

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



Name of Facility: Adelphoi Village: Margaret Specialized Independent Living			
Physical Address: 1764 Lincoln Avenue, Latrobe, Pa. 15650			
Date report submitted: July 28 , 2015			
Auditor information: Maureen G. Raquet			
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Date of facility visit: June 1,2,3,4,2015			
Facility Information: Adelphoi Village: Margaret Specialized Independent Living			
Facility Mailing Address: same as above (if different from above)			
Telephone Number: 724-539-2614			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	xx <input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction <input type="checkbox"/> XXX Other: Juvenile Treatment Facility	
Name of PREA Compliance Manager: Amanda Lieberum		Title: Margaret SIL Supervisor	
Email Address: Amanda.lieberum@adelphoi.org		Telephone Number: 724-539-2614	
Agency Information			
Name of Agency: Adelphoi Village			
Governing Authority or Parent Agency: (if applicable) na			
Physical Address: 1119 Village Way, Latrobe, Pa. 15650			
Mailing Address: (if different from above) s/a			
Telephone Number: s/a			
Agency Chief Executive Officer:			
Name: Nancy Kukovich		Title:	President/CEO
Email Address: nancy.kukovich@adelphoi.org		Telephone Number:	724-804-7000

Agency Wide PREA Coordinator**Name:** Jennifer McClaren**Title:**

Quality Assurance Director

Email Address: Jennifer.mcclaren@adelphoi.org**Telephone**

s/a

Number:**AUDIT FINDINGS****NARRATIVE:**

Adelphoi Village came into existence in 1971 when Fr. Paschal Morlino, a Benedictine monk, set out with a plan to open a home for boys. This program, which he called Adelphoi, is Greek for "my brothers for whom I am concerned". In 1978, foster care was added, followed by a private academic school in 1981. Today, Adelphoi provides an extensive network of community-based programs and services to over 1,200 youth and families on a daily basis. Group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, secure care and other services overlap to provide a complete continuum of care to children, youth and families. In 2014, Adelphoi served 1,137 youth and families. Anchored by a 20-acre campus in Latrobe that includes a school building, administration building, three secure units, a substance abuse residential facility, two sex offender group homes, and a multipurpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania. The counselors, teachers, and therapists, along with administrative and supervisory staff, make up a workforce of nearly 650. There are 12 employees at Margaret SIL, including the Supervisor/PREA Manager. The first and second shift staff rotate and the midnight staff work permanent 3rd shifts.

Adelphoi Village is a component of Adelphoi U.S.A. The juvenile residential component is comprised of 21 group homes of which 5 are female, and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, Somerset and Armstrong Counties. A previous Audit of the 6 units on the main campus was conducted in August 2014. A subsequent Audit of four off campus units was conducted in April 2015. This Audit was conducted at Margaret Specialized Independent Living, Latrobe Boro, Westmoreland County, Pa., about 10 minutes from the main campus in Latrobe. Four other residential units were also audited at this time. Margaret SIL is a 14 bed male independent living program, with ages ranging from 16-18, licensed under the Pa. Dept. of Human Services 3800 regulations. In 2014, there were 37 admissions and the average length of stay was 3.7 months. On the date of the Audit there were 14 residents in this unit; most of these residents have "stepped down" from both secure and residential sex offender programs at Adelphoi. Residents from Margaret are transported to school (Vo-Tech) and to jobs by Margaret staff. The residents are employed at a variety of businesses in the Latrobe/Greensburg area. Many work 3rd shift. As part of their life skills preparation, they prepare their own meals. These residents can be either dependent or delinquent and a few are committed by the Juvenile Court, whereas the others can be transferred by administrative Court Order as a "step down". Several residents receive both individual and group counseling. There is limited family interaction and that is one of the reasons why these boys are in a specialized independent living program. The residents also have access to the community for recreation, etc. for a restricted amount of time, where they sign in and out. Adelphoi contracts with 64 of the 67 Counties in Pa. and infrequently has had children committed from Delaware, West Virginia, Maryland, Nebraska, and Ohio. Because Adelphoi Village offers both foster care and adoption services, children from 0-21 are served. Adelphoi is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village has undergone training in the Sanctuary Model over the past three years and received their certification this year. Sanctuary is the Organizational Culture and Philosophy at Adelphoi.

DESCRIPTION OF FACILITY CHARACTERISTICS: Margaret SIL is located in a residential neighborhood in the Boro of Latrobe, Pa in Westmoreland County in Western Pa. This two story 3000 square foot former private residence is owned by Adelphoi and sits on about one half acre. Private homes surround it. Margaret was renovated in 2013. The main living floor was opened up and offices were relocated to the perimeter of the open space to improve line of sight for supervision and to increase living space. There are two entries, front and back, both accessed by keys. There is also a side exit. The back door, from the small staff parking area, leads into an open living area, with tables, chairs, small sofas and televisions/video stations throughout. To the right is a dining area with four round tables and chairs; this area is also used for group and for life skills training. To the front of the building there are two kitchen areas, and a small storage area with locked cabinets for each of the boys' personal food items. There are two bathrooms on the first floor, near the staff offices. To the far right of the house (if you came in through the back door) are the staff offices. The basement has locked storage areas for the boys' personal belongings, which they are stockpiling for when they go out on their own. The basement also contains a mechanical/utility room, laundry room, and a large recreation room. The second floor is accessed by a stairway in the middle of the house. The stairs lead directly to a hallway where there is a staff desk and the bathroom with shower, sink, and toilet, across from it. There are 5 bedrooms: 1 Quad, 2 Triples and 2 Doubles are situated on either side of the hall, along the back of the building. There is one room on the front of the building, due to the slant of the roof. The bedrooms are sparsely furnished with wooden single beds and closets for belongings. The home and grounds are clean and well maintained by the residents.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted on June 1,2,3,4, 2015, in conjunction with Audits of 4 other Units. An additional staff person, trained and contracted by the Auditor was used to help conduct interviews of both residents and random staff. The Audit commenced with a brief entrance interview with the Vice President of Residential Services and the PREA Coordinator at the Administration Building in Latrobe. The tour of Margaret SIL took place on June 1, 2015. Some residents were working off premises, some were at Vo-Tech, some, who had worked midnight shift were sleeping. Two boys were playing video games on the first floor and one resident was eating a meal he had prepared in the dining room (he was getting ready to go to work, 2nd shift). Margaret is newly remodeled and well maintained. It is designed to allow the residents to do different things at different times, because of their schedules. On June 2, 3, 4, I returned to the main campus to conduct interviews. I interviewed the following: CEO, Vice President of Residential Services, PREA Coordinator, PREA Manager/Supervisor for Margaret, the Program Director for this Unit, a Registered Nurse, a Master’s Level Therapist, a phone interview with a Volunteer and a Contractor, an Intake staff, Random Staff (10) from all three shifts, (there are 12 total employees at Margaret SIL, including the Supervisor/PREA Manager) and 10 Residents.

Residents have several means to contact independent agencies to report instances of sexual abuse and/or sexual harassment. One is a “Hotline” to the Blackburn Center, a 24 hour hotline for crisis support and a Rape Crisis Center. There is a dedicated button on the phone that goes directly to a crisis counselor at the Blackburn Center. This phone is located in the supervisor’s office. One resident, when asked how he could report, escorted me to the phone and demonstrated. The “hotline” worked as posted. There are posters regarding reporting, and zero tolerance throughout the house, but primarily in the dining room. This information is included in the PREA Orientation resident handbooks. The video watched by the residents during Intake, also advises them about the Hotline. Also posted are the numbers for Child Line, another 24 hour reporting line run by DPW for any sort of alleged abuse. Additionally, addresses were posted for the Blackburn Center directly above the Phone. I spoke to a staff person at the Blackburn Center prior to the on-site Audit and they confirmed the services offered in the MOU, and stated they were not aware of any allegations of sexual abuse or harassment. Residents also have a grievance process for reporting, as well as journaling with staff. Standard #351, Resident Reporting, has been exceeded, because every possible avenue, including a “hotline”, addresses, grievances, phone calls to parents, POs, Caseworkers, Attorneys, visiting, home visits, journaling and verbal reports have been provided. Posters in both Spanish and English detailing how a third party can report sexual abuse are posted in the areas where parents would visit. In the staff office, posters for First responder duties and coordinated response were displayed. At the bottom of the stairwell, leading to the second floor, knock and announce was posted.

Of particular note, is the assessment and treatment that is offered to the residents who are victims or perpetrators of sexual abuse. This is a treatment facility and a step down sex offender unit. All residents at Margaret have received specialized and intensive treatment, and most clients continue to see a Mental Health Professional. Standard #315 is also exceeded. Supervision is well above the mandated ratio of both the standard and by the DPW 3800 regulations. As a non-secure facility, the PREA ratio does not apply, and the staffing far exceeds it. Some children must sleep during the day, due to working third shift. A staff does regular 15 minute checks on those residents. The dynamics of the resident population are evaluated on a regular basis, sometimes daily, to ensure adequate supervision of a child. Although a resident can come and go somewhat independently, the residents are never left unsupervised in any area of the house.

Employee Training, Standard #331, exceeds the Standard. All employees receive PREA training as part of their orientation process. They have also received refresher training this year. All staff were well versed in their responsibilities and could spontaneously discuss first responder actions and mandated reporting.

There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Twelve resident files and 10 staff files were reviewed, for documentation for various standards. There were no LGBTI identified residents in the population at Margaret during the time of the on-site Audit.

Upon completion of the on-site portion of the Audit, an exit interview was conducted with 11 Administrators and upper level staff. Requested additional documentation must be submitted to the Auditor for verification 30 days from this Interim report for the following standards: #333, Education of Residents is being done for all new admissions, but it is also required for transfers from facility to facility at the same Agency. This is currently not being done and documentation must be provided that it is. Documentation of timely education for subsequent transfers was provided to me, so this Standard has been met. Standard #334, Specialized Training: Investigations requires the proper use of Miranda warnings. Staff conducting investigations currently use them with residents, but not staff. Human Resources in consultation with the legal department is developing a policy to come into compliance with this standard. An amendment to the PREA Policy clarifying this issue and a memo to facility supervisors was provided to me. This documentation meets the Standard. Margaret SIL meets all PREA Standards and exceeds in four areas as noted above. Agency Policy and Procedure comply with all standards.

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

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

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

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

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor comments including corrective actions needed if does not meet standard

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

Standard **115.313 Supervision and Monitoring**

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

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

Staffing ratios not only supersede the PREA Standard, they also supersede Pa. DPW 3800 regulations regarding mandated ratios. This is a non-secure independent living program. There are always two staff on midnight shift and I saw where they are posted when the residents are sleeping. Random unannounced rounds are conducted on all three shifts, by both the Unit Supervisor and the Program manager. I was provided logs of these rounds. I also interviewed them to confirm that rounds were random and unannounced. There were no cameras. Staffing is reviewed regularly to take into account the resident population and the group dynamics.

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

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

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

There are currently no Transgender or Intersex Youth in the Population, but all staff have been trained on how to provide a search of such a resident in a dignified and appropriate manner. There is a Gender Variant Search Form. There are no cross gender searches of any kind conducted. During the tour, I saw postings at the bottom of the stairway leading to the second floor reminding staff to knock and announce. All children shower separately and interviews with both random staff (10) and random residents (10) confirm compliance with this standard.

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

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

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

STANDARD 115.317 Hiring and Promotion Decisions

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

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

Both policy and practice is compliant with this standard as well as the Pa. Child Protective Services Law. I reviewed 10 staff files and all clearances were in place. Policy has been updated to comply with the revision in the Pa. CPSL and requires updated clearances every three years. I also reviewed three files of staff recently hired within the past year and all had appropriate and timely clearances. Both a volunteer's and a contractor's file had the appropriate clearances. I interviewed the Vice President for Human Resources and he confirmed Policy and Practice.

STANDARD 115.318 Upgrades to Facilities and Technologies

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

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

Margaret was renovated in 2013. Notes from the President of Residential Services confirmed the opening up of the first floor to move the staff offices to the perimeter, to improve lines of sight for supervision. The second floor was adjusted to add one bed to increase capacity. I viewed all of this during the on-site tour.

STANDARD 115.321 Evidence and protocol and forensic medical examinations

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

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

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

STANDARD 115.322 Policies to ensure referrals of allegations for investigations

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

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

There have been no allegations of sexual abuse or sexual harassment. The policy requires reporting and all staff are mandated reporters. The training that the staff receive is comprehensive and all staff interviewed (10) were able to spontaneously discuss the reporting policy and their mandated reporter responsibilities. All allegations are referred to Child Line and the PSP.

STANDARD 115.331 Employee training

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

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

I reviewed 16 files and interviewed 10 random staff, and they were all trained and understood their responsibilities. I saw logs of all staff training. (A log reflects both completion of and understanding of the material, because an employee must receive a passing grade on a post test to be added to the log). I reviewed the curriculum. It contains all areas that are mandated by the standards. PREA training is part of new staff orientation training. Several staff have also received refresher training this year and PREA updates are presented at weekly staff meetings. This standard has been exceeded.

STANDARD 115.332 Volunteer and Contractor Training

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

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

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

STANDARD 115.333 Resident Education

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

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

All children in Margaret SIL have received education. They receive both the 72 hour and 10 day education at Intake, on the Main Campus. I interviewed a staff person in Admissions who educates the residents within 72 hours and has them sign off that they received the training. Of the 12 files I reviewed, one resident admitted since PREA was implemented in July 2014 did not receive education in a timely fashion. He was a transfer from another Adelphoi facility, where he had received Education at Intake. Changes have been made to the procedure, so that the Supervisor/PREA Manager will educate the children within 24 hours upon arrival at Margaret. Documentation of this new procedure and evidence of transfers receiving education were provided to me within 30 days of this Interim report. Adelphoi has included PREA information in the resident handbooks. In addition to the written information, the residents watch an age appropriate video and sign off that they have received the information on zero tolerance and PREA. I reviewed the files of 12 residents and saw the sign off sheets. One resident was admitted to Margaret prior to PREA implementation, but has subsequently received education. Ongoing education is provided through postings and also as part of one of the Cognitive Behavioral Groups.

STANDARD 115.334 Specialized Training: Investigations

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

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

I received the log as to who attended the investigative training, during the pre-audit period, and I received the curriculum. The staff only conduct limited administrative investigations. All criminal investigations are conducted by the Pa. DHS and Pa. BHSL and the PSP. I interviewed both the Vice President of Residential Services and the Program Director, who received the training. I recommended that they contact their solicitor regarding Miranda warnings when interviewing staff. A policy is currently being developed by HR and will be submitted to me within 30 days of this Interim report. A change to policy and an accompanying memo were submitted to me as documentation. This standard has been met.

STANDARD 115.335 Specialized Training: Medical and mental health care.

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

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

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

STANDARD 115.341 Obtaining Information from residents

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

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

The objective instrument is used at the time of Intake. It is commonly used instrument and contains all mandated variables that need to be considered. I saw a log that every resident that was admitted since July 2014 has had one administered. These are also administered again at 6 months. I reviewed 12 files and all but one (admitted prior to 7-14) had timely assessments, and several had the second or 6 month assessment. I interviewed the Supervisor/PREA Manager who administers these assessments and the 10 random residents that were interviewed confirmed that they had been asked these questions. The Supervisor also receives information from parents, Probation Officers, and previous programs.

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

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

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

Interviews with the PREA Coordinator and PREA Manager, who administers the assessment show a policy and procedure in place for safety plans that includes housing for those identified as sexually vulnerable, or sexually aggressive. Because this is an independent living program for many residents who have completed a sex offender program they are identified as aggressive because of their charges. I reviewed the staff log for housing decisions for three residents based on the information from the risk assessment that was used to inform that decision. The supervisor makes housing decisions for each child based on a variety of variables including the information from the risk assessment. During the tour, I was shown a bedroom, closest to the staff third shift post that can be used for risk based housing decisions.

STANDARD 115.351 Resident Reporting

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

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

The residents can report in several internal ways by journaling staff, the grievance procedure, direct reporting to their therapist during one on one sessions. They can also Child Line or use the phone to the Blackburn Center. This phone has a dedicated button. Residents in Margaret have infrequent family visits and contact and this is one reason they are in an independent living program. However, they do have the ability to make and receive calls. All random staff (10) and random resident (10) interviews confirm that they know they can report in writing, verbally, anonymously and through third parties. This standard has been exceeded. All possible reporting avenues have been provided.

STANDARD 115.352 Exhaustion of Administrative Remedies

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

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

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

STANDARD 115.353 Resident Access to outside support services and legal representation

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

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

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

STANDARD 115.354 Third Party Reporting

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

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

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

STANDARD 115.361 Staff and agency reporting duties

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

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

All staff know that they are required to report as per the Standard and PA.CPSL. All staff know that they must child line an allegation under penalty of law. The agency is aware of their duty to report and this facility has done so. Interviews with line staff as well as Administrators demonstrate this knowledge and review of the reports from an unfounded allegation confirm it.

STANDARD 115.362 Agency protection duties

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

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

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

STANDARD 115.363 Reporting to other confinement facilities

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

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

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

STANDARD 115.364 Staff first Responder duties

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

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

Random staff (10) interviewed all have been trained and know their first responder duties and could verbalize them. These duties are also posted in the Staff office, along with coordinated response information. There have been no incidents that required a first responder. Policy and procedure meet this standard and contain all areas necessary.

STANDARD 115.365 Coordinated response

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

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

A coordinated response is in place in policy, and staff that were interviewed can describe it and who they would contact. It has not been used for a sexual abuse incident, but it utilized for other incidents. I saw this posted in the staff office during the tour.

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

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

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

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

STANDARD 115.367 Agency protection from retaliation

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

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

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

STANDARD 115.368 Post-allegation protective custody

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

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

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

STANDARD 115.371 Criminal and Administrative agency investigations

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

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

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

STANDARD 115.372 Evidentiary Standard for Administrative Investigations

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

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

This is in the policy and meets the standard.

STANDARD 115.373 Reporting to Residents

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

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

The Pa. Department of Human Services sends written notification to both the victim and the facility at the conclusion of an investigation. The policy and procedure are in place and an interview with the Vice President of Residential Services and the Program Director confirms that the standard has been met and the policy and procedure would be followed.

STANDARD 115.376 Disciplinary sanctions for staff

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

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

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

STANDARD 115.377 Corrective Action for Contractors and Volunteers

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

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

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

STANDARD 115.378 Interventions and Disciplinary sanctions for residents

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

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

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

STANDARD 115.381 Medical and Mental Health Screenings

Exceeds Standard (substantially exceeds requirement of standard)

XXX Meet Standard (requires corrective action)

Does Not Meet Standard

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

I reviewed secondary documentation for residents identified pursuant to #341. I also interviewed the Supervisor, who administers the Vulnerability Assessment and a Registered Nurse and a MH therapist for compliance with this standard. All residents receive mandatory health screening at Intake. Most are still receiving treatment as per their service plan and most have been seen by a psychiatrist, for med evaluations. Declining of service is also documented. All seven residents interviewed, who had been disclosed a previous sexual abuse, stated they had been offered follow up services as mandated.

STANDARD 115.382 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

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

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

The facility specializes in sex offender treatment and provides comprehensive care to both victims and offenders. This carries over into the care of all residents and exceeds the PREA standard. This is a residential treatment facility and mental health care is part of every resident’s treatment plan. Children are Court committed to Adelphoi because it is a juvenile treatment facility. Most of the residents at Margaret have completed a sex offender program and have an ongoing service plan that includes treatment and are working toward completing an aftercare plan that includes community follow up.

STANDARD 115.386 Sexual Abuse Incident Reviews

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

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

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

STANDARD 115.387 Data Collection

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

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

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

STANDARD 115.388 Data review for Corrective Action

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

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

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

STANDARD 115.389 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION:

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

Maureen G. Raquet

July 28, 2015

Certified PREA Auditor