

**PREA AUDIT REPORT     INTERIM     FINAL  
JUVENILE FACILITIES**

**Date of report:** November1, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Maureen G. Raquet			
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<b>Telephone number:</b> 484-366-7457			
<b>Date of facility visit:</b> May 8,9,10,11,12,2017			
<b>Facility Information</b>			
<b>Facility name:</b> Margaret Supervised Independent Living Program			
<b>Facility physical address:</b> 1764 Lincoln Ave, Latrobe, Pa. 15650			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 724-539 2614			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Nancy Kukovich			
<b>Number of staff assigned to the facility in the last 12 months:</b> 10			
<b>Designed facility capacity:</b> 14			
<b>Current population of facility:</b> 13			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 16-20			
<b>Name of PREA Compliance Manager:</b> Nathan Fazekas		<b>Title:</b> Margaret SIL Supervisor/PREA Compliance Manager	
<b>Email address:</b> nathan.fazekas@adelphoi.org		<b>Telephone number:</b> 724-539-2614	
<b>Agency Information</b>			
<b>Name of agency:</b> Adelphoi Village, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1119 Village Way, Latrobe, Pa. 15650			
<b>Mailing address:</b> <i>(if different from above)</i> s/a			
<b>Telephone number:</b> 724-804-7000			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Nancy Kukovich		<b>Title:</b> President//CEO	
<b>Email address:</b> nancy.kukovich@adelphoi.org		<b>Telephone number:</b> 724-804-7000	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jennifer McClaren		<b>Title:</b> Director of Quality Assurance/PREA Coordinator	
<b>Email address:</b> Jennifer.mcclaren@adelphoi.org		<b>Telephone number:</b> 724-804-7000	



## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of Margaret 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. Margaret SIL was initially audited during the first PREA cycle in June 2015 and was found to be in full compliance on July 28, 2015. 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 units 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 Manager, 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 Margaret SIL Supervisor. During the tour, I saw postings for the upcoming Audit in every common area to which the residents have access. 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 who pressed the button 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). I spoke to the Director, who confirmed both the reporting capability and all other services in the MOU provided to me. This included crisis intervention and providing a victim advocate for the residents. She stated that there have been no allegations at Margaret SIL during the past twelve months but there have been allegations of sexual abuse at other Agency facilities and Blackburn was utilized and all reporting was done according to policy and procedure. She was unaware of any ongoing problems at Margaret SIL.

There has been one allegation of resident on resident sexual harassment at Margaret SIL during the past 12 months. Both the Pa. State Police and Child Line were notified. The offender was transferred to another facility at Adelphoi. The Victim was placed on a safety plan and notified of the outcome. A 30 day Sexual Incident Review was conducted and the incident was classified as unsubstantiated. All reports were provided to me and all policy was followed. A resident also alleged an incident of sexual harassment at another Adelphoi facility that was not being Audited at this time and this was reported to that facility and documented according to policy.

Residents who were not in school or not working volunteered to answer questions about PREA education. Several residents were sleeping because they had worked midnight shift. 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. I saw the unannounced round log while on the tour.

There were postings next to the door at the top of the stairs, 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 in 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 Margaret residents participate in school lunch, because they could be working or sleeping, if working 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 volunteered and told me 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 some Margaret 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 Margaret 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.

Directly after the tour of the facility, and for the following days, interviews were conducted in private rooms in the Administration building

across from the school. The following staff and residents were interviewed:

Chief Operations Officer

Vice President

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

The Supervisor/PREA Manager who monitors retaliation, conducts Unannounced Rounds and who administers the Vulnerability Assessment

Human Resources Director

Registered Nurse

Mental Health Therapist

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

Ten 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 Margaret staff from all shifts. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 13 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 13 total residents, ten (10) residents were interviewed. That represents 76% of the total population on the days of the Audit. There were no residents who reported a sexual abuse. There were no Transgender or Intersex residents in the population, but one resident identified as bi-sexual and he was interviewed. There were no disabled or non-English proficient residents. Four residents disclosed prior sexual abuse and three were interviewed.

I reviewed the files of 10 staff for required documentation including three hired within the past 12 months and one recent promotion. I reviewed 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 resident during Intake. They also watch an age appropriate video during the Intake process. 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. Some residents were aware of the Victim Advocate and Crisis Intervention Services offered by the Blackburn Center, because there are posters throughout the facility.

There are MOUs with Excelsa Health Latrobe for Forensic Examinations with SAFE/SANEs 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 has been one allegation of resident on resident sexual harassment at Margaret. There have been no allegations of sexual abuse. There have been no reports from other facilities of abuse at Margaret and Margaret received one report of sexual abuse at another Adelphoi facility. Subsequent to the interim report, I received documentation that this report was unfounded. Records were submitted and reviewed for these incidents. All policy and procedure was followed.

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 as well as plans for corrective action.

## 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, three 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. All facilities were Audited during the first three year PREA cycle and all came into compliance.

Adelphoi contracts with 64 of the 67 counties in Pa. and infrequently has had children committed from Delaware, West Virginia, Maryland, Nebraska and Ohio. 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. Walking trails, a picnic pavilion and volleyball pit have already been installed.

The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 650. There are 10 employees assigned exclusively to the Margaret Supervised Independent Living Program, including the Supervisor/PREA Manager. This re-Audit was conducted at Margaret Supervised Independent Living, 1764 Lincoln Ave., Latrobe Boro, Westmoreland County, Pa., about 10 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.

Margaret SIL is a 14 bed, male, supervised independent living program with ages ranging from 16-20, and an average length of stay of about 5.5 months. In 2016, there were 26 admissions to Margaret SIL. This facility is licensed under the Pa. Department of Human Services 3800 regulations. On the date of the Audit there were 13 residents in this unit including boys who "stepped down" or transferred from the Secure Sex Offender program on the main campus. Residents from Margaret 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.

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 lines 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 is a kitchen area, 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. 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 a toilet. There are five bedrooms: 1 Quad, 2 Triples, and 2 Doubles are situated on either side of the hall, along the back of the building. There is only 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.

There are no cameras in this facility, however the long term Adelphoi capital budget has plans for camera installation. There is a "Guard Tour" system that allows for midnight checks to be recorded and then downloaded by a supervisor.

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 Margaret 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 two years ago during the first PREA cycle.

There is a PREA Manager, who is the Supervisor of the Facility, and he monitors retaliation in his role of PREA Manager. He also conducts the Vulnerability Assessments. The PREA Coordinator and her management team have developed and implemented policy and procedure to ensure compliance with the PREA Standards. The staff and residents have demonstrated that they 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 Excelsa 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. If a resident is transferred after hours or over a holiday, education is received at the facility. This includes the video "Safeguarding Your Sexual Safety – A PREA Orientation Video". The facility supervisor 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 were all conducted within 72 hours of Intake. All but one of the Medical/Mental Health follow ups had documentation of timely follow up or declination of services. 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.

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.

One standard, as noted below, has been exceeded. One standard requires corrective action. Three standards as noted below do not apply. The remaining 36 Standards have been met. All policy and procedure meet the Standards.

The following standards have been 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. 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 standard requires corrective action:

### Standard #313 Monitoring and Supervision

This standard requires random documented unannounced rounds to be conducted on all three shifts by upper and mid-level supervisors. Adelphoi PREA Policy requires this as well. Third shift rounds have not been conducted consistently since the change in Supervisors. Ninety days of random documented unannounced rounds on all shifts must be conducted and submitted in order to come into compliance with this Standard. On October 31, 2017, I received 120 days of documentation of random unannounced rounds conducted on all shifts by mid and upper level supervisors. This satisfies the plan of correction. This standard has been met.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: Margaret SIL does not contract with any other entities for the PREA Audit Report

confinement of their residents.

Standard #334: Specialized Training;Investigations: Margaret 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 Margaret SIL.

Effective November 1, 2017, all documentation required by the corrective action plan has been submitted and reviewed. All standards have been met and this facility is fully PREA compliant.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

**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/Margaret 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. A compliance Caseworker has recently been assigned to the PREA Coordinator to assist in the supervision of the PREA standards at all 22 homes. The organizational chart confirms that they have the authority within the organization to ensure compliance.

The PREA Manager/Supervisor has recently been promoted to this position. He too has the time and authority to supervise and implement PREA policy.

The policy contains the required provisions for the prevention, detection, reporting and response that is required by the standards as well as the implementation of the above.

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)

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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  
120 days of Documentation of Additional UARs

Interviews:

PREA Coordinator  
Facility Supervisor/PREA Manager  
Program Director  
Residents during tour  
Margaret 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/Director states that staffing is reviewed daily to ensure one on one supervision and that 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 his ratios are usually better than that and that he 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 and some were sleeping.

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. He never advises anyone that he 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 documenting random unannounced rounds are being conducted on all shifts. Rounds are being conducted and documented, however rounds on midnight shift are not being conducted consistently.

There are no cameras in this facility. However, there is a “Guard Tour” system used during sleeping hours, that requires 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.

Corrective action:

Ninety days of random unannounced rounds need to be conducted on all three shifts and the documentation needs to be submitted in order to be in compliance with this standard.

On November 1, 2017, I received 120 days of documentation of random unannounced rounds conducted on all shifts by mid and upper level supervisors. This satisfies the plan of correction. This standard has been met.

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

Interviews:

10 Random 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 the upstairs bedroom area. 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 Adelphoi Village  
Ten Random 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 Margaret, 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 Director 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 video and one on one education, 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 three who had been recently hired and one promotion

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 those of 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 three who had most recently been hired, one promotion 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 6 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.**

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. A “Guard Tour” system was installed since the last PREA Audit. It requires midnight staff to scan a chip at each resident room and in various other locations in the facility every 5-7 minutes. This information is downloaded by the supervisor to monitor supervision of the residents during sleeping hours. Camera installation is part of the Adelphoi Village Capital Budget plan for this facility. The Policy meets the Standard. This standard has been met. There is no need for corrective action.

### **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/Margaret Supervisor  
Adelphoi Village Nurse  
10 Random 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 and the Blackburn Center, a member of the Pennsylvania Commission Against Rape (PCAR), to provide a victim advocate and to provide crisis intervention, emotional support, information and referrals.

I spoke to the Director of Blackburn 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)  
Documentation of Resident on Resident Sexual Harassment  
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.

The resident on resident sexual harassment was reported to Pa. Child Line and the Pa. State Police according to policy. The reports were documented and submitted to me. 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 any allegation 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 Random 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

PREA Audit Report

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 confirmed that 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 Margaret 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. I saw a signed acknowledgement of training. 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.

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  
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 Margaret. 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, 7 were transfers. All education was done in a timely fashion. When the residents arrive at Margaret, 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  
Traning Logs  
Certificates of Completion of NIC Medical Training

Interviews:  
Nurse  
Master’s Level Mental Health Caseworker

This facility does not perform forensic medical examinations. These are conducted at Excela Health Latrobe 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 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. Medical and Mental Health employees 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/Margaret Supervisor

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 administers the instrument, the Margaret Supervisor, takes 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. He uses the VAI as a guideline and uses 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 Margaret staff and administrative staff have access to these electronic files. All other staff must be granted access by the EHR administrator. All pertinent necessary information is recorded in a housing log.

I reviewed the electronic files of 10 active residents with the Margaret Supervisor and the PREA Coordinator. The two discharged residents' files were not part of the EHR. 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 Margaret. 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

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 room which is next to the night staff post. I saw documentation in five resident files that required it. An example is "place in room next to night staff, 10 minute checks". There 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 more often if needed. 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 was one Bi-sexual resident in the population at the time of the onsite, however during the interview he denied that identification.

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. 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. Appropriate documentation was present in the files that required it.

The policy contains all necessary verbiage and, according to the interviews, the policy is in practice. This standard has been met 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  
Telephone Policy  
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 Random 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 completed 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, I tested the phone and it went directly to Blackburn. The residents can also call Child Line and the staff must call Child Line as mandated reporters.

In the case of the unsubstantiated resident on resident sexual harassment, the resident reported to staff verbally. Staff also received a verbal report from a resident of staff on resident sexual harassment at another Adelphoi facility. Both of these reports were documented.

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 Summary  
 Child’s Rights’ Form  
 Grievance Form  
 Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Manager/Supervisor

There was one allegation of resident on resident sexual harassment filed in the past 12 months however, a grievance was not used to report that incident. 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 requires no 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 residents  
Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the facility 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 residents 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, but 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. 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  
HCSIS reports ( acronym for mandatory notification to parents, placin agencies, etc)  
Pa. Department of Human Services #3800 Residential Child Care Regulations

Interviews:

Adelphoi Village Vice President of Residential Services  
PREA Manager/Margaret Supervisor  
Ten Random Staff  
Nurse  
Mental Health Caseworker  
Teacher from the Robert Ketterer Charter School

There has been one report of resident on resident sexual harassment at Margaret during the past twelve months. There have been no reports of sexual abuse. Upon receiving the report, Margaret staff reported it to the Pa. State Police and to Pa. Child Line. These reports were documented and provided to me. 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 Margaret staff. He would also document. The Vice President states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He states that if there is an attorney of record, they would also be notified. If there was a court order prohibiting a parent from notification, they would contact a guardian.

I reviewed documentation ,HCSIS reports ( this is an acronym for a mandated report required by Pa. BHS), of the notifications to the parents, juvenile probation and the agency officials in a timely manner as prescribed by policy.  
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 of Residential Services

PREA Manager/Margaret Supervisor  
Ten Random 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  
Reports of an incident at another facility reported to Margaret staff

Interview:  
Vice President

There has been one incident that required a report within the past twelve months. A resident at Margaret reported to staff about an incident at another Adelphoi facility. The policy requiring notification was followed and a report was immediately made to Child Line and documented. At the time of the Audit, it was still being investigated. The policy and procedure were followed. Subsequent to the interim report, I received documentation that this allegation was unfounded.

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 of Residential Services 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, 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  
Employee PREA Curriculum

Interviews:  
Ten Random 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, document and contact the 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 for emergency purposes, which is described in the 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. In the case of the resident on resident sexual harassment allegation, the response was used to notify agency staff, parents and probation. The perpetrator was transferred and a Risk Assessment was conducted. The Victim was placed on a safety plan and was offered Mental Health follow up and he accepted it. All of the actions were documented for this incident. 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. 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:  
Margaret 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 Margaret is the Superviosr/PREA Manager. He states that he would monitor retaliation against a resident or staff by contacting them immediately and going over steps they could take if they needed to report it. He would contact them 1 or 2 times as a follow up and would do so for length of stay or for the 90 day requirement in policy. He monitors behavioral changes in residents, including interactions, non-verbals, isolation, or threatening behavior. He would monitor tardiness, excessive use of sick time and avoidance in staff.

He 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 transferring staff to another facility 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, he 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 Residential Services

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/Margaret Supervisor

There have been no sexual abuse and one resident on resident sexual harassment report 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. 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. An incident review would be conducted after the investigation was completed. In the case noted above, the PSP and Child Line were notified. Both agencies declined to investigate this matter. The alleged perpetrator was transferred to another Adelphoi facility and a safety plan was instituted for the victim. The Coordinated Response for notifications was utilized and a Sexual Incident Review was conducted within 30 days of the completion of the investigation, which was unsubstantiated. The policy and procedure were followed. All reports were provided for review. By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff, are reported. All reports, 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 of Residential Services

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 VP 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 of the outcome upon the completion of the investigation. 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. In the case of the resident on resident sexual harassment, there was documentation of the victim's notification of the transfer of the perpetrator and the outcome of the investigation.

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

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. In the case of the resident on resident sexual harassment allegation, the perpetrator was transferred to another Adelphoi facility. There is no evidence of any discipline. It is a treatment issue.

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:

Margaret Supervisor

Nurse

Mental Health Caseworker

Three 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, four residents were identified as having disclosed a previous sexual abuse. Three were interviewed and all declined Medical or Mental Health follow up. One resident interviewed stated he declined it because he was already in treatment that he was receiving in another Adelphoi facility before he was transferred to Margaret SIL. Five residents were identified as having perpetrated a prior sexual abuse and had documented declinations in their files.

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.

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 Margaret.

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

Interviews:

Nurse

Master's Level Mental Health Caseworker

Ten Random 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 with SAFE/SANEs. 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. 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:  
Margaret Supervisor/PREA Manager  
Facilities’ Director who is a Member of the Sexual Incident Review Team

There has been one incident within the past twelve months that has required an incident review at Margaret SIL. This was conducted within 30 days of the completion of the investigation and was provided to the Auditor. The Facilities’ Director participated in the review as a member of the team. 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.

One of the recommendations of the team was to install cameras at this facility. This is part of the Adelphoi Village Capital Budget Plan and will be implemented.

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:

Margaret Supervisor/PREA Manager  
PREA Coordinator

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 data is used for immediate corrective action as well as looking at the big picture.

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

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

### **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

PREA Audit Report

Margaret Supervisor/PREA Manager

There are Annual PREA Reports for 2014 and 2015 posted on the website. The PREA Coordinator states 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 facilities efforts 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  
Margaret Supervisor/PREA Manager  
COO

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. The PREA Coordinator keeps all data, information and reports securely. The report is submitted to the COO, the CEO and the Board of Directors, before it is published on the website.

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 Maureen G. Raquet

November 1, 2017

Auditor Signature

Date

