

**PREA AUDIT REPORT     INTERIM     FINAL**  
**JUVENILE FACILITIES**

**Date of report:** September 8, 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> Sweeney Intensive Supervision			
<b>Facility physical address:</b> 1145 Mission Road, 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> 724-539-3401			
<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> 15			
<b>Current population of facility:</b> 13			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 12-19			
<b>Name of PREA Compliance Manager:</b> Tyler Kopta		<b>Title:</b> Sweeney Supervisor/PREA Compliance Manager	
<b>Email address:</b> Tyler.kopta@adelphoi.org		<b>Telephone number:</b> 724-804-7000	
<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 the Sweeney Intensive Supervision Home 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. Sweeney Home 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 leading up to the onsite Audit. They were still posted in all areas during the onsite 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 prior to the Audit, 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 commenced immediately after the meeting and was conducted by the Sweeney Supervisor. The facility was clean and well maintained. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center.

While on the tour, I saw the "PREA Hotline" that is located in the staff office and that is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. I followed the directions and the call went to the Blackburn Center. 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 and she confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She also stated that, although there have been allegations of sexual abuse at Sweeney recently, Blackburn was utilized and all reporting was done according to policy and procedure. She was unaware of ongoing problems at Sweeney.

There have been four alleged incidents of sexual abuse at Sweeney in the past twelve months. There were three reports of staff on resident sexual abuse. One incident resulted in immediate dismissal and criminal charges against the staff person. This incident was still in the Court process at the time of the Audit. The other two allegations of staff on resident sexual abuse were unfounded. It should be noted that all the staff on resident allegations included the same staff and all were reported and investigated by the Pa. State Police. The resident on resident sexual abuse allegation was reported to the Pa. State Police. They declined to press charges and it was classified as unsubstantiated. All incidents were reported to the Pa. State Police and Pa. Child Line in accordance with Adelphoi Policy and procedure. All reports were provided to the Auditor. In two cases, the Blackburn Center provided crisis support.

There have been no reports from other facilities of abuse at Sweeney. Sweeney staff have received a report of staff on resident sexual harassment at another Adelphoi facility. It was reported according to policy and was still under investigation at the time of the onsite.

Residents were not present during the tour. They attend the Robert Ketterer School on the main campus, where they also eat all their meals, except on weekends. All staff persons except the Caseworker and Supervisor were also at the school providing supervision. There are no cameras that record in the facility. Therefore, there are no recordings of unannounced rounds. However, I saw the unannounced round log while on the tour.

There were postings next to the doorways leading into the bedroom wing 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. 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 that he had received his PREA education and was a mandated reporter. He also said that 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 about receiving 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 Sweeney students utilize them. They both had PREA 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 Sweeney 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. PREA posters were placed in the examining room of the new Medical Building prior to the end of the onsite. This building was opened the week prior to the Audit.

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

Chief Operations Officer

Vice President of Residential Services

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

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

Human Resources Director

Registered Nurse

Mental Health Therapist

Caseworker who administers the Vulnerability Assessments

Administrative staff who conducts Intake Education

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

A contractor (by phone)

A teacher from the Robert Ketterer Charter School

There are no Volunteers

Ten random residents

10 full time staff

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 100% of the Sweeney staff from all shifts including the Supervisor and Caseworker who count in ratio. On two mornings, interviews started early to accommodate third shift staff. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 13 facility residents. This 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 was one resident who reported a sexual abuse and he was interviewed. There were no LGBTI residents. There were no disabled or non-English proficient residents. Three residents disclosed prior sexual abuse and they were interviewed.

I reviewed the files of 10 staff for required documentation including three hired within the past 12 months and two promotions. I reviewed the paper and electronic 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 two 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 including and as mentioned above, the Blackburn phone, "PREA Hotline". Also posted is the number 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, "Safeguarding your Sexual Safety: A PREA Orientation 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.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third party.

parties. Most residents were aware of the Victim Advocate and Crisis Intervention Services offered by the Blackburn Center.

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

At the conclusion of the onsite Audit, an 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. 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 volleyball pit and picnic pavilions have already been added.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 22 group homes of which 5 are female and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, Somerset and Armstrong Counties. Adelphoi 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. All Adelphoi facilities were Audited during the first three year PREA cycle and all came into compliance.

The counselors, teachers, therapists, along with administration and supervisory staff, make up a workforce of nearly 650. There are 10 employees assigned exclusively to Sweeney including the Supervisor/PREA Manager. Both the Sweeney Supervisor and the Caseworker are recent promotions who have been transferred to Sweeney from another Adelphoi facility.

This re-audit was conducted at Sweeney Intensive Supervision Unit, 1145 Mission Road, Unity Township, 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.

Sweeney is a 15 bed, male, intensive supervision unit with ages ranging from 12-19 and an average length of stay of about 4-5 months. There were 34 admissions in the past 12 months. This facility is licensed under the Pa. Department of Human Services 3800 residential child care 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 or other Adelphoi programs. These residents can either be dependent or delinquent and can be committed by their respective Juvenile Courts or transferred from another facility. Because this is a treatment facility, all residents receive individual therapy once a week and group therapy several times a week and this includes evidence based programs such as ART, Aggression Replacement Training. Many see a psychiatrist for medication evaluations.

Residents from Sweeney are transported to the central Latrobe campus to attend the Robert Ketterer Charter School. They are transported to the school in a van by Adelphoi staff. They eat all meals on the main campus, except on weekends. The boys were at school on the main campus during the tour. Only the supervisor and caseworker were present in the facility. The residential clients attend school in part of the school building and eat in a separate area of the cafeteria, separate from the children from the community who attend the Alternative School. Both the school, vo-tech building and gym/multipurpose building were toured. The new Medical Building and the Mental Health clinic were toured. On 5-10-17, the residents were observed as a group during lunchtime in the school cafeteria.

Interviews with both the staff and residents were conducted in private rooms in the administration building across the parking lot from the school.

Sweeney is located in a residential neighborhood in the outskirts of the town of Latrobe, Pa. in Unity Township, Westmoreland County in Western Pa. which is not far from Pittsburgh, Pa. This one story, 5000 square foot, ranch style home is owned by Adelphoi and sits on about 1.5 acres with a driveway and backyard. This property was formerly a private residence with a dental office. There is a fence between Sweeney and its next door neighbor. As you walk in the side door from the parking area, you enter an open living area adjoining a dining room, kitchen and pantry. The staff office is in the front of the house adjoining another large living area. The dining room and kitchen are off of the living room. Sweeney was renovated in 2012. During this renovation, the bedrooms were aligned down a single hallway to improve supervision and monitoring during sleeping hours. Motion alarms were installed in the bedrooms that sleep multiple clients and a “tour guard system” was installed. There are 2 ½ bathrooms on the first floor. The two full bathrooms have a shower stall, sink and toilet. They are adjacent to each other and situated across from the night supervision area. The ½ bath is located near the kitchen area and only contains a toilet and sink. There are 7 bedrooms in a separate bedroom wing: one single room, one quad, and 5 doubles. The single room can be and is used for vulnerable or aggressive residents. There is also a large finished basement with recreation areas, a large room for group counseling, staff offices, laundry, storage, mechanical and a bathroom. Outside doors are accessed by keys and the exits have a panic bar alarm delay. There is an outside basketball court adjacent to the small staff parking area.

The residents were at school on the main campus during the tour.



## 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 at Sweeney follow PREA policy and procedure. Although there have been allegations of sexual abuse, all reporting and documentation policies were followed. The immediate termination of a staff person involved in the sexual abuse and the follow through with the Blackburn Center for Victim Support and Services were according to Policy. This facility was Audited two years ago during the first PREA cycle.

The current Supervisor/PREA Manager was promoted and transferred within the past three months. He is committed to ensuring that his staff and residents follow procedure. He conducts random unannounced rounds frequently on all shifts to monitor the compliance with staffing and procedure. He also monitors retaliation in his role of PREA Manager. The PREA Coordinator and her management team have developed and instrumented policy and procedure to ensure compliance with the PREA Standards. The staff and residents have demonstrated that they 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. The Blackburn Center was contacted for two of the alleged incidents including the most recent staff on resident incident and responded to the campus and interviewed the resident, although he refused their services. 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. Residents are supposed to receive education again if transferred from another Adelphoi facility. However, 6 of the resident files (those residents who transferred from another Adelphoi facility) did not show timely education. There are informational postings throughout the facility to act as ongoing education for both residents and staff.

The Caseworker conducts the Risk Assessment within 72 hours of Intake. All but one resident file showed timely administration of the VAI. The Vulnerability Assessments and the resultant medical follow ups were all done in a timely fashion. The nurse keeps an Electronic Health Record which includes the Vulnerability Assessment and the documentation of risk based housing. The Facility supervisor and PREA Coordinator reviewed these with me. There was only one file that did not have a timely mental health or medical follow up.

Risk based housing is considered for both vulnerable and aggressive residents and I viewed the single bedroom that is used for this purpose. I reviewed documentation of a housing assignment for a sexually aggressive resident. His "safety plan" was noted including his housing assignment.

All staff files were complete for both education/training, child abuse, FBI and criminal history clearances. All resident files, both paper and electronic, were complete for administration of the VAI and necessary Medical and MH follow up. Education was not timely in 6 out of 12 resident files as noted above.

Two standards as noted below have been exceeded. Four standards as noted below do not apply. One Standard requires corrective action. The remaining 35 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 family 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. This standard has been exceeded.

### Standard #383 Ongoing Medical and Mental Health Care for sexual abuse victims and abusers

This is a juvenile treatment facility. All residents receive individual and group therapy on a weekly basis. Many residents see a psychiatrist for ongoing medication evaluations. Children are committed to this facility by their respective Juvenile Courts for a variety of reasons, including sex offenses. They are committed for treatment. Many residents are transfers from the sex offender treatment units. This standard has been exceeded.

The following standard requires corrective action:

Standard #333: Resident Education

In reviewing the files of 12 residents(10 active and 2 discharges), the documentation of PREA education at the time of transfer is not being conducted in a timely fashion. All residents received education, but not upon Intake. Of the twelve files reviewed, six of the twelve were for transfer residents and did not have documentation of timely education. Ninety days of admissions along with the documentation of PREA Intake education needs to be submitted to the Auditor.

On 9-5-17, I received documentation of all admissions to Sweeney for the months of June, July and August 2017. There were eight total admissions during that time period and three of those were transfers from other Adelphoi facilities. I was provided with a spread sheet of date of admission and date of education for all three months as well as individual sign offs for each resident documenting timely education as required by the Standard. The corrective action plan for this standard has been met.

The following standards do not apply:

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

Standard #318: Upgrades to Facilities and Technology: There have been no facility or technology upgrades at Sweeney since the last PREA Audit.

Standard #334: Specialized Training, Investigations: Sweeney 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 Sweeney.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy  
Adelphoi Village Organizational Chart

Interviews Conducted:

PREA Coordinator  
PREA Manager: Sweeney Supervisor

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA Manager is the Sweeney supervisor. A Compliance Coordinator now assists the PREA Coordinator in the coordination of PREA supervision for the 22 group homes.

The policy includes required definitions as well as a plan of implementation to prevent, detect, report and respond to sexual abuse and sexual harassment.

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

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

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

**Standard 115.313 Supervision and monitoring**

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

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

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

Documentation Reviewed:

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

Interviews:

- PREA Coordinator
- Facility Supervisor/PREA Manager
- Program Director

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

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

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Supervisor 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 one month in advance and are posted in the staff office. The use of voluntar 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. The COO, the Adelphoi Vice President of Residential Services and the Program Director recently filled in during a staffing emergency.

All residents were at school on the main campus during the tour. I observed a lunch period at the school with the Sweeney residents and the ratio for the group supervision was appropriate.

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 facility 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 document that random unannounced rounds are being conducted on all shifts.

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

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

### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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

Documents Reviewed:

- Adelphoi Zero Tolerance Policy
- PREA Audit Report

Adelphoi Policy Search Procedures  
Adelphoi Policy Shower Procedures  
Adelphoi Gender Variant Search Preference Form  
Staff Training Curriculum  
Staff Training Logs  
Interviews:  
10 staff  
10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with Adelphoi Village policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw "knock and announce" postings at the doorway of the bedroom areas. 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. The only cameras in this facility do not record and are only used during sleeping hours in multi-resident rooms to aid in supervision. They are motion activated. Residents are not permitted to change clothing in their rooms, they must do this in the bathroom. This standard has been met. There is no need for corrective action.

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

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

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

Documents Reviewed:  
Adelphoi Zero Tolerance Policy  
Spanish and English Reporting Posters  
Contracts with Translators  
Interviews Conducted:  
Vice President of Residential Services  
Ten 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 Sweeney 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 VP 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. This is 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 new hires and two who had been recently promoted.  
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 for staff 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, two who had been promoted and one contractor. 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.**

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

Adelphio Village Zero Tolerance Policy  
MOU with Excela Health Latrobe  
MOU with the Blackburn Center (a PCAR)  
MOU with the Pa. State Police Greensburg  
Files of Sexual Abuse allegations and reports

#### Interviews:

PREA Manager/Sweeney Supervisor  
Adelphoi Village Nurse  
10 Random Staff  
Interview of a resident who reported a sexual abuse  
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, Excela 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. There is a MOU with the Blackburn Center, a member of the Pennsylvania Coalition Against Rape (PCAR), to provide a victim advocate and to provide crisis intervention, emotional support, information and referrals.

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

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

The Nurse confirmed SAFE/SANEs at Excela Health System.

There was one resident to interview who reported a sexual abuse. He did not actually report the abuse, a staff member interrupted the abuse by another staff person, while it was occurring. The resident, when interviewed, stated he refused to go to the hospital immediately after the incident, even though the Director of Nursing spoke to him after the incident. However, he did agree to go the next morning. He was taken to Excela Health for a Forensic Examination. He was also offered the crisis intervention and victim advocate services from the Blackburn Center. The Blackburn staff came to the campus to meet with him, but he refused their services. The Pa. State Police and Pa. Child Line were notified immediately. All this was documented and the reports were provided to the Auditor. The Adelphoi policy and procedure were followed even though the resident was reluctant to cooperate. This incident was still under investigation at the time of the onsite.

There were no other incidents that required a forensic exam.

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

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy  
Pennsylvania Child Protective Services Law (CPSL)  
Adelphoi Village Website  
MOU with the Pa. State Police  
Sexual Abuse and Sexual Harassment Incident files.

Interviews:

Vice President of Residential Services

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

Four alleged incidents of sexual abuse were reported to the Pa. State Police and to Pa. Child Line. I was provided with documentation of timely reports for all four incidents. Two of the sexual abuse incidents, staff on resident , were investigated by the Pa. State Police and were unfounded. Another sexual abuse of a staff on resident resulted in the immediate dismissal of the staff person. She was arrested and charged with child sexual abuse and this incident is in the court process. All staff on resident allegations of sexual abuse were against the same staff person and the Pa. State Police conducted investigation into all allegations.

There was one allegation of resident on resident sexual abuse. It was reported to the Pa. State Police and Pa. Child Line. The police declined to press charges. It is classified as unsubstantiated.

All mandated reporting was complied with in a timely fashion. All reports were submitted to the Auditor. The court process was still ongoing at the time of the Audit for the one staff on resident incident.

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 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 PREA Audit Report

the training log according to the PREA Coordinator. All staff receive yearly refreshers, which is an online training. I reviewed 10 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training.

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

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

I also interviewed a teacher from the Robert Ketterer Charter School, which the Sweeney 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. I saw a signed contractor training acknowledgement. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt and understanding of this policy. I saw these brochures and the sign in book during the facility tour.

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)  
Additional 90 days of documentation for the timely education of 8 admissions

### Interviews:

Staff person who performs Intake and 10 day Education as part of the Admission's process  
10 random residents.  
PREA Manager

Adelphoi Village conducts all education at the main campus as part of the Admission process before the resident is placed at Sweeney. 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 and how to report. She has them sign an acknowledgement. If a resident is transferred after hours on a long holiday weekend, the video can be viewed at the individual facility. I saw signed acknowledgement of education in all 12 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 12 files that I reviewed, 6 were transfers and their PREA Intake Education was NOT done in a timely fashion. The PREA Manager/Supervisor stated that when he was promoted, he realized upon review of the resident files that several of the residents who were transferred from other Adelphoi facilities had not received Intake education when they were transferred to Sweeney. He educated all the residents that needed education. Although not timely, the education was received and documented.

When the residents arrive at Sweeney, 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 according to one resident. 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.

The issue of transfers from other Adelphoi facilities not receiving timely education upon their transfer to Sweeney was part of the corrective action plan during the first PREA Audit. A procedure was implemented at that time to ensure the education of transfer residents. Corrective Action Needed:

The new Supervisor and Caseworker need to follow the policy, practice and procedure and provide ninety days of documentation of residents receiving PREA education at Intake and upon transfer.

On 9-5-17, I received a spreadsheet of all Admissions to Sweeney within the past three months. This included 8 total admissions and the date of admission and the date of education. Among the eight total admissions were three transfers from other Adelphoi facilities. Also included in the documentation was the resident sign off acknowledging education. All admissions received timely education. The corrective action plan has been met. The documentation demonstrates compliance with the Standard.

This Standard has been met.

## **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

Training 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 Excelsa 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 and because she assesses and treats sex offenders. Both state that forensic examinations are not conducted at Adelphoi and that they both have received training on the protection of forensic evidence. They both received training regarding the sexual abuse of juvenile victims.

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

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

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)

Gender Variant Search Form

Interviews:

PREA Coordinator

PREA Manager/Sweeney Supervisor

Caseworker who completes Vulnerability Assessment

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

The staff who administers the instrument, the Caseworker, 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 Sweeney staff and administrative staff have access to the electronic files. All other staff must be granted access by the EHR administrator.

I reviewed the files of 12 residents (10 active electronic and 2 paper files of discharged residents) with the Supervisor and the PREA Coordinator. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. All but one 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.

Ten residents were interviewed 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 Sweeney. 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

Caseworker who conducts Risk Screening

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

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

Residents are also assigned seating in the cafeteria based on the assessment.

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

the population.

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. Sweeney receives transfers from sex offender programs and, because of their charges, all residents are identified as aggressive. Not all require risk based housing. The documentation was appropriate. I reviewed the documentation in three separate resident files that required it.

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

### 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. I tested this phone while on the tour. The residents can also call Child Line and the staff must call Child Line as mandated reporters. The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. BHSL. Residents can also call home at least twice a week and some 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. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

In three cases of sexual harassment, the residents told staff. In the other incident, a staff person interrupted the incident and immediately reported it to Agency administrators, PSP, and Pa. Child Line.

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/Director

No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHSL, during their annual licensing inspection, examines resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summary did not contain citations for not notifying of the grievance process.

The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents.

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

### Standard 115.353 Resident access to outside confidential support services

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

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

Documents Reviewed:

Adelphoi Village PREA Policy  
Visiting Policy

Telephone Policy  
Spanish and English Posters for the Blackburn Center in the Facility  
Resident Handbooks  
MOU with the Blackburn Center  
Interviews:  
PREA Coordinator  
PREA Manager/Supervisor  
Ten Random resident  
Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the 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 they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services. The majority of the residents interviewed stated that they were aware of these services “through the posters”.

These services can also be accessed by using the newly implemented 211, a one stop call for any and all Human Service Resources. The “Hotline” to the Blackburn Center can also be utilized. These posters were throughout the facility and the school.

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 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.

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.

Two residents who made allegations were offered services through the Blackburn Center. In the case of the sexual abuse incident, the center was notified by Sweeney staff and the Blackburn staff responded to the campus to interview and offer services to the resident. He declined. In the other instance, the resident who reported sexual abuse by another resident was offered Blackburn services by staff. He agreed to them and Blackburn responded to the campus. Both instances were documented and the documentation was provided to the Auditor.

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  
Spanish and English Reporting Posters throughout the facility and in visiting area.

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  
 Pa. Department of Human Services #3800 Residential Child Care Regulations  
 Documentation of Reports for Resident Sexual Abuse

Interviews:

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

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 and their supervisor. They would also 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 Sweeney staff. He would also document. The Supervisor states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Supervisor 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.

The four allegations of sexual abuse were reported to Pa. State Police and to Pa. Child Line immediately upon staff learning of them. HCSIS reports, required by Pa. DHS 3800 Child Care regulations, were also filed within 24 hours. They document that parents, probation officers, caseworkers, guardians, etc are all notified. HCSIS is an acronym for a reporting form that is required by Pa. DHS.

Personal interviews with the PREA Coordinator, COO and Vice President confirm timely reports to law enforcement and notification of required others.

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/Sweeney 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. However, the resident on resident sexual abuse allegation resulted in the two residents being separated and placed in single rooms. The alleged perpetrator was discharged from the program.

After reviewing the policy and interviewing the 10 random staff, the PREA Manager, and Vice President of Residential Services, 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 stated he would 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.**

Documents Reviewed:

Adelphoi Village PREA Policy  
Pa. Child Protective Services Law

Interview:

Vice President of Residential Services

There has been one incident that has required a report within the past twelve months. A report was made by a Sweeney resident of a staff on resident sexual harassment at another Adelphoi facility. This incident was reported to Child Line and to the Agency and facility staff. This incident was still under investigation during the time of the Audit.

The policy clearly states that if a resident reports a sexual abuse at another facility to an Adelphoi Village staff person, it will be reported to Child Line and documented. The Vice President or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.

If a report is made at another facility regarding an allegation against Adelphoi staff, it will be reported to the Vice President 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

Reports and Documentation of the Staff on Resident Sexual Abuse

Interviews:

Ten Random Staff

PREA Coordinator

COO

Vice President of Residential Services

There has been one incident in the past twelve months that required first responder actions. The staff person who acted as a First Responder is no longer employed at the facility. The staff person interrupted an incident of staff on resident sexual abuse. He responded properly by separating the resident and the abuser. He immediately escorted the staff person from the facility and secured the staff's keys. He notified other staff to secure the scene and to provide for the safety of the victim and the other residents. He immediately notified his superiors according to the coordinated response. The resident refused to go to the hospital for a forensic exam, although the Director of Nursing spoke to him about it within hours of the incident. He did go the next morning for a Forensic Exam. Pa. State Police did respond and processed the scene. The staff person also reported to Pa. Child Line. All policy and procedure were followed. The staff person followed his first responder training.

The policy contains the following first responder duties: seek assistance, separate the victims, secure the scene, report to your supervisor and document and contact medical department. This is contained in the staff training curriculum. These duties are also posted in the staff office.

When interviewed, the ten random staff were able to discuss their first responder duties although they have not had to practice them.

The policy also contains the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.

All required documentation was provided to the Auditor and meets policy and standard.

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.

Documentation of staff on resident sexual abuse incident.

Interviews:

COO

Vice President

There has been one incident in the past twelve months that has required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Coordinated Response policy is posted in the staff office. The staff person who acted as the first responder followed the Coordinated Response plan and all appropriate parties were notified and responded in a timely manner, including supervisors and medical.

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. In the case of the staff on resident sexual abuse incident, the staff person was immediately escorted from the facility and her employment was terminated.

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

### 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  
Resident Safety Plan

Interviews:

Sweeney Supervisor/PREA Manager

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 Sweeney is the Supervisor/PREA Manager. He states that he is currently monitoring retaliation against a resident who is the victim in a staff on resident sexual abuse investigation. He stated that the resident was moved into a single room and put on a plan of safety. He met with his staff and told them that although the incident was consensual, this resident is a victim. He had the resident meet with a therapist and would transfer the resident if need be for his protection. He would also monitor retaliation against staff by contacting them immediately and telling them if they receive any threats from anyone

they are to contact him immediately. He would do a status check weekly if needed and would do so for length of stay, which may exceed the 90 day requirement in policy. He monitors behavioral changes in residents, including changes in behavior, such as suicide threats or becoming extremely quiet. He would monitor staff burn out and/or moodiness or irritability.

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 changing a staff's work assignment or suspension. It could include moving the child's room, unit, or program. Any such incident requires a Safety Plan.

In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action. The other incidents resulted in residents being discharged or transferred as part of safety plans, so that there was no monitoring for retaliation.

After reviewing policy and interviewing the Supervisor, who is currently and actively monitoring retaliation, 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

Documentation of Sexual Abuse and Sexual Harassment Allegations

Interviews:

PREA Coordinator

PREA Manager/Sweeney Supervisor

PREA Audit Report

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 investigative 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. There is currently an active investigation of staff on resident sexual abuse and the facility and the State Police have been working closely on the incident. The staff person has been charged and is awaiting a court appearance. Two staff on resident sexual abuse allegations were also reported and investigated by the PSP as part of the initial investigation. They were unfounded. There was one allegation of resident on resident sexual abuse. The police declined to further pursue the resident on resident because it was unsubstantiated. There is documentation of reports and outcomes, which was viewed by the Auditor. The one investigation is ongoing.

The facility gathers 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. They will conduct a sexual incident review after the investigation is completed.

By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff, are reported. All 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  
Documentation of Notifications

## HCSIS Reports

### Interviews:

Vice President of Residential Services

Resident who Reported a Sexual Abuse

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

During the interview with the resident who reported the sexual abuse, he stated he has been advised that the staff person was terminated and that she has been arrested and charges have been filed.

In the case of the resident on resident sexual abuse, there was no documentation of notification. According to staff there was verbal notification and there was documentation of the parents being notified. I saw the HCSIS report that was filed when the resident first reported notifying the parents and others as required by Pa. DHS.

Although the notification of the final outcome was not documented in the one above case, the new Supervisor/PREA Manager had not been transferred to Sweeney. It is apparent after interviewing him and the resident that was also interviewed, that the notification is taking place.

I received and reviewed HCSIS reports for each incident. HCSIS is an acronym for a report required by PA. BHS. It documents notification of incidents made to family, lawyers, probation and OCY workers. In each case this was done within 24 hours.

There is no corrective action needed.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

### Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

### Interviews:

COO

Vice President of Residential Services

PREA Coordinator

There has been one incident within the past twelve months that has 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.

In the one alleged incident of staff on resident Child Abuse, the staff person was immediately escorted out of the facility for the protection of the victim and the other residents. Reports were made to the Pa. State Police and Pa. Child Line. The staff was terminated from employment within 24 hours of the incident. This former staff person has been charged and is awaiting trial.

This standard has been met and needs no corrective action.

### **Standard 115.377 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed:

Adelphoi Village PREA Policy  
Pa. Child Protective Services Law

Interviews:

Vice President of Residential Services

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

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

#### **Standard 115.378 Disciplinary sanctions for residents**

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

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

Documents Reviewed:

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

Interviews:

Vice President of Residential Services

Nurse

Mental Health Caseworker

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months.

The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse.

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

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

The Vice President of Residential Services 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. There has been one incident of resident on resident sexual abuse which was unsubstantiated. However, the one resident who was alleged to be the perpetrator was transferred to another unit.

The staff on resident sexual abuse incident was consensual, so the resident was not disciplined for this sexual activity. He was put on a plan of safety as required by Adelphoi policy and the 3800 Child Care regulations.

The resident who reported the unfounded sexual abuse was not disciplined.

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:

Caseworker who administers Risk Assessment

Sweeney 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, three residents were identified as having disclosed a previous sexual abuse. One resident denied a previous victimization during his interview, one resident stated he declined Medical or Mental Health follow up, because he was already in treatment when he arrived and one resident stated he is awaiting treatment, but his file had a signed declination.

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 Sweeney.

All residents receive a physical exam within 72 hours of admission. These physicals are kept in the resident's EHR.

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

Documentation of Sexual Abuse Report and Response

Interviews:

Nurse

Master’s Level Mental Health Caseworker

Ten Random Staff

Resident who reported sexual abuse

There has been one incident that has required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff 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.

In the case that is actively under investigation, the resident refused to go to the hospital immediately following the incident. The Director of Nursing was notified as outlined in the Coordinated Plan and spoke to the resident. He agreed to go to the hospital for a forensic exam the next morning. Both the reports reviewed and the interview with the resident confirm the above.

This is an all male facility and all residents are offered STD testing and follow up. Interviews with the Nurse and the Mental Health Caseworker confirmed the policy.

The policy is in place and the medical staff are an integral part of the coordinated response as demonstrated with the above incident. 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

Sweeney is a residential facility for juveniles that are court committed for rehabilitation that includes individual and group therapy on a weekly basis. Several residents at Sweeney have stepped down from sex offender secure programs. Residents also participate in cognitive groups. Many residents see a psychiatrist for regular medication evaluations.

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.

Due to the treatment that residents receive, this standard has been exceeded.

This standard has been exceeded 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

Sexual Abuse Incident Review for two Staff on Resident Unfounded Sexual Abuse

Interviews:

Sweeney Supervisor/PREA Manager

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

There have been two incidents within the past twelve months that have required a review including the current incident of sexual abuse which will require one, but the case is still under active investigation. The unsubstantiated resident on resident sexual abuse did not result in an investigation or charges by the police. By policy there should have been a sexual abuse incident review, because it was unsubstantiated.

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. A standard form is used for this review.

The Facilities’ Director, who was interviewed, stated that although he is a new employee he has participated in a few Sexual Incident Reviews at other Adelphoi facilities. One such review resulted in identifying a blind spot in a stairwell and recommending and adding mirrors to that area to improve line of sight. As the Facilities Director, he implemented that.

Although the resident on resident unsubstantiated allegation was not reviewed, prior to the 45 day interim report two sexual abuse incident reviews of the two unfounded staff on resident sexual abuse were provided to the Auditor. Although not required for these incidents, because it was unfounded, reviews are now conducted for all allegations. I believe this demonstrates compliance with the standard.

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 Villag PREA Policy

Adelphoi Village PREA Annual Report, 2014 and 2015

Interviews:

Sweeney Supervisor/PREA Manager  
PREA Coordinator

There have been no incidents to compile data for at Sweeney prior to this year, however the policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. The data is aggregated for Adelphoi Village as a whole and the Annual Report represents the entire Agency. Data is collected using information from reports and any other resources. The DOJ has requested information in the past, which has been provided, but not in 2015 or 2016. 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  
Sweeney Supervisor/PREA Manager

There have been no incidents that data can be collected, aggregated or reported prior to this year. However 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 compare data from year to year and discuss the facilities efforts at prevention, detection, and response. The corrective action is utilized on an ongoing basis as needed after each review and then looked at in comparison with other incidents at Sweeney and other Agency facilities. 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  
Raphael Supervisor/PREA Manager

There have been three allegations of sexual harassment and sexual abuse at Sweeney in the past twelve months. 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 records/reports in a secure location that only she and her compliance caseworker have access to. 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

Auditor Signature

September 8, 2017

Date