

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 26, 2017

Auditor Information			
Auditor name: Maureen G. Raquet			
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Email: Mraquet1764@comcast.net			
Telephone number: 484-366-7457			
Date of facility visit: May 8,9,10,11,12,2017			
Facility Information			
Facility name: Saxman Supervised Independent Living Program			
Facility physical address: 431Saxman Drive, Latrobe, Pa. 15650			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 724-523-9449			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Nancy Kukovich			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 15			
Current population of facility: 15			
Facility security levels/inmate custody levels: secure			
Age range of the population: 16-20			
Name of PREA Compliance Manager: Michelle Sheffield		Title: Saxman Supervisor/PREA Compliance Manager	
Email address: michelle.sheffield@adelphoi.org		Telephone number: 724-804-7000	
Agency Information			
Name of agency: Adelphoi Village, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1119 Village Way, Latrobe, Pa. 15650			
Mailing address: <i>(if different from above)</i> s//a			
Telephone number: 724-804-7000			
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: Director of Quality Assurance/PREA Coordinator	
Email address: Jennifer.mcclaren@adelphoi.org		Telephone number: 724-804-7000	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of Saxman Supervised Independent Living was conducted on May 8, 9, 10, 11, 12, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. Another staff, trained and supervised by the Auditor, helped to conduct staff and resident interviews. This Audit was conducted as part of five facility Audits of the same agency, Adelphoi Village, during the same time period. Saxman SIL was initially audited during the first PREA cycle in April 2016 and was found to be in full compliance on August 10, 2016. This Audit, conducted on May 8, 9, 10, 11, 12, 2017, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on March 27, 2017, and I received an email with pictures of the posting in the living and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on May 8, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On March 27, 2017, I received a flash drive with the completed Pre-Audit Questionnaire and requested important documentation. During this six week period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed, amended and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on April 20, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator, the Adelphoi Village Vice President of Residential Services and the Compliance Caseworker. The tour of the facility was conducted by the Saxman Supervisor. The facility was clean and well maintained. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center.

While on the tour, I saw the "PREA Hotline" that is located in the staff office and that is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. I requested a volunteer and a resident told me how he would ask to use the phone and then pressed the button for Blackburn. He handed the phone to me and it went directly to the Hotline. During the pre-Audit time period, I contacted the Blackburn Center (a member of the Pennsylvania Coalition Against Rape, PCAR) and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She also stated that, although there have been no allegations of sexual abuse at Saxman in the past 12 months, other Agency facilities have had allegations and Blackburn was utilized. All reporting for the other facilities was done according to policy and procedure. She was unaware of any issues at Saxman SIL.

There have been no allegations of sexual abuse or sexual harassment at Saxman during the past 12 months.

Residents who were not in school or not working volunteered to answer questions about PREA education. I spoke to staff persons who received training and they told me that Administration conducts unannounced rounds on a regular basis. There are no cameras in the facility, so therefore there are no recordings of unannounced rounds, however I saw the unannounced round log while on the tour.

There were postings next to the door for each wing, where the resident bedrooms are , directing the opposite gender staff to announce themselves.

During the onsite portion of the Audit, I saw a supervised lunch at the school cafeteria. Ratio of 1:8 was always maintained or exceeded whether in a group setting or with smaller groups of residents. Not all Saxman residents participate in school lunch because they could be working or sleeping, if having worked midnight shift. I spoke to two of the women who work in the cafeteria and both could tell me that they received PREA education. I also spoke to a Biology teacher and several students at the school during the tour. The teacher stated he had received his PREA education and was a mandated reporter. He also said he had just received an email that it was time to renew his Child Abuse clearance. The students nodded affirmatively when I asked if they knew what PREA was and one student told me that he had received PREA education. I observed the children lined up using the bathroom one at a time with staff supervision. There were postings throughout the school building announcing the Audit and also for reporting.

The votech building and the gym/multipurpose building were also toured because Saxman students utilize them. They both had postings. The gym/multipurpose building can also be used for community functions. A staff training on PTSD was being conducted in one of the classrooms in the gym during the tour.

All Saxman residents receive Physicals in the new health building on the main campus. The Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite. All health records are kept as part of the Electronic Health Record and have restricted access. I toured the Mental Health Clinic and saw private offices and locked file cabinets with secondary documentation and limited access. The Medical building is new and was just opened the week prior to the Audit. There were no postings during the tour, however they were added and verified prior to the end of the onsite portion of the tour.

Directly after the tour of the facility, and for the following days, interviews were conducted in the Administration building across from the school in private rooms. The following staff and residents were interviewed:

Chief Operations Officer

Vice President of Residential Services

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

The Supervisor/PREA Manager who monitors retaliation and conducts Unannounced Rounds

Human Resources Director

Registered Nurse

Mental Health Therapist

Saxman Advisor II who administers the Vulnerability Assessments

Administrative staff who conducts Intake Education

Facilities Director who is a member of the Sexual Abuse Incident Review Team

A contractor

A teacher from the Robert Ketterer Charter School

There are no Volunteers

10 random residents

And 10 full time staff which also includes the Supervisor.

Staff are full time and work rotating first and second shifts with rotating days off. Third Shift staff work permanent midnights with rotating days off. Agency “fill-in” staff can be utilized to fill staff vacancies to meet ratio. A roster of staff was provided to me and I interviewed all available Saxman staff from all shifts. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 15 facility residents which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non English speaking. Of the 15 total residents, ten (10) residents were interviewed. That represents 66% of the total population on the days of the Audit. There were no residents who reported a sexual abuse. There were no LGBTI residents in the population. There were no disabled or non-English proficient residents. Two residents disclosed prior sexual abuse and they were interviewed.

I reviewed the files of 10 staff for required documentation including two hired within the past 12 months and the files of 12 residents: 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: The Blackburn phone, “PREA Hotline”. Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for the Blackburn Center were posted throughout the facility in both Spanish and English, including the area that is used for visiting. This information is also contained in resident handbooks given to the residents during Intake. They also watch an age appropriate video during the Intake process entitled: “Safeguarding your Sexual Safety – A PREA Orientation Video”. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits as well as some home visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time. Many of these residents also work full time jobs in the community and have the ability to report from there.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties. Most residents were aware of the Victim Advocate and Crisis Intervention Services offered by the Blackburn Center.

There are also MOUs with Excelsa Health Latrobe for Forensic Examinations and an MOU with the Pennsylvania State Police, Greensburg who conduct Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months there have been no allegations of sexual abuse or sexual harassment at Saxman. There have been no reports from other facilities of abuse at Saxman and Saxman has not received any reports of sexual abuse at other facilities.

At the conclusion of the onsite Audit, a brief Exit interview was held with the following staff on Friday, May 12, 2017: Adelphoi Vice President of Residential Services, PREA Coordinator, Compliance Caseworker, and two Program Directors, (one by conference call). The preliminary results of the Audit were discussed. There were no Standards that required Corrective Action. This report serves as both the Interim and Final Report.

DESCRIPTION OF FACILITY CHARACTERISTICS

Adelphoi Village was established in 1971 as a home for boys. Through the years, foster care and a private residential school were added. Today, Adelphoi provides an extensive network of community based programs and services to over 1,200 youth and families on a daily basis. The mission "to assist children, youth and families to overcome social, emotional and behavioral difficulties" is the foundation behind the continuum of care that includes: group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, elementary age partial hospitalization, secure care, drug and alcohol treatment and sex offender treatment. In 2016, Adelphoi served 2,797 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, four sex offender treatment units, a new Medical Building, a Mental Health clinic, and a multi-purpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 22 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. Adelphoi Village is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village is certified in the Sanctuary Model and is accredited by JCAHO.

Expansion on the main campus is continuing with plans for an Admissions/Visitor Center and the "greening" of the campus to include re-locating parking lots and planting grass for a park like campus.

The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 650. There are 11 employees assigned exclusively to the Saxman Supervised Independent Living Program, including the Supervisor/PREA Manager.

This re-Audit was conducted at Saxman Home, 431 Saxman Drive, Unity Township, Westmoreland County, Pa., about 15 minutes from the main campus in Latrobe. This Audit was conducted along with the Audit of the main campus group homes and three other local facilities. All Adelphoi facilities were Audited during the first three year PREA cycle and all came into compliance.

Saxman is a 15 bed, male, supervised independent living program with ages ranging from 16-20, and an average length of stay of about 4 months. In 2016 there were 33 admissions. This facility is licensed under the Pa. Department of Human Services 3800 regulations. This program opened in December of 2015. On the date of the Audit there were 15 residents in this unit including boys who "stepped down" or transferred from the Secure Sex Offender program on the main campus. Residents from Saxman are transported to the central Latrobe campus to attend the Robert Ketterer Charter School or they are transported to their jobs throughout the Latrobe/Greensburg area. They are transported to the school in a van by Adelphoi staff. They eat lunch on the main campus and breakfast, dinner and weekend meals at their group home. They prepare their own meals as this is a life skill and part of the program. These residents can either be dependent or delinquent and can be committed by their respective Juvenile Courts or transferred from another facility. In addition to education and job experience, all residents receive both individual and group counseling. Many see a psychiatrist for medication evaluations.

Saxman Home is located in a rural neighborhood. This one story, 4,567 square foot former nursing home is leased by Adelphoi and sits on about 1.5 acres. The building has white siding and sits on a small incline surrounded by a very large yard with neighbors next door and across the street. The front door, which is locked only to keep those outside from entering, is located on a handicap accessible wooden deck and opens into a large common area with bedroom wings to both sides. There are windows throughout the building and in each of the bedrooms. The open area has a living room, dining room and kitchen area with appropriate wooden furnishings and new appliances in the kitchen. To the left of the main area is the staff office with a large internal window that looks directly into the common area for supervision purposes. The phone to the Blackburn Center is located in this staff office. There are three bedrooms in this wing, all doubles, with either two single beds or bunk beds. Furnishings are sparse and include, beds, dressers and personal belongings. There is also a bathroom with a shower/toilet/sink. To the rear of the common area is the supervisor's office and another full bath and a triple bedroom with one single bed and a bunk. To the right is another wing, with a second living room and four bedrooms and a full bath. There are three double rooms and one single which can be used for risk based housing or as a reward. A "Guard Tour System" for midnight rounds is in use.

The living rooms have, sofas, chairs, televisions and video games. There is a full basement that is used for storage and for laundry.

The large yard has a small parking area for staff and is fenced off from the neighbor's property.

The lines of sight were excellent and there were no blind spots. Video cameras are not in use.

As mentioned above, some residents attend school on the main campus and can either get a GED or can actually graduate. The school was toured during this Audit, along with the vo-tech building and the gym multi-purpose room. The Saxman residents who attend school eat breakfast and lunch with the other group home residents in the large modern cafeteria with a serving line and long tables with built in stools.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. This facility was Audited 13 months ago during the first PREA cycle. It was re-audited during this first year as part of the Agency having 1/3 of its facilities audited each year of the three year cycle. It has been thirteen months since the initial Audit and nine months since the facility came into complete compliance. There has been no drift from practice or procedure in these nine months.

There is a PREA Manager, who is the Supervisor of the Facility. She also monitors retaliation in her role of PREA Manager and conducts random unannounced rounds. The PREA Coordinator and her management team have developed and instrumented policy and procedure to ensure compliance with the PREA Standards. The staff and residents have demonstrated that they have not only received but understand the education and training.

There is an ongoing relationship and an MOU with the Blackburn Center that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Excelsior Health Latrobe for Forensic Medical Examinations for Residents and there is an MOU with the Pennsylvania State Police, Greensburg, to conduct criminal investigations. This information is posted on the website.

The residents receive all education at Intake. An Intake staff on the main campus conducts all education. Either the facility supervisor or the Advisor II conducts the Risk Assessment within 72 hours of Intake. There are informational postings throughout the facility to act as ongoing education for both residents and staff.

The Vulnerability Assessments and the resultant medical follow ups were all done in a timely fashion. The nurse keeps an Electronic Health Record which also includes the Vulnerability Assessment and the documentation of risk based housing. The Facility supervisor and PREA Coordinator reviewed these with me. There were no issues with any of these records. Documentation of risk based housing was in the original Audit's plan of correction. This time the documentation was excellent.

All staff files were complete for both education/training, child abuse and criminal history clearances. All resident files, both paper and electronic were complete for timely PREA education, administration of the VAI, necessary Medical and MH follow up and documentation of risk based housing decisions.

Two standards as noted below have been exceeded. Four standards as noted below do not apply. The remaining 35 Standards have been met. All policy and procedure meet the Standards. This report serves as both the Interim and Final Report for Saxman Supervised Independent Living Program. This program is fully compliant with the PREA standards effective June 26, 2017.

The following standards have been exceeded:

Standard #342 Placement of Residents in Housing, Program and Work Assignments

All residents have a Vulnerability Assessment conducted within 72 hours of admission and then again within 6 months. Many residents in this facility have transferred or "stepped down" from offender treatment programs. Due to their original charges, they may be identified as aggressive, but have undergone and completed treatment. Detailed documentation for each resident for a risk based housing decision was provided to me. Both why and why not a resident would be placed in a highly supervised room were documented. This standard required corrective action during the original audit, which was less than a year ago. The practice demonstrates a full understanding of this standard and the documentation shows that it is being followed and exceeded.

Standard #351 Resident Reporting

Residents can report in writing, verbally, anonymously and through third parties. There is a "hotline" to the Blackburn Center, a PCAR, who accepts reports. It is a pre-programmed speed dial, which requires the push of a button to connect. There is a poster above the phone with Blackburn information. A procedure has been set up for the resident to ask staff to use the phone and then staff leave the office, but monitor from a window. A resident demonstrated the policy for me during the tour. Pencil and paper are available as seen on the tour. There is a grievance form and procedure given to each resident. The residents have private and confidential access to attorneys, parents, guardians, probation officers and children and youth caseworkers through phone calls and visiting. Most residents hold full time jobs in the community because this is an independent living program and they can report from there. Some residents receive home visits. Interviews with 10 random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline". The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: Saxman SIL does not contract with any other entities for the confinement of their residents.

Standard #318: Upgrades to Facilities and Technology: There have been no upgrades since the prior Audit.

Standard #334: Specialized Training; Investigations: Saxman SIL staff do not conduct Investigations. This is done by Pa. State Police, Greensburg and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Saxman SIL.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy
Adelphoi Village Organizational Chart

Interviews Conducted:

PREA Coordinator
PREA Manager: Saxman Supervisor

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA coordinator has a Compliance Caseworker who assists in PREA related supervision at the 22 programs.

The PREA Zero Tolerance Policy contains definitions of sexual abuse and sexual harassment and procedures regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The policy dictates how these procedures will be implemented. This standard has been met. There is no need for corrective action.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply. The facility does not contract with any other agency or facility to provide confinement for their residents

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Pa. Bureau of Human Services 3800 Child Care Regulations
- Pa. Bureau of Human Services Licensing and Inspection Summary
- Posted Staff Schedules
- PREA Zero Tolerance Policy
- Logs of Unannounced Rounds
- Documentation of yearly review of staff schedules by PREA Coordinator and PREA Manager

Interviews:

- PREA Coordinator
- Facility Supervisor/PREA Manager
- Program Director
- Residents during tour
- Saxman Staff during tour

The review of the Zero Tolerance Policy, Adelphoi policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing and Inspection Summary. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager/Supervisor states that staffing is reviewed daily to ensure one on one supervision and other resident needs such as transportation to jobs are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states her ratios are usually better than that and that she also counts in ratio.

I was provided current staff schedules with more than the required ratio. They are completed at least two weeks in advance and are posted in the staff office. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing. “Fill-in staff” are regularly used to provide for additional staffing due to call outs/vacations and or medical appointment or transportation needs.

During the tour, I saw residents supervised at the facility. Many residents were at work in the community and some residents were at school on the main campus.

Prior to the onsite, I was provided logs of unannounced rounds conducted by both the Facility Supervisor and the Program Director. I was provided with additional logs during the onsite. The Program supervisor conducts them on all shifts and documents them. She never advises anyone that she will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Program Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. The logs document that random unannounced rounds are being conducted on all shifts.

There are no cameras in this facility. However there is a “Guard Tour” system used during sleeping hours, that require staff to scan a chip every six to seven minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor.

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

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Zero Tolerance Policy

PREA Audit Report

Adelphoi Policy Search Procedures
Adelphoi Policy Shower Procedures
Adelphoi Gender Variant Search Preference Form
Staff Training Curriculum
Staff Training Logs

Interviews:

10 staff
10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with Adelphoi Village policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.

Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the door of every wing and I saw "knock and announce" practiced during the tour. Residents state that they always shower alone. The bathrooms contain single showers with a curtain. Same sex staff conduct showers.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.

There are no cameras in this facility.

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

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Zero Tolerance Policy
Spanish and English Reporting Posters
Contracts with Translators

Interviews Conducted:

Vice President of Residential Services
Ten Staff

During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator that was provided. A student who did not speak English would probably not be admitted to Saxman, because they would not be able to participate in the required group and individual therapy. It is more likely that a parent would need the services of the translator.

The Vice President of Residential Services stated that all reasonable accommodations would be made for a resident with a disability. Adelphoi accepts residents with disabilities, both physical and mental on a case by case basis, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. There is the capacity, through the Educational program, for all residents to receive PREA Education.

The PREA policy requires these accommodations.

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

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing and Inspection Summary
Pa. Child Protective Services Law
Adelphoi Zero Tolerance Policy
Files of 10 staff including two who had been recently hired
File of one Contractor

Interviews:

Human Resources Director

The Adelphoi Village Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The Adelphoi policy requires a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Adelphoi Village.

The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as contractors and volunteers. A percentage of random employee files are inspected by BHSL as well. There have been no citations for non-compliance in this area.

I checked the files of 10 staff, including two who had most recently been hired and one contractor and all had the required clearances. The policy and the interview with the HR staff state that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every two years by Adelphoi Village. I saw timely re-checks in all 5 employee files that require them. The Pa. CPSL and the PREA standards require 5 year re-checks, so the Adelphoi policy is more stringent. This standard has been met. There is no need for corrective action.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard does not apply. Both the tour of the facility and the interviews with the PREA Coordinator and the Supervisor/PREA Manager confirm that there has been no renovation, expansion or modification to the facility and no installation or upgrade of the camera system.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village Zero Tolerance Policy
MOU with Excelsa Health Latrobe
MOU with the Blackburn Center (a PCAR)
MOU with the Pa. State Police Greensburg

Interviews:

PREA Manager/Saxman Supervisor
Adelphoi Village Nurse
10 Staff
Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Excelsa Health Latrobe, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Pa. State Police and their responsibilities are outlined in the MOU. The Blackburn Center, a member of the Pennsylvania Commission Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.

I spoke to the Director of the Blackburn Center prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU.

All MOUs are in place for the necessary services to be offered for a resident outside of Adelphoi Village.

The Nurse confirmed SAFE/SANEs at Excelsa Health System.

There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.

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

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
Pennsylvania Child Protective Services Law (CPSL)
Adelphoi Village website
MOU with the Pa. State Police

Interviews:

Vice President of Residential Services

I interviewed the Vice President of Residential Services and reviewed the PREA Policy and the MOU with the Pa. State Police. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Vice President states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Pa. State Police and Pa. Child Line. Adelphoi Village staff do not investigate allegations but reports all of them. The contact information for the PSP, Pa. Child Line and Adelphoi Village is on the website.

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

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

- Adelphoi PREA Policy
- Adelphoi PREA Curriculum for Employees
- Pa. Dept. of Human Services 3800 Child Care Regulations
- Logs of employee training
- Ten Random employee files

Interviews:

- PREA Coordinator
- PREA Manager
- Ten Staff
- Teacher from the Robert Ketterer Charter School

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every year and it includes the NIC online training, "Keeping our Kids Safe". Staff take a post test, and must pass it in order to be placed on the training log according to the PREA Coordinator. All staff receive yearly refreshers, which is an online training. I reviewed 10 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The ten random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me they received initial training and annual refresher training.

All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.

I also interviewed a teacher from the Robert Ketterer Charter School which some off the Saxman Residents attend. He stated he received PREA education every year since the inception and he is a mandated reporter. He was able to candidly discuss his responsibilities.

The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it. This standard has been met. There is no corrective action needed.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village Zero Tolerance Policy
PREA Brochure for Contractors
Training Logs
Signed Training Acknowledgement of a Contracted Employee

Interviews:

Contracted Employee (HVAC Contractor) a telephone interview

There are currently no volunteers at Adelphoi Village. I conducted a telephone interview with a Contracted Employee, a HVAC Contractor who has been contracted with Adelphoi for over 20 years. He was able to tell me that he received training and the extent of the training. He was able to tell me that he would report to an on-duty supervisor and the Facilities Director. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt and understanding of this policy. I saw these brochures and the sign in book during the facility tour. I saw the signed acknowledgement of training for the contractor. This standard has been met. There is no need for corrective action.

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
Safeguarding Your Sexual Safety: A PREA Orientation Video
Resident PREA Orientation Acknowledgement Form
Posters for Reporting and Education in Spanish and English
12 Resident Files (10 active and two discharges)

Interviews:

Staff person who performs Intake and 10 day Education as part of the Admissions process
Saxman Supervisor/PREA Coordinator
10 random residents.

Adelphoi Village conducts all education at the main campus as part of the Admission's process before the resident is placed at Saxman. I interviewed the Admission's staff, who had been hired less than two weeks ago. She was still in the training process. As part of Intake, the new resident views the PREA video, Safeguarding Your Sexual Safety: A PREA Orientation Video, describing sexual abuse and sexual harassment and how to report, including a hotline. The staff person states that after the video, she asks the residents if they have any questions and she tells them about the Blackburn Center. She has them sign an acknowledgement. If a resident is transferred after hours on a long holiday weekend the video can be viewed at the individual facility. I saw signed acknowledgement of education in all 12 files,

including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 12 files that I reviewed, 6 were transfers. All education was done in a timely fashion. When the residents arrive at Saxman, they are shown where the Blackburn phone is as part of their orientation. There are reporting posters throughout the facility. All residents could tell me that they received education upon admission and again at transfer. Therefore, many residents had PREA education several times. Groups that are conducted sometimes include PREA information. Most residents could also tell me about services offered outside of the facility at the Blackburn Center and about the 211 call for any Human Service. Posters for 211 were in the facility. This standard has been met. There is no need for corrective action.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply. There are no investigators at this facility.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed

- Adelphoi Village PREA Policy
- Adelphoi Village Employee Training Curricula
- NIC Specialized Medical Training Online Curricula
- Traning Logs
- Certificates of Completion of NIC Medical Training

Interviews:

- Nurse
- Master's Level Mental Health Caseworker

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

I interviewed a full time Nurse and I also interviewed a Master's Level Mental Health Caseworker. Both have completed the online NIC PREA Training and the training for all staff at Adelphoi. They both received Mandated Reporter training and would report to Child Line and their immediate supervisor as well as document any allegation of abuse. The Mental Health Caseworker has received extensive training through her education and because she assesses and treats sex offenders. Both state that forensic examinations are not conducted at

Adelphoi and that they both have received training regarding the sexual abuse of juvenile victims. They both received training on the protection of forensic evidence.

I received certificates of completion for the NIC PREA online course for all Medical and Mental Health employees. They were also on the employee training log for having completed the education that all employees receive.

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

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
Vulnerability Assessment Instrument
Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)
Gender Variant Search Form

Interviews:

PREA Coordinator
PREA Manager/Saxman Supervisor
Saxman Staff (Advisor II) who completes Vulnerability Assessment

The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability.

The staff who administer the instrument: the Advisor II and the Saxman Supervisor take into account the Intake packet, conversations with parents, probation officers and caseworkers, court reports, transfer summaries from other facilities which may include Psychiatric and psychological exams and any other information that may accompany the child. They both use the VAI as a guideline and use a combination of developing a conversational rapport with the resident and asking direct questions.

All completed VAIs are part of the electronic health record and have restricted access. Only the Saxman staff and administrative staff have access to this electronic files. All other staff must be granted access by the EHR administrator. All pertinent necessary information is recorded in a housing log and emailed/faxed to medical staff. I reviewed the electronic files of 12 residents (10 active and 2 discharged) with the Saxman supervisor and the PREA Coordinator. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. All had timely administration of the VAI. Five of the 12 files reviewed required 6 month re-assessments per Adelphoi policy and all were conducted in a timely fashion.

I interviewed 10 residents and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse at Saxman. Not all remembered being asked if they identified as LGBTI, but a check of their files showed that they had.

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

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

- Adelphoi Village PREA Zero Tolerance Policy
- Pa. Department of Human Services 3800 Child Care Regulations
- Adelphoi Village Shower Policy
- Vulnerability Assessments of 12 residents (10 active, 2 discharges) , Electronic Health Records

Interviews:

- PREA Coordinator
- PREA Manager/Supervisor
- Saxman Advisor II who conducts Risk Screening

Isolation is not practiced and is prohibited by both Adelphoi Village Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.

I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed this single room and also the bathrooms that have single shower stalls with curtains. They are single bathrooms with a sink and a toilet and a door that closes. All residents shower alone.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no LGBTI residents in the population at the time of the onsite.

I reviewed the files of 12 residents (10 active and 2 discharges). The current resident files were part of the Electronic Health record. The discharged files were paper. All risk based housing recommendations are recorded on the instrument itself. When Saxman was initially Audited in 2016, risk based housing documentation was part of the plan of correction. . Many of the residents have stepped down from other treatment programs and are identified as Aggressive due to their charges. However, they have successfully completed treatment and are no longer considered aggressive, or their victim was not a peer. The Saxman supervisor documents why and why not risk based housing is needed for all residents. I saw this documentation and it exceeded expectations.

The policy contains all necessary verbiage and according to the interviews the policy is in practice.

This standard has been exceeded and no corrective action is necessary.

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed;

- Adelphoi Village PREA Zero Tolerance Policy
- Adelphoi Village Grievance Policy
- Saxman Telephone Policy
- Saxman Visiting Policy
- Pa.Child Protective Services Law
- Pa. Bureau of Human Services 3800 Child Care Regulations

Resident Rights' Form
MOU with the Blackburn Center

Interviews:

PREA Coordinator
PREA Compliance Manager
Director of the Blackburn Center, a PCAR (by phone, prior to Audit)
Ten Staff
Ten Random Residents

I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made.

The primary reporting mechanism is to an outside agency the Blackburn Center. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I did a telephone interview with the Director of the Blackburn Center and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the staff office. It has a designated button that goes directly to the Blackburn Center. While on the tour a resident volunteered to show me how to privately use this phone. The residents can also call Child Line and the staff must call Child Line as mandated reporters.

The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL. Residents can also call home at least once a week and most residents can call home every day based on levels according to resident interviews. Residents can also receive visits from parents and grandparents once a week on the weekend and special accommodations can be made for parents who live far away. They are provided with bus or train tickets, gas cards and hotel lodging if needed. Some of these residents also receive home visits. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

Many of these residents have full time jobs in the community because this is a Supervised Independent Living Program. They have access to additional outside resources because of this.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been exceeded. No corrective action is needed.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Adelphoi Village Grievance Policy
Pa. Department of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summaries
Child's Rights' Form
Grievance Form
Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Manager/Supervisor

There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months. No grievances by residents or third
PREA Audit Report

parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL during their annual licensing inspection inspects resident files for this signed acknowledgement by both parent and resident. I reviewed 12 resident files and all contained notification of the grievance process. Additionally the most recent Licensing and Inspection Summary did not contain any citations for not notifying of the grievance process. The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents.

This standard has been met and does not require corrective action.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

- Adelphoi Village PREA Policy
- Visiting Policy
- Telephone Policy
- Spanish and English Posters for the Blackburn Center in the Facility
- Resident Handbooks
- MOU with the Blackburn Center

Interviews:

- PREA Coordinator
- PREA Manager/Supervisor
- Ten Random resident
- Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the Youth Center will provide residents with access to confidential emotional support services through the Blackburn Center. Posters in both Spanish and English, are posted throughout the facility, with the name, phone number and address for this service. The education that they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services. This includes the newly implemented 211, a one stop call for any and all Human Service Resources. These posters were throughout the facility and the school. The residents specifically brought up 211 during their interviews.

The PREA Manager/Supervisor described the MOU with the Blackburn Center, a PCAR, and the services that they offer. The MOU was reviewed and I spoke to the Blackburn Center Director there by telephone prior to the Audit to confirm the services offered in the MOU. The residents who were interviewed state that they can make and receive phone calls at least once a week and, depending on level, every day. Visiting by parents/grandparents/guardians is once a week and accommodations are made for those who live far away or can't afford to visit by providing bus and train tickets, gas cards and hotel arrangements. Some residents also receive home visits or community outings with parents.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents that were interviewed state that they usually see the Public Defender before Court. One resident stated that he had a private attorney who he spoke to and has seen several times.

Some residents were able to tell me about the counseling services offered through Blackburn because they stated they had used them before or a family member had. Other residents were unable to tell me about the services. I directed them to the poster in the room we were in and they were able to discuss this.

This standard has been met and requires no corrective action.

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Adelphoi Village website

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified and it is also posted in the facility in the area where parents and guardians visit. This standard has been met and requires no corrective action.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Training Logs
Pa. Department of Human Services #3800 Residential Child Care Regulations

Interviews:

Adelphoi Village Vice President
PREA Manager/Saxman Supervisor
Ten Staff
Nurse
Mental Health Caseworker
Teacher from the Robert Ketterer Charter School

There have been no incidents or reports of sexual abuse or sexual harassment at Saxman SIL in the past 12 months. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS #3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also would document any report. The teacher who was interviewed is a mandated reporter. He would report immediately to the principal

of the school and the appropriate Saxman staff. He would also document.

Although there have been no reports or allegations, the Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification, they would contact a guardian. Although this has not been done for a sexual abuse report, it has been done for other types of incidents and this evidences practice. This standard has been met and there is no need for corrective action.

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance policy

Interviews:

Vice President

PREA Manager/Saxman Supervisor

Ten staff

Teacher from the Robert Ketterer Charter School

There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.

After reviewing the policy and interviewing the 10 random staff and the PREA Manager and Vice President, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. The teacher from the school would also keep the resident at his side until he ensured that resident's continued safety. He would notify and document.

This standard has been met. There is no corrective action necessary.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interview:

Vice President of Residential Services

There have been no incidents that have required reports within the past twelve months.

The policy clearly states that if a resident reports a sexual abuse at another facility to an Adelphoi Village staff person, it will be reported to

Child Line and documented. The Vice President or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours. If a report is made at another facility regarding an allegation against Adelphoi staff, it will be reported to the Vice President of Residential Services who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers, will also be notified within 24 hours. This standard has been met. There is no need for corrective action

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Ten Staff

There have been no incidents in the past twelve months that have required first responder actions.

The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum. These duties are also posted in the staff office. When interviewed, the ten random staff were able to discuss their first responder duties although they have not had to practice them. The policy also contains the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.

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

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA policy.

Interviews:

COO

Vice President

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the PREA Audit Report

Zero tolerance policy. The Coordinated Response policy is posted in the staff office. The Vice President stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice.

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

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law

Interviews:

Chief Operating Officer

There are no Unions or bargaining units at Adelphoi Village. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.

An interview with the COO shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.

This standard has been met. There is no corrective action that is needed.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Saxman Supervisor/PREA Manager

There have been no incidents that have required monitoring for retaliation.

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Saxman is the Supervisor/PREA Manager. She states that she would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats

from anyone they are to contact her immediately. She would also do a status check daily if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. She monitors behavioral changes in residents, including changes in behavior, isolation, requesting a room change, or “hanging around staff all the time”. She would monitor work records of staff, including tardiness, and absenteeism, among other variables.

She stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, unit, or program. Any such incident requires a Safety Plan.

In the case of staff, she would probably include Human Resources and this could include emotional support or disciplinary action.

Although there has not been an incident, after reviewing policy and interviewing the Supervisor, I believe this standard has been met. There is no need for corrective action.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Vice President of Adelphoi

This standard does not apply. There is no use of isolation.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

MOU with the Pa. State Police

Pa. Child Protective Services Law

Interviews:

PREA Coordinator

PREA Manager/Saxman Supervisor

There have been no sexual abuse or sexual harassment reports within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has an MOU. The agency has provided investigation training for some staff to aid them in understanding investigations, but they

do NOT conduct investigations. The facility does not conduct any criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the PREA Manager/Supervisor state that they have a very cooperative relationship with the Pa. State Police. The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Adelphoi Village Coordinated Response and would conduct an incident review after the investigation was completed. By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff are reported. All allegations, even if a staff person is no longer employed at the facility, are reported. The policy meets the standard and no corrective action is needed.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Adelphoi Village PREA Policy

The Standard of Proof is in the Adelphoi Village PREA policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Adelphoi Village PREA Policy
Pa. Department of Human Services 3800 Child Care Regulations

Interviews:
Vice President

The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved the facility would notify the resident and parent and would document the notification.

There have been no reports of sexual abuse in the past 12 months.

Although there have been no incidents to demonstrate compliance, I feel that the policy and the interview confirm that the standard would be met.

There is no corrective action needed.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law

Interviews:

Vice President of Residential Services

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have a indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed. This standard has been met and needs no corrective action.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law

Interviews:

Vice President of Residential Services

There have been no incidents of this nature in the past twelve months. There were no volunteers at Adelphoi at the time of the Audit. Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Vice President states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. He also states he would contact the contractor or volunteer's agency.

The policy and the interview confirm that this standard is met. No corrective action is needed.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care regulations.

Interviews:

Vice President of Residential Services
Nurse
Mental Health Caseworker

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however, if it is consensual, it is not reported as sexual abuse.

Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.

The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.

The Vice President states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

Both the Nurse and the Mental Health Caseworker state that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed to Adelphoi for therapy and may be removed by the committing agency if they refuse to participate.

This standard has been met. There is no corrective action needed.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Vulnerability Assessment Instrument

Logs of all Admissions for 5-1-16 through 5-1-17
Secondary Medical Documentation kept electronically
Files of 12 residents (10 active, 2 discharges)

Interviews:

Saxman Advisor II who administers Risk Assessment
Saxman Supervisor
Nurse
Mental Health Caseworker
Two Residents who disclosed Prior Sexual Abuse

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. The policy and practice requires the staff who administers the risk assessment to notify Medical and/or Mental Health of the need for a follow up. This is documented on the VAI, which is kept in the Electronic Health Record. If a resident refuses, there is a signed declination on the Risk Assessment.

In the current population, two residents were identified as having disclosed a previous sexual abuse. Both declined Medical or Mental Health follow up, but one resident interviewed stated he received it the following week. This occurred in another Adelphoi facility before he was transferred to Saxman SIL. Four residents were identified as having perpetrated a prior sexual abuse and had documented declinations in their files. One discharged resident had documentation of Medical and Mental health follow up within fourteen days for a prior sexual abuse. It should be noted that most of these residents have transferred from other Adelphoi facilities where they have been offered and received Medical and Mental Health follow up previously. It is always offered again upon transfer.

The Mental Health Caseworker states that she sees a child well within the 14 days. She is located on the main campus and assesses those from the Adelphoi facilities in the general Latrobe area including Saxman.

Interviews and documentation demonstrate compliance with the standard. There is no corrective action needed.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
MOU with Excelsa Health Latrobe

Interviews:

Nurse
Master's Level mental Health Caseworker
Ten Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement or staff would call 911. This would be done immediately and would be free of charge to the resident. This is an all male facility and all residents are offered STD testing and follow up. Interview with the Nurse and the Mental Health Caseworker confirmed the policy.

Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response.

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

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Nurse

Mental Health Caseworker

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

The two Medical staff who were interviewed both stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.

All residents are offered STD testing.

Any resident on resident offender will be assessed and offered follow up counseling that will be ongoing within 60 days of learning of such an abuse history, but probably sooner than that.

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

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Saxman Supervisor/PREA Manager

Facilities Director who is a Member of the Sexual Incident Review Team

There have been no incidents within the past twelve months that have required an incident review at Saxman SIL. However other facilities at Adelphoi have conducted Sexual Incident Reviews and the Facilities' Director has participated in them. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Supervisor/PREA Manager, PREA Coordinator, Vice President, Program Director, Medical, Mental Health and the Facilities' Director with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report

with a recommendation which will be submitted to the PREA Coordinator. The recommendation would be followed or the reason for not doing so would be documented.

Although there have been no incidents to review at Saxman SIL, the Facilities' Director who was interviewed stated that, although a new employee, he has participated in a few Sexual Incident Reviews at other Adelphoi facilities. One such review resulted in identifying a blind spot in a stairwell and recommending and adding mirrors to that area. As the Facilities Director, he implemented that.

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

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
Adelphoi Village PREA Annual Report 2014 and 2015

Interviews:

Saxman Supervisor/PREA Manager
PREA Coordinator

There have been no incidents for which to compile data at Saxman. However, the policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. The data is aggregated for Adelphoi Village as a whole and the Annual Report represents the entire Agency. Data is collected using information from reports and any other resources.

The DOJ has requested information in the past, which has been provided, but not in 2015 or 2016.

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy
PREA Annual Report 2014 and 2015
Adelphoi Village website

Interviews:

PREA Coordinator
Saxman Supervisor/PREA Manager

There have been no incidents where data can be collected , aggregated or reported. However, there are Annual PREA Reports for 2014 and 2015 posted on the website. The PREA Coordinator states that she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 22 group homes. The reports will compare data from year to year and will discuss the efforts of the facility at prevention, detection, and response.

All personal identifiers would be removed and noted.

Although there have been no incidents, this standard has been met. No corrective action is needed.

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA policy
Annual PREA Reports 2014, 2015
Adelphoi Village website

Interviews:

PREA Coordinator
Saxman Supervisor/PREA Manager

Although there have been no incidents at Saxman, there have been incidents at other facilities within the Agency. The Annual reports are for the Agency and not the individual Facility. There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The website contains Annual PREA Reports for 2014 and 2015. It contains the initial PREA Audit from 2014. The policy states that all records will be retained for ten years.

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Maureen G. Raquet

June 26, 2017

Auditor Signature

Date