van by Adelphoi staff. They eat lunch on the main campus, as part of the National School Lunch Program. These residents can be either dependent or delinquent and are committed by the Juvenile Court. In addition to education, all residents receive both individual and group counseling and family counseling if warranted. They also perform community service. Adelphoi contracts with 64 of the 67 Counties in Pa. and infrequently has had children committed from Delaware, West Virginia, Maryland, Nebraska, and Ohio. One boy at Greystone was from Nebraska. Because Adelphoi Village offers both foster care and adoption services, children from 0-21 are served. Adelphoi is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village has undergone training in the Sanctuary Model over the past three years and received their certification this year. Sanctuary is the Organizational Culture and Philosophy at Adelphoi.

DESCRIPTION OF FACILITY CHARACTERISTICS: Greystone is a 5500 square foot stone home located in Boswell, Jenner Township, Somerset County, in rural Pennsylvania. It is owned by Adelphoi and sits on 5 acres with two ponds, one with a Gazebo, the other with a covered bridge, on the historic Lincoln Highway (Route 30). No other houses are visible from Greystone. It is very old and was possibly a stagecoach stop and was a bed and breakfast before its most recent use. As you walk in the front door, the stairway is directly ahead and the living room with a stone fireplace is off to the right. The first floor has been renovated, opened up, for recreational purposes as well as line of sight. The dining room and kitchen are off of the living room. To the rear is an addition, which contains an office area, with a rear exit. There is one bathroom on the first floor. The second floor accessed by both front and back stairs to the addition consists of 9 bedrooms, six doubles and three singles and two bathrooms. The bedrooms are sparsely furnished with wooden beds and open closets/wardrobes. The bathrooms, where the children shower separately contain a shower, toilet, and sink. There is also a large basement with two separate rooms for laundry and recreation. Outside doors are accessed by keys and the exits have a panic bar alarm delay. There is an outside basketball court adjacent to the small staff parking area. The boys were at school on the main campus during the tour. Children from area school districts also attend this alternative school. The residential clients attend school in part of the building and eat in a separate area of the cafeteria. I toured this school building during a previous audit, and the staff person contracted by the Auditor toured the school on 6-1-15 and he monitored lunch there with the residents on 6-3-15. Interviews of both staff and children were conducted in the administration building across the parking area from the school.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on June 1,2,3,4, 2015, in conjunction with Audits of 4 other Units. An additional staff person, trained and contracted by the Auditor was used to help conduct interviews of both residents and random staff. The Audit commenced with a brief entrance interview with the Vice President of Residential Services and the PREA Coordinator at the Administration Building in Latrobe. The tour of Greystone took place on June 1, 2015. The residents were at school during the tour and all but the Unit supervisor, Caseworker, and the Cook/Administrative Assistant were with the residents at the school. On June 2, 3, 4, I returned to the main campus to conduct interviews. I interviewed the following: CEO, Vice President of Residential Services, PREA Coordinator, PREA Manager/Supervisor for Greystone, the Program Director for this Unit, a Registered Nurse, a Master’s Level Therapist, a Caseworker, a phone interview with a Volunteer and a Contractor, an Intake staff, a teacher, Random Staff (9) from all three shifts, (there are 11 total employees at Greystone and I interviewed them all, including the Cook) and 10 Residents.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. One is a "Hotline" to the Blackburn Center, a 24 hour hotline for crisis support and a Rape Crisis Center. There is a dedicated button on the phone in each living unit that goes directly to a crisis counselor. I tried this and it worked as posted. This information is included in the PREA Orientation resident handbooks. The video watched by the residents during Intake, also advises them about the Hotline. Also posted are the numbers for Child Line, another 24 hour reporting line run by DPW for any sort of alleged abuse. Additionally, addresses were posted for the Blackburn Center directly above the Phone. I spoke to a staff person at the Blackburn Center prior to the on-site Audit and they confirmed the services offered in the MOU, and stated they were not aware of any allegations of sexual abuse or harassment. Residents also have a grievance process for reporting, as well as journaling with staff. Standard #351, Resident Reporting, has been exceeded, because every possible avenue, including a "hotline", addresses, grievances, phone calls to parents, POs, Caseworkers, Attorneys, visiting, home visits, journaling and verbal reports have been provided. Posters in both Spanish and English detailing how a third party can report sexual abuse are posted in the areas where parents would visit.

Of particular note, is the assessment and treatment that is offered to the residents who are victims or perpetrators of sexual abuse. Due to the fact that this is a treatment facility that specializes in sex offender treatment, it is not surprising, that this treatment extends to children in all programs and therefore Adelphoi exceeds the PREA standard #383. Standard #315 is also exceeded. Supervision is well above the mandated ratio of both the standard and by the DPW 3800 regulations. The dynamics of the resident population are evaluated on a regular basis, sometimes daily, to ensure adequate supervision of a child. If a child is placed on a safety plan, for a variety of reasons, supervision of that child is many times "one on one". Employee Training, Standard #331, exceeds the Standard. All employees receive PREA training as part of their orientation process. They have also received refresher training this year. All staff, including the Cook were well versed in their responsibilities and could spontaneously discuss first responder actions.

There have been no incidents of sexual harassment or sexual abuse in the past 12 month period. One previous resident of Greystone, now in a different unit, during an interview with a contracted employee, conducting interviews for the Audit, stated that he had reported sexual abuse or sexual harassment to a staff member. Adelphoi staff did not have a record of this, so both the PREA interviewer and Adelphoi staff immediately reported this to Child Line. Further interviews with the child showed an incident had been reported to staff, documented and investigated, but was neither Sexual Abuse nor Sexual Harassment. There were no transgender or intersex residents in the population at the time of the on-site Audit. Twelve resident files and 10 staff files were reviewed, for documentation for various standards.

Upon completion of the on-site portion of the Audit, an exit interview was conducted with 11 Administrators and upper level staff. Requested additional documentation will be submitted to the Auditor for verification within 30 days of this Interim report to meet the following Standards: #333, Resident Education and #334, Specialized Training: Investigations. New admissions are being educated in a timely fashion, but those that are being transferred to a different facility within the agency are not. Documentation of timely education of transfers must be submitted. Human Resources in consultation with the legal department is developing a policy regarding the proper use of Miranda warnings during Administrative Investigations. When this is submitted they will be in compliance with Standard #334. Documentation of timely education for transfers within the agency was subsequently received as was an amended PREA policy for investigations. This documentation meets Standards #333 and #334. Greystone Intensive Supervision Unit meets all other PREA Standards and exceeds in four areas as noted above. Policy and Procedure comply with all standards.

Number of standards exceeded: 4

Number of standards met: 37

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

An agency wide PREA coordinator and a PREA Manager are designated and I interviewed the PREA Coordinator and PREA Manager, who is the Supervisor for Greystone. There is an appropriate Zero tolerance policy in place.

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**

- ~~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

Staffing ratios not only supersede the PREA Standard, they also supersede Pa. DPW 3800 regulations regarding mandated ratios. There are always two staff on midnight shift and I saw where they are posted when the residents are sleeping. Random unannounced rounds are conducted on all three shifts, by both the Unit Supervisor and the Program manager. I was provided logs of these rounds. I also interviewed them to confirm that rounds were random and unannounced. Staffing is reviewed regularly to take into account the resident population and the group dynamics.

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

There are currently no Transgender or Intersex Youth in the Population, but all staff have been trained on how to provide a search of such a resident in a dignified and appropriate manner. There is a Gender Variant Search Form. There are no cross gender searches of any kind conducted. Postings are on every bedroom hallway to remind staff to knock and

announce. All children shower separately and interviews with both random staff (9) and random residents (10) 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

Children who are not English proficient are not accepted into the Adelphoi program, because they could not participate in treatment. However parents sometimes do not speak English. I have requested that Spanish language reporting posters be placed in visitation areas. Documentation of this was provided to me prior to the conclusion of the on-site portion of the Audit. Translators are available as needed. Children with disabilities are accepted on a case by case basis if reasonable accommodations can be made. Resources for these children are provided if needed.

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

Both policy and practice is compliant with this standard as well as the Pa. Child Protective Services Law. I reviewed 12 staff files and all clearances were in place. Policy has been updated to comply with the revision in the Pa. CPSL and requires updated clearances every three years. I also reviewed three files of staff recently hired and an employee promoted within the past year and they had appropriate clearances. The most recent LIS did not show any citations for missing clearances. Both a volunteer's and a contractor's file had the appropriate clearances. I interviewed the Vice President for Human Resources and he confirmed Policy and Practice.

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

Greystone was expanded and renovated in 2013. An interview with the Facility Supervisor and PREA Coordinator confirmed that the first floor was opened up for line of sight. The addition was made to allow for more bedrooms and less residents in a room, as well as expanding capacity. A watch tour system for midnight shift is also planned. I reviewed notes from the President of Residential Services in regard to this renovation.

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

Adelphoi Village only conducts Administrative Investigations. Several staff have completed the Investigative Training Curriculum. I interviewed both the Vice President of Residential Services and the Program Director, who have both completed this training. Both Child Line and the Pa. State Police conduct any abuse or criminal investigations. They follow accepted protocol. Forensic medical examinations are conducted under agreement by the local Medical Center who employ both SANEs and SAFEs in their Emergency Room. A MOU is in place for both the police and the medical agency. Interviews with Medical Staff confirm compliance with 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

There have been no incidents of sexual abuse or sexual harassment at Greystone in the past 12 months, however, policies are in place and have been used in other facilities under the agency’s umbrella. A previous resident during a random PREA interview answered yes to Question #12, that he had reported Sexual Abuse or Sexual Harassment to a Staff person at Greystone that had occurred while he was a resident. Both the PREA staff and Adelphoi staff reported this to Child Line, when it was determined that it had never been reported. All interested parties, including parents, probation, etc. were notified. Subsequent investigation showed that the resident had reported an incident involving another resident that did not rise to the level of either sexual abuse or sexual harassment. However, the resident stated that staff did document this, reported it to a supervisor and the child spoke to his mother about it, all in a timely fashion. The training that the staff receive is comprehensive and all staff interviewed (9) were able to spontaneously discuss the reporting policy. Administrative staff refer all allegations to Child Line and the PSP

STANDARD 115.331 Employee training

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

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

I reviewed 16 files and interviewed 9 random staff, including the Cook, and they were all trained and understood their responsibilities. I saw logs of all staff training. (A log reflects both completion of and understanding of the material, because an employee must receive a passing grade on a post test to be added to the log. I reviewed the curriculum. It contains all areas that are mandated by the standards. PREA training is part of new staff orientation training. Several staff have also received refresher training this year and PREA updates are presented at weekly staff meetings. This standard has been exceeded.

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

I interviewed by phone a volunteer and saw the sign off that she received appropriate training. She was able to tell me when she received the training, what it consisted of and who she would report and suspicion or allegation of sexual abuse to. I also interviewed by phone a contracted employee, who works in the Admissions department and I saw the sign off for her education. She too, was able to describe her training and her responsibilities.

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

All children in Greystone have received education. They receive both the 72 hour and 10 day education at Intake, on the Main Campus. I interviewed a staff person in Admissions who educates the residents within 72 hours and has them sign off that they received the training. Of the 12 files I reviewed, two residents did not receive education in a timely fashion. Residents transferring to a different facility within the agency are not being educated in a timely fashion. Changes have been made to the procedure, so that the Caseworker will educate the children within 24 hours upon arrival at Greystone. When this documentation is provided to me within 30 days of the Interim report, this Standard will be met. This documentation of timely education of transfers was provided to me. Adelphoi has included PREA information in the resident handbooks. In addition to the written information, the residents watch an age appropriate video and sign off that they have received the information on zero tolerance and PREA. I reviewed the files of 12 residents and saw the sign off sheets. Ongoing education is provided through postings and also as part of one of the Cognitive Behavioral Groups.

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

I received the log as to who attended the investigative training (all supervisors), during the pre-audit period, and I received the curriculum. The staff only conduct limited administrative investigations. All criminal investigations are conducted by the Pa. DHS and Pa. BHSL and the PSP. I interviewed both the Vice President of Residential Services and the Program Director who received the training. The facility supervisor completed the training as well. I recommended that they contact their solicitor regarding Miranda warnings when interviewing staff. HR in consultation with the Legal Department is developing a policy to ensure the proper use of Miranda warnings during an Administrative Investigation. They currently use them with residents. Documentation of an amendment to PREA Policy and a subsequent Administrative memo were provided to me. Both clarify responsibilities for investigators. This standard has been met.

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 was provided the training that was offered to the Medical and Mental Health Staff. I interviewed a Registered Nurse and a Master’s Level Therapist. They have received the specialized training provided by Adelphoi as well as additional outside training. Both were able to answer questions regarding detection and response. They are mandated reporters and as such are aware of those responsibilities. They also receive the training that all staff receive.

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 objective instrument is used at the time of Intake. It is a commonly used tool and contains all mandated variables that need to be considered. I saw a log that every resident that was admitted since July 2014 has had one administered. These are also administered again at 6 months. I reviewed 12 files and all had timely assessments, and several had the second or 6 month assessment. I interviewed the Caseworker who administer these assessments and the 10 random residents that I interviewed confirmed that they had been asked these questions. The Caseworker also receives information from parents, Probation Officers, and others through the Admissions Packet.

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

Interviews with the PREA Coordinator and PREA Manager, as well as the Caseworker who administers the assessment show a policy and procedure in place for safety plans that includes housing for those identified as sexually vulnerable or sexually aggressive. I saw staff notes for one current resident, who had been identified. During the tour, I was shown the single rooms near the midnight staff post that can be used for risk based housing decisions.

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

The residents can report in several internal ways by journaling staff, the grievance procedure, direct reporting to their therapist during one on one sessions. They can also Child Line or use the phone to the Blackburn Center. This phone has a dedicated button. Residents have frequent calls home, are allowed visits every weekend and provided by the agency once a month if the parents do not have transportation and residents also receive home visits. All random staff (9) and random resident (10) interviews confirm that they know they can report in writing, verbally, anonymously and through third parties.

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

This is in policy and a grievance procedure is required by the 3800 regulations. I reviewed 12 resident files and all were notified of the grievance procedure and signed off that they had been advised. Parents are also notified of this grievance procedure and their ability to utilize it per regulation.

STANDARD 115.353 Resident Access to outside support services and legal representation

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

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

There is an MOU with the Blackburn Center. Prior to my on-site visit, I spoke to the staff at the Blackburn Center who confirmed the services offered in the MOU. These services are in the Orientation Packet and are posted above the phone. All children interviewed stated they can contact their lawyers if they wish.

STANDARD 115.354 Third Party Reporting

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

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

This is in policy, however there have been no incidents. This information is provided to parents/guardians as part of their orientation process and is also posted on the website. I have also requested that reporting posters in Spanish be placed in the visitation areas. This documentation was provided to me prior to the end of the on-site portion of the Audit.

STANDARD 115.361 Staff and agency reporting duties

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

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

All staff know that they are required to report as per the Standard and PA.CPSL. All staff know that they must child line an allegation under penalty of law. The agency is aware of their duty to report and did so immediately upon receiving the report from the Auditing staff, regarding a yes answer to question #12, by a previous resident. . Interviews with line staff as well as Administrators demonstrate this knowledge.

STANDARD 115.362 Agency protection duties

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

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

There have been no incidents where this has been necessary. However it is in policy and interviews with the CEO and Vice President of residential services and the PREA Coordinator and Managers indicate that all are aware of their responsibility. Isolation is never used.

STANDARD 115.363 Reporting to other confinement facilities

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

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

There have been no incidents, however it is in policy and an interview with the both the CEO and Vice President of Residential Services, indicate that they know their responsibilities to report to both Child Line and to that agency in a timely fashion.

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

Random staff (9) interviewed all have been trained and know their first responder duties and could verbalize them. There have been no incidents that required a first responder. First responder duties are posted in the staff office. Policy and procedure meet this standard and contain all areas necessary.

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

A coordinated response is in place in policy, but has not been used, because there have been no incidents. Coordinated response instructions are posted in the staff office. This same coordinated response has been used in other types of incidents and all staff are aware of it.

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

NA There are no union or bargaining unit contracts. Interview with the CEO confirm that there is no obstacle to protecting residents from abusers. Policy meets standard.

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

I interviewed the PREA Coordinator and the PREA Manager who would monitor retaliation. They have many resources to ensure that they could protect a staff or resident from retaliation and would monitor for it for at least 90 days and possibly length of stay. Administrators interviewed would discipline any staff person involved in retaliation. Line staff know they must report it and residents know they have the right to be free from it.

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. Interviews with administrators and Medical and Mental Health staff confirm that there is no use of isolation. During the tour of the facility, I did not see any area where a resident could be isolated. They do have a resource, "intervention" that they could use to separate a victim, if he desires. This involves moving a child or staff to another unit for a short period of time, if need be.

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

An MOU exists with the Pa. State Police. This is a historic and cooperative relationship. Child Line also investigates any child Sexual abuse allegation. Administrators conduct investigations only to determine if staff actions or violation of policy are responsible for and incident.

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

This is in the policy and meets the standard.

STANDARD 115.373 Reporting to Residents

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

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

There have been no incidents that would require notification of a child. The policy and procedure are in place and an interview with the Vice President of Residential Services and the Program Director confirms that the standard has been met and the policy and procedure would be followed.

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 have been no incidents requiring staff discipline. The policy is in place and interviews with the Vice President of Residential Services confirms compliance with this standard.

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

There have been no incidents that require corrective action for volunteers. The policy meets the standard and an interview with the Vice President of Residential Services confirms compliance.

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

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

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

There have been no incidents that require corrective action, however the policy is in place and meets the standard as well as the Pa. CPSL that prohibits disciplinary action for a report made in good faith. All discipline would be on a case by case basis, consistent with other resident discipline and taking into account several variables including Mental Health, where they are in their therapy, etc.

STANDARD 115.381 Medical and Mental Health Screenings

Exceeds Standard (substantially exceeds requirement of standard)

XXX Meet Standard (requires corrective action)

Does Not Meet Standard

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

I reviewed secondary documentation for residents identified pursuant to #341 as well as having interviewed a resident who reported a prior sexual abuse. I also interviewed staff who administer the Vulnerability Assessment and a Registered Nurse and a MH therapist for compliance with this standard. All residents receive mandatory health screening at Intake and all receive ongoing care and therapy as part of their service plan.

STANDARD 115.382 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

There have been no incidents that have required emergency care. I interviewed a Registered Nurse and a MH therapist, who confirm that the policy is in practice and that this care would be immediate, free of charge and consistent with community level of care. There is an MOU in place with a community provider.

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

The facility specializes in sex offender treatment and provides comprehensive care to both victims and offenders. This carries over into the care of all residents and exceeds the PREA standard. This is a residential treatment facility and mental health care is part of every resident’s treatment plan. Children are Court committed to Adelphoi because it is a juvenile treatment facility.

STANDARD 115.386 Sexual Abuse Incident Reviews

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

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

There have been no incidents. I interviewed the Vice President of Residential Services, the PREA Coordinator, and the Program Director, who are on the team and they would consider all the possible precipitating factors 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

The policy meets the standard and an interview with the PREA Coordinator confirmed it.

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

The report will be published in July, which will be one year since the agency has implemented PREA. The policy meets the standard and an interview with the PREA Coordinator confirms it. The CEO states that they are a data driven organization and she would review all reports and present to their Board.

STANDARD 115.389 Data storage, publication, and destruction

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

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

The website has been verified by the auditor and the final report for a previous Audit has been posted. There is a place for the yearly report, which will be approved by the CEO and compiled by the PREA Coordinator, with personal identifiers redacted.

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

July 28, 2015

Certified PREA Auditor

