

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

**Date of report:** November 1, 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> Adelphoi Main Campus: Middle Creek I, II, III, Benet, Loyalhanna, Vincent, Monastery Run			
<b>Facility physical address:</b> 1119 Village Way, 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> 724-804-7000			
<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> 96			
<b>Designed facility capacity:</b> 101			
<b>Current population of facility:</b> 89			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 12-18			
<b>Name of PREA Compliance Manager:</b> Steve Mortimer		<b>Title:</b> MC I, II, III Supervisor/PREA Compliance Manager	
<b>Email address:</b> steve.moritmer@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 Adelphoi Village Main Campus: Middle Creek I, II, III, Benet, Loyalhanna, Monastery Run and Vincent 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. Adelphoi Village Main Campus was initially audited during the first year of the first PREA cycle in August 2014 and was found to be in full compliance on October 1, 2014. This Audit, conducted on May 8, 9, 10, 11, 12, 2017, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on March 27, 2017, and I received an email with pictures of the posting in the living units and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on May 8, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On March 27, 2017, I received a flash drive with the completed Pre-Audit Questionnaire and requested important documentation. During this six week period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed, amended and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on April 20, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator, the Adelphoi Village Vice President of Residential Services and the Compliance Caseworker. The tour of the facility was conducted by the PREA Coordinator, Compliance Caseworker and the Vice President of Residential Services. The facility was clean and well maintained and had new construction including a new Medical/Mental Health Building, a new Group Home, (Loyalhanna) and new walking trails since the initial 2014 Audit. 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 most areas; the Spanish ones were added to the visiting areas 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 all seven units and that is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. In the three Secure Units, MC I, II, III, I requested a volunteer to show me how the phone worked. In the other four units, where the residents were in school, 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) and spoke to the Director, who 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 the facility in the past 12 months, Blackburn was utilized and all reporting was done according to policy and procedure. She was unaware of any ongoing problems at Adelphoi.

There have been four allegations of staff on resident sexual abuse. One was indicated, resulting in the immediate termination of the staff person and ultimately criminal charges. Three were unfounded. There was one allegation of resident on resident sexual abuse which was unsubstantiated. There was one allegation of staff on resident sexual harassment which was unfounded. This sexual harassment allegation was a report from another facility that was handled according to protocol. In all these cases, policy, procedure and protocol were followed by Agency staff. In each case the Pa. State Police and Pa. Child Line were notified. These reports were provided to the Auditor. Staff at Middle Creek I and Middle Creek II, each received a report of sexual abuse at another facility. One allegation was reported to that facility Director within 72 hours and was documented. It was also reported to Pa. Child Line. The other report was only reported to Pa. Child Line, because the resident was unclear as to what facility the abuse occurred in. I was provided with documentation of these incidents. All policy and procedure was followed.

Residents in Benet, Loyalhanna, Monastery Run, and Vincent were not present in the living unit during the tour. They attend the Robert Ketterer School on the same campus, where they also eat all their meals. The three secure Units, Middle Creek I, II, III are all self contained. The residents live, eat and go to school in the unit. Cameras were being installed in the non-secure Units during the tour. This is part of the Adelphoi Capital Budget and they will be installed in all Adelphoi facilities. There are cameras in the secure units that record for about 30 days so therefore I was able to see a video of an unannounced round.

There were postings next to the doorways leading into the bedroom areas directing the opposite gender staff to announce themselves. Both male and female staff work in all units.

During the onsite portion of the Audit, I saw a supervised lunch. Ratio of 1:8 was always maintained or exceeded whether in a group setting or with smaller groups of residents at the school for the open residential units: Benet, Loyalhanna, Monastery Run and Vincent. I saw the Middle Creek residents in school in a group setting. The secure ratio mandated by the Pennsylvania 3800 Child Care Regulations is 1:6 and 1:12 for secure programs. I observed staffing in excess of this ratio. During the tour of the Secure Units, I spoke to residents and staff and asked about PREA education and unannounced rounds. They were able to answer these questions and demonstrated an understanding of their education. Staff and residents state that they see the Supervisor at all hours. I spoke to two of the women who work in the cafeteria and both could tell me that they received PREA education. I also spoke to a Biology teacher and several students at the school during the tour. The teacher stated he had received his PREA education and was a mandated reporter. He said he had just received an email that it was time to renew his Child Abuse clearance. The students nodded affirmatively when I asked if they knew what PREA

was and one student volunteered and told me had received PREA education. I observed the children lined up using the bathroom one at a time with staff supervision. There were postings throughout the school building announcing the Audit and also for reporting.

The votech building, new Medical/Mental Health Building, and the gym/multipurpose building were also toured because the students from the four non-secure units utilize them. The reporting posters were added to the new Medical Building which had just opened the previous week. The other two buildings 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 residents receive Physicals in the new health building on the main campus. The Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite. All health records are kept as part of the Electronic Health Record and have restricted access. I toured the Mental Health Clinic and saw private offices and locked file cabinets with secondary documentation and limited access.

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

Chief Operations Officer

Vice President of Residential Services

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

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

Human Resources Director

Registered Nurse

Mental Health Therapist who conducts Vulnerability Assessments

Administrative staff who conducts Intake Education

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

A contractor

A teacher from the Robert Ketterer Charter School

There are no Volunteers

14 Random Residents, two from each living unit

And 11 full and part time staff from all living units and all shifts

Staff are full and part 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 11 staff from all shifts and all living units. There are no Unions or bargaining units at Adelphoi Village.

I was given a census for all seven living units. At the time of the onsite, there were 89 residents in the seven programs, 75 males and 14 females. There were discharges, transfers, and admissions to all these programs during the onsite Audit. The census included all residents that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non English speaking or who were identified as Sexually aggressive or Vulnerable. Of the 89 total residents, fourteen (14), two from each program were interviewed. That represents 15% of the total population on the days of the Audit. There was one resident who reported a sexual abuse and he was interviewed. There was one resident who identified as a Transgender Girl, two residents who identified as Gay and 4 residents who identified as Bi-sexual, There was one resident who had a 40% hearing loss and one non-English proficient residents. Sixteen residents disclosed prior sexual abuse. Four LGBTI residents were interviewed and nine who had reported prior sexual victimizations. The one resident with the hearing loss was also interviewed. The resident who was non-English proficient was discharged prior to interviews.

I reviewed the files of 10 staff for required documentation including three hired within the past 12 months and one promotion. I reviewed the paper and electronic files of 16 residents: 14 active and two discharges. I was provided a census of all admissions from the past 12

months and randomly picked the discharged files from this list. The 14 active files were those of the residents that were interviewed.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: The Blackburn phone, "PREA Hotline". Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for the Blackburn Center were posted throughout the facility in both Spanish and English. Spanish ones were added to the visiting areas during the onsite and verified. 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. During the onsite, I observed probation officers from a committing county in another part of the state were at the facility meeting with residents.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties. The majority of 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 portion of the 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, two Program Directors, (one by conference call). The preliminary results of the Audit were discussed and plans for corrective action.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Adelphoi Village was established in 1971 as a home for boys. Through the years foster care and a private residential school were added. Today, Adelphoi provides an extensive network of community based programs and services to over 1,200 youth and families on a daily basis. The mission “to assist children, youth and families to overcome social, emotional and behavioral difficulties” is the foundation behind the continuum of care that includes: group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, elementary age partial hospitalization, secure care, drug and alcohol treatment and sex offender treatment. In 2016, Adelphoi served 2,797 youth and families.

Anchored by a 20 acre campus in Latrobe that includes a school building, administration building, three secure units, a substance abuse residential facility, three sex offender treatment units, a new Medical Building, a Mental Health clinic, and a multi-purpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 22 group homes, of which 5 are female and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, Somerset and Armstrong Counties. Adelphoi contracts with 64 of the 67 counties in Pa. and infrequently has had children committed from Delaware, West Virginia, Maryland, Nebraska and Ohio. Adelphoi Village is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village is certified in the Sanctuary Model and is accredited by JCAHO

Expansion on the main campus is continuing with plans for an Admissions/Visitor Center and the “greening” of the campus to include re-locating parking lots and planting grass for a park like campus. Walking trails, a volleyball pit and picnic pavilions have already been added.

The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 650. There are 96 employees assigned to the seven residential programs that make up the main campus.

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

This re-audit was conducted at the Adelphoi Village main campus in Latrobe. The Main Campus facility consists of seven programs: 6 male and one female.

There are three secure units:

Middle Creek I, a male sex offender treatment unit

Middle Creek II (female)

Middle Creek III (male)

There are four open residential units:

Benet, a sex offender treatment unit

Loyalhanna, a sex offender treatment unit

Vincent, a sex offender treatment unit

Monastery Run, a drug and alcohol treatment unit.

Residents are often transferred from program to program and from facility to facility within Adelphoi Village. Residents can be committed to a Secure Unit and be transferred to one of the residential units for continued treatment and sometimes can be transferred to a Supervised Independent Living Program.

The Audit of this facility was conducted in conjunction with the Audit of four other Facilities in the Latrobe Area.

The Main Campus programs, with ages ranging from 12-18, has an average length of stay of about 4-5 months. There were 142 admissions in the past 12 months. This facility is licensed under the Pa. Department of Human Services 3800 regulations. On the date of the Audit there were 89 residents, 75 males and 14 females, who can be either 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. There is an Art Therapist in the Benet program and Drug and Alcohol groups and treatment at Monastery Run. All residents attend school, either at the Robert Ketterer Charter school on the campus or in the secure, self contained classrooms staffed by Charter School teachers. The staff in the Sex Offender programs receive additional and specialized training for supervision of this specialized population.

The main campus is in Unity Township in Westmoreland County, Pa, outside the Boro of Latrobe and east of Pittsburgh. This campus was a Catholic Elementary School and Convent prior to its current use. The school has been expanded and is still used as such and the convent has been converted into a residential unit and a Mental Health clinic for residents. There are still stained glass windows in the office area of the Mental Health clinic. The main campus consists of the Administration Building, a school with a large cafeteria, a multipurpose athletic center, a new Medical/Mental Health building, three secure units and four group homes. During the first Audit, there were three group homes. A fourth home, Loyalhanna, is new construction. This program was initially named Hall and was located off campus in a local community. Hall was audited in 2016. The residents were moved into the new building in 2016 and the program was renamed Loyalhanna.

The school includes vo-tech classrooms and serves children from the community and the community group homes as well as the main campus units. Residential students are kept separate from the community children and eat in a separate cafeteria.

The three secure units are clustered together and are one story cinder block construction. Middle Creek I has 14 single bedrooms opening onto a large common space. There are two bathrooms, with two toilet stalls and two sinks and a separate shower room with

three curtained shower stalls. The living area/day room has wooden furniture and two bathrooms with toilets with sinks. There is a classroom and a library and a laundry area built into the one wall. There is also a dining area with small tables with attached stools. A central control room monitors all internal and external doors. Cameras were added to hallways and common areas of all three secure units since the last Audit. They are monitored from the control room.

Middle Creek II, the female unit, has fourteen single rooms which lock from the outside. All have a door in the window and a frosted window to the outside. The configuration of the all secure units is the same.

Middle Creek III has 15 single bed rooms with the same configuration as the other secure units. All three units have a small visiting area off the front door. The residents have access to a recreation yard and the athletic building. The doors are key card activated, and all the buildings are surrounded by both a high fence and concertina wire.

Three of the four group homes are old two story homes with a basement for laundry and recreation (pool table). There are kitchens, living rooms, tv/video game areas, offices and counseling rooms on the first floors. The second floors contain, bathrooms, separate shower rooms and bedrooms.

Benet has 6 single bedrooms, one quad and one triple. There are two bathrooms on the second floor with one shower and one toilet and sink. There is a staff and resident bathroom on the first floor. Benet underwent renovations in 2014 to improve supervision and line of sight by opening up the first floor. They also have a computer "grid surveillance" system that monitors multi-child bedrooms. The sensors are motion activated which alert staff that a resident has moved from his bed. Benet has had a "Guard Tour" system installed since the last Audit, which provides for electronic documentation of midnight checks performed by staff. During the tour, cameras were being installed in the hallways and common areas.

Monastery Run is an older single two story building. It has 6 bedrooms on the second floor: a single, two doubles and three triples. There are 2 bathrooms with a single shower, toilet and sink on the second floor and two toilet/sink bathrooms on the main floor, one for staff and one for residents. It has a guard tour system and will have cameras installed as part of the Adelphoi Capital Budget plan for this year.

Vincent is part of the old convent that is adjacent to the Medical and Mental Health building. It has 15 single bedrooms on the second floor and a separate shower room with 4 individual shower stalls which were renovated in 2016 and a bathroom with three stalls and 2 sinks. The main floor has a living room, kitchen, offices and there is a basement for storage and recreation. There is a "Guard Tour" system and cameras were being installed during the Audit. As a result of a Sexual Incident Review of an unfounded allegation of sexual abuse, the team examined the stairwell at Vincent and made a recommendation that mirrors be installed to aid in supervision due to blind spots. This was implemented and I saw them during the tour.

Loyalhanna is new construction and was built from the ground up with security and lines of sight in mind. It is connected to Benet by a locked hallway. It has no basement. The doorways all open to a common area. On the first floor there is a resident bathroom with a toilet /sink and a staff bathroom with a toilet/sink. The laundry area is part of the common central living area. There are 15 single bedrooms on the second floor and two bathrooms with a toilet/sink. There are 3 shower rooms each with a shower and sink. There are no corners or physical barriers. The flooring can be easily cleaned, but is soft and absorbs sounds. The stairwells are wide and have windows. By design, there is no basement. There is a "Guard Tour" system and cameras were being installed during the Audit.

Both the school, vo-tech building, new Medical/Mental Health building, and gym/multipurpose building were toured. Interviews took place in the Administration Building across the parking lot from the school and in a private room in the secure units.

## SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The addition of cameras and the "Guard Tour" system to the units aid in the supervision of the residents. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. This facility was Audited three years ago during the first PREA cycle.

There are Supervisor/PREA Managers for each program. Some are new since the last Audit. They are committed to ensuring that their staff and residents follow procedure. Random unannounced rounds are conducted on all shifts, however the rounds on midnights are inconsistent. The PREA Managers also monitor retaliation in their role of PREA Manager. The PREA Coordinator and her management team have developed and implemented policy and procedure to ensure compliance with the PREA Standards. There is now a Compliance Caseworker to assist the PREA Coordinator in her duties. This Caseworker participated in this Audit. The staff and residents have demonstrated that they not only received but understand the education and training.

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

Reporting by the facility to both Pa. State Police and Child Line is done immediately for every allegation of sexual harassment and sexual abuse and it is documented according to policy and procedure. Sexual Incident Reviews are conducted for all allegations not just those that are required by policy. Recommendations are made and are followed.

The residents receive all education at Intake. An Intake staff on the main campus conducts all education. The Caseworker for each program conducts the Risk Assessment within 72 hours of Intake. There are informational postings throughout the facility to act as ongoing education for both residents and staff, and one resident stated during his interview that he receives information regarding outside services from the posters throughout the facility and from staff.

The Vulnerability Assessments and the resultant medical follow ups were all done in a timely fashion. The nurse keeps an Electronic Health Record which also includes the Vulnerability Assessment and the documentation of risk based housing. The Facility supervisor and PREA Coordinator reviewed these electronic records with me.

During the interview with one resident, the PREA Manager stated to the interviewer that the resident had 40% hearing loss. This was not documented anywhere and there was no documentation that accommodations were considered for this resident. Standard #316: Residents with Disabilities and residents who are limited English proficient states that the agency shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes communication with those that are hard of hearing. There was no documentation that the resident with hearing loss was considered for any special accommodation. The agency needs to have a way of identifying these residents and providing accommodations and documenting these efforts. A plan of correction was submitted prior to the 45 day Interim report. The admissions' staff who conduct the pre-admission interviews of both the juvenile and the probation officer/caseworker will notify the PREA Coordinator of any child with a disability prior to arrival. The PREA Coordinator will document the accommodations that may or may not be needed. In addition, the PREA Coordinator will contact each unit's PREA Manager on a monthly basis to see whether or not a resident has disclosed any disability not identified during the Admission's process.

Risk based housing is considered for both vulnerable and aggressive residents and I viewed the bedrooms in the different units that are used for this purpose. Four of the seven units are sex offender treatment units and all of their residents are identified as aggressive because of their charges, however not all residents require risk based housing. Risk based housing is being considered and practiced, however, it is not being documented properly.

Nine out of ten staff files were complete for both education/training, child abuse and criminal history clearances. One staff person did not have a Child Abuse clearance until 4 months after employment. Two staff who required rechecks had them in their files. All 16 resident files, both paper and electronic were complete for timely PREA education, administration of the VAI, and necessary Medical and MH follow up. Seven of the 16 residents had re-assessments done at the required six month time period.

Two standards as noted below have been exceeded. Three standards as noted below do not apply. Two standards requires corrective action. The remaining 34 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, PREA Audit Report

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 14 random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline". The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

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

This is a residential sex offender treatment facility. The staff are given specialized training to deal with this population. 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 sex offender treatment. This standard has been exceeded.

The following standards require corrective action:

Standard # 313: Monitoring and Supervision:

The Standard and Adelphoi Policy require upper and mid level staff to conduct random unannounced rounds on all shifts. These rounds are occurring but not frequently enough on midnight shift. Ninety days of documentation of these rounds need to be submitted to meet this standard.

On October 31, 2017, I received 120 days of documentation of random unannounced rounds conducted on all shifts by mid and upper level supervisors. This satisfies the plan of correction. This standard has been met.

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

In reviewing the files of 14 residents(12 active and 2 discharges), the documentation of risk based housing decisions were not specific to each case. Risk based housing is being practiced, however it is not being appropriately documented. Ninety days of admissions along with the documentation of risk based housing needs to be submitted to the Auditor.

On 9-17-17, I received an admission log for the Main Campus documenting ninety days of admissions. In the past 90 days there were 53 admissions to the programs on the Main Campus. I picked 7 residents who required risk based housing decisions due to being either sexually vulnerable or sexually aggressive, one from each of the living units. I requested and received copies of their Vulnerability Assessments and documentation of risk based housing decisions. The documentation was specific to each resident and satisfies the plan of correction. This standard has been met.

The following standards do not apply:

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

Standard #334: Specialized Training;Investigations: Adelphoi 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 Adelphoi Village

All documentation required by the Corrective Action plan has been received and reviewed by the Auditor. It satisfies the plan and meets the standards. Therefore, effective November 1, 2017, this facility is compliant with all PREA standards.

Number of standards exceeded: 2

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

#### Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy  
Adelphoi Village Organizational Chart

#### Interviews Conducted:

PREA Coordinator  
PREA Manager: Middle Creek I, II, III, Program Director

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. Each of the seven programs on the main campus has a PREA Manager who reports to the PREA Coordinator. They are responsible for Monitoring Retaliation and for conducting Random Unannounced Rounds in this role. I interviewed the PREA Manager for the three secure programs, who is also the Program Director for these three and other facilities. A Compliance Caseworker position has been added to assist the PREA Coordinator with her duties. This Caseworker participated in this Audit.

The policy includes definitions as well as how 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. Department of Human Services 3800 Child Care Regulations  
Pa. Bureau of Human Services Licensing and Inspection Summaries  
Posted Staff Schedules  
PREA Zero Tolerance Policy  
Logs of Unannounced Rounds  
Video of an unannounced Round  
Documentation of yearly review of staff schedules by PREA Coordinator and PREA Manager  
120 days of Additional unannounced rounds

Interviews:

PREA Coordinator  
Program 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 Summaries. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager/Director states that staffing is reviewed daily to ensure one on one supervision and 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 for Benet, Loyalhanna, Monastery Run and Vincent. The ratio for Middle Creek I, II, and III is 1:6 and 1: 12 for Secure programs as mandated by the Pa. Department of Human Services 3800 Child Care Regulations.

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

All residents were at school either on the main campus or in their classrooms in the secure units during the tour. I saw appropriate staff to resident ratio. Three residents in a secure program were on the living unit at desks doing their schoolwork. They were being supervised by a single staff.

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. I saw a video of an unannounced round being conducted by the Program Director on a secure unit. Presently, only the secure units have recording capability. The logs document random unannounced rounds, but they are not being conducted consistently on midnight shift.

There are only cameras in some areas of the secure units, primarily the day rooms. The Program Director stated that more are being installed as part of the Capital Budget plan. Loyalhanna, Benet and Vincent had cameras being installed during the Audit. Monastery Run is scheduled to have cameras installed. All but the secure units have a “Guard Tour” system used during sleeping hours, that require staff to scan a chip every six to seven minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor. These were new since the last Audit. There is also a motion sensor camera/ mapping system, only used in multi-resident rooms during sleeping hours in Benet to aid in the supervision of the sex offender population. Any resident moving from their bed triggers the sensor. An alarm and a camera are activated at the staff desk. This is a best practice to aid in the supervision of this specialized population and to protect other residents from sexual abuse and/or sexual harassment.

Corrective Action:

Ninety days of documentation of unannounced rounds conducted on all three shifts by mid and upper level supervisors must be submitted to the Auditor in order to be in compliance with this standard.

On October 31, 2017, I received 120 days of documentation of random unannounced rounds conducted on all shifts by mid and upper level supervisors. This satisfies the plan of correction. This standard has been met.

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

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

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

Documents Reviewed:

Adelphoi Zero Tolerance Policy  
 Adelphoi Policy Search Procedures  
 Adelphoi Policy Shower Procedures  
 Adelphoi Gender Variant Search Preference Form  
 Completed Gender Variant Search Form for Transgender Youth  
 Staff Training Curriculum  
 Staff Training Logs

Interviews:

PREA Manager/Supervisor  
 11 Random staff  
 14 Random residents including one resident who identified as Transgender and three residents who identified as Bi-sexual

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. The Transgender resident, who now identifies as gay, who was interviewed states staff have not searched him to determine his genital status. I was provided with the Gender Variant Search form that was completed during the Admission process and which the resident signed and initialed. He chose to be searched by a male staff. He states he has not been searched by a female staff. There were weekly status notes by the Mental Health Caseworker regarding this child’s safety and also his input regarding his safety. They were provided to me. Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the doorway of the bedroom areas. Residents in all but the secure units shower alone. The bathrooms in the residential units contain single showers with a curtain. Same sex staff conduct showers. In the secure units, residents shower two at a time with an empty stall in between them and staff supervision. Transgender and Intersex residents shower alone on all units. I saw documentation for a resident who identified as Transgender that he was to shower alone at a time separate from the other residents. This resident when interviewed denied being Transgender and stated he now identifies as gay. He states he showers alone and has not been discriminated against. According to the interview with the PREA Manager/Program Director for MCI, when the resident first was admitted, he did identify as Transgender. After reviewing his charges and seeing that he committed a sex offense against a female, it was decided that he would be housed on a male unit for the safety of the other residents. Three other residents who identified as Bisexual stated that they are not discriminated against in any way including housing. 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 resident who identified as transgender answered that he has privacy to do the above. 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

Memo regarding residents with Disabilities or who are not English Proficient.

Interviews Conducted:

Vice President of Residential Services

Eleven Random Staff

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 Adelphoi, 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, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. There is the capacity, through the Educational program, for all residents to receive PREA Education. The PREA policy requires these accommodations.

During the Audit, there was one resident who was not English proficient. He needed assistance to write in English, but had no difficulty with speaking and understanding English. I spoke to the Special Education coordinator for his unit and she states she aids this resident in writing in English. She states that it is not often that they receive a resident who requires this assistance, but it would be provided if needed for PREA education. This resident was transferred prior to his interview.

During resident interviews, it was discovered that one resident being interviewed had a 40% hearing loss. This was not documented anywhere and there was no record of accommodations being considered for this resident. This standard requires that the agency shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes communication with those that are hard of hearing. There was no documentation that the resident with hearing loss was considered for any special accommodation. The agency needs to have a way of identifying these residents and providing accommodations and documenting these efforts.

A plan of correction was submitted prior to the 45 day Interim report. The admissions’ staff who conduct the pre-admission interviews of both the juvenile and the probation officer/caseworker will notify the PREA Coordinator of any child with a disability prior to arrival. The PREA Coordinator will document the accommodations that may or may not be needed. In addition, the PREA Coordinator will contact each unit’s PREA Manager on a monthly basis to see whether or not a resident has disclosed any disability not identified during the Admission’s process. A memo was provided to me that was submitted to the COO and the Vice President of Residential Services by the PREA Coordinator outlining this new procedure.

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 one 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 to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Adelphoi Village.

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

I checked the files of 10 staff, including three who had most recently been hired, one who had been promoted and one contractor and all had the required clearances. One employee's Pa. Child Abuse clearance was not obtained until 4 months after the start of employment.

However, in a review of over 50 employee files during the five combined Audits, this was the only aberration.

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 4 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.**

Interviews:  
PREA Coordinator  
PREA Manager/Supervisor Secure Units  
COO

Both the tour of the facility and the interviews with the COO, PREA Coordinator and the Supervisor/PREA Manager confirm that there have been upgrades to technology as follows: A "Guard Tour" system has been installed in all but the secure units since the last Audit. This requires the midnight staff to touch a "wand" to a chip in each resident bedroom and various other areas of the facility to record "checks" of the residents during required intervals throughout the sleeping hours. These checks can then be uploaded by the supervisor to ensure that the midnight staff are performing the required supervision of the residents while they are in their rooms or sleeping. Cameras have been installed in the hallways and common areas of the secure units and more cameras will be installed this year including the classroom and library.

During the tour, cameras were being installed in Loyalhanna, Benet and Vincent. They were not yet operational. Cameras for Monastery Run are part of the Adelphoi Capital Budget for this year.

Loyalhanna, formally the off-campus program, Hall, was opened at the end of 2016. It is state of the art; from the materials used, such as the flooring, to the single rooms, single shower rooms, wide and well lit stairs and lines of sight. It was planned with safety and security in mind, especially sexual safety, because this is a sex offender treatment unit.

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

### **Standard 115.321 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documents Reviewed:

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

Interviews:

PREA Manager/MC I, II, III Supervisor  
 Adelphoi Village Nurse  
 11 Random Staff  
 Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Excelsa Health Latrobe to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Pa. State Police and their responsibilities are outlined in the MOU. 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 Excelsa Health System. One resident who reported a sexual abuse was still in the population. He was interviewed but did not require any medical treatment. His incident is classified as sexual abuse by Pa. Child Line because a letter written by staff met the definition. There were no other residents who reported a sexual abuse still in placement. None of these incidents required a forensic medical 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  
 Reports of Sexual Harassment and Sexual Abuse Allegations

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 any allegation but report all of them. The contact information for the PSP, Pa. Child Line and Adelphoi Village is on the website.

I was provided with and reviewed reports for the following incidents: four allegations of staff on resident sexual abuse. One was indicated, resulting in the immediate termination of the staff person and ultimately criminal charges. Three were unfounded. There was one allegation of resident on resident sexual abuse which was unsubstantiated. There was one allegation of staff on resident sexual harassment which was unfounded. This sexual harassment allegation was a report from another facility that was handled according to protocol. All incidents were reported to Pa. State Police and Pa. Child Line. There were incident reports and documentation of the timely reporting and outcome. There was also a report that was received at MCI from a resident regarding a sexual abuse that occurred at another facility. This was reported to Pa. Child Line and to the Director of the other facility within 72 hours and documented. Another report to MCI staff was only reported to Pa. Child Line because the resident was unsure as to what facility the abuse occurred in when she reported to Adelphoi staff. The reports provided to me demonstrate compliance with this standard.

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  
Eleven 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 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 eleven 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 with all residents, 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 Benet, Loyalhanna, Monastery Run and Vincent 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

14 Resident Files ( 12 active and 2 discharges)

Interviews:

Staff person who performs Intake and 10 day Education as part of the Admissions process

14 random residents

Adelphoi Village conducts all education at the main campus as part of the Admission process before the resident is placed in any Unit. I interviewed the Admission's staff, who had been hired less than two weeks ago. She was still in the training process. As part of Intake, the new resident views the PREA video, "Safeguarding Your Sexual Safety: A PREA Orientation Video, describing sexual abuse and sexual harassment and how to report, including a hotline. The staff person states that after the video, she asks the residents if they have any questions and she tells them about the Blackburn Center. She has them sign an acknowledgement. If a resident is transferred after hours on a long holiday weekend the video can be viewed at the individual facility. I saw signed acknowledgement of education in all 16 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 16 files that I reviewed, 7 were transfers. All education was done in a timely fashion. I interviewed the Loyalhanna PREA Manager/Supervisor who states that when a resident is admitted to Loyalhanna they are shown where the Blackburn phone is as part of their orientation and the procedure for using it. The supervisor has the client sign off on this information. 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 during the interview. Most residents could also tell me about services offered outside of the facility at the Blackburn Center and about the 211 call for any Human Service. Posters for 211 were in the facility.

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

### Standard 115.334 Specialized training: Investigations

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

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

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

### Standard 115.335 Specialized training: Medical and mental health care

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

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

Documents Reviewed  
Adelphoi Village PREA Policy  
Adelphoi Village Employee Training Curricula  
Traning Logs  
Certificates of Completion of NIC Medical Training  
Interviews:

Nurse  
Master's Level Mental Health Caseworker

This facility does not perform any 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 PREA online course for all Medical and Mental Health employees. They were also on the employee training log for having completed the education that all employees receive.

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

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

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

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

Completed Vulnerability Assessment Instruments for 16 Residents (14 Active, 2 discharges)

Gender Variant Search Form

Interviews:

PREA Coordinator

PREA Manager/Middle Creek I, II, III 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 administer the instrument: the MH 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. She 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 staff from each program and administrative staff have access to this electronic files. All other staff must be granted access by the EHR administrator.

I reviewed the electronic files of 14 residents and the paper files of two discharges with the PREA Managers from each program. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. All had timely administration of the VAI. Eight of the 16 files reviewed required 6 month re-assessments or upon transfer per Adelphoi policy and all were conducted in a timely fashion. Any time a resident makes an allegation of sexual abuse or sexual harassment an additional Risk Assessment is conducted. These were provided to me for the residents who reported.

Fourteen 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 Adelphoi. Not all remembered being asked all these questions, 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 16 residents (14 active, 2 discharges) , Electronic Health Record  
Admission Log of additional ninety days of intakes  
7 randomly selected Risk Assessments

### 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 these single rooms and also the bathrooms that have single shower stalls with curtains. They are single bathrooms with a sink and a toilet and a door that closes in all but the secure units.

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. I saw weekly status notes for the transgender resident specifically addressing his feelings toward his safety. 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 four residents who identified as LGBTI in the population, including one resident who initially identified as transgender and now states he is gay and three residents who identified as bi-sexual and they were interviewed. They stated they were not discriminated against in any way and did not receive specialty housing due to his identification. I reviewed the files of 16 residents (14 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. The Main Campus has four sex offender programs and because of their charges, all residents are identified as aggressive. I saw the room or rooms in each unit where aggressive and/ or vulnerable residents can be housed. In the secure units, they also have assigned seating in the classrooms, dining area and on the sofas/couches. The residents in the other programs have assigned seating in the cafeteria and in the classrooms of the on-campus charter school

Although risk based housing and seating in other situations is being practiced, not all resident files document this specifically. This does not meet the standard.

### Corrective Action:

Ninety days of admissions with specific documentation of risk based housing needs to be submitted in order to meet this standard.

On 9-17-17, I received an admission log for the Main Campus documenting ninety days of admissions. In the past 90 days there were 53 admissions at the Main Campus. I picked seven residents from the log who required risk based housing decisions due to being either sexually vulnerable or sexually aggressive. I picked one from each of the campus living units. I requested and received copies of their Vulnerability Assessments and documentation of risk based housing decisions. The documentation was specific to each resident and satisfies the plan of correction.

This standard has been met.

### 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

Vice President of Residential Services

Director of the Blackburn Center, a PCAR (by phone, prior to Audit)

Eleven Random Staff

Fourteen Random Residents

Resident who reported Sexual Harassment

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

The primary reporting mechanism is to an outside agency the Blackburn Center. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. Prior to the onsite I did a telephone interview with the Director of the Blackburn Center and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the staff offices. It has a designated button that goes directly to the Blackburn Center. I tested these phones in each unit 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 receive visits from parents and grandparents once a week on the weekend and special accommodations can be made for parents who live far away. The parents can be 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. I observed probation officers from the other side of the state visiting residents from their County during the tour.

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.

The allegations of sexual abuse and sexual harassment, both founded and unfounded were all reported verbally to staff and then documented. This standard has been exceeded. No corrective action is needed.

### Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

PREA Audit Report

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

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

Documents Reviewed:

Adelphoi Village PREA Policy  
 Adelphoi Village Grievance Policy  
 Pa. Department of Human Services 3800 Child Care Regulations  
 Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summaries  
 Child’s Rights’ Form  
 Grievance Form  
 Files of 16 residents (14 Active, 2 discharges)  
 Interviews Conducted:  
 PREA Manager/Director

Grievances were not used to report any of the founded or unfounded reports of sexual abuse or sexual harassment. 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 inspects resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summaries did not contain any citations for not notifying of the grievance process.

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

This standard has been met and does not require any 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  
Fourteen Random residents  
Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through the Blackburn Center. Posters in both Spanish and English, are posted throughout the facility, with the name, phone number and address for this service. The education that they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services. Several residents stated that they were aware of these services through the posters in the facility and from staff.

These services can also be accessed by using the newly implemented 211, a one stop call for any and all Human Service Resources. These posters were throughout the facility and the school. The residents specifically brought up 211 during their interviews.

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

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. I observed probation officers from a distant county visiting residents during the onsite. The residents that were interviewed state that they usually see the Public Defender before Court.

Most residents were able to tell me about the counseling services offered through Blackburn because they stated they had used them before or a family member had. One resident told me he was aware of these services from the television.

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 and it is also posted in the facility in the area where parents and guardians visit.

This standard has been met and requires no corrective action.

### **Standard 115.361 Staff and agency reporting duties**

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Training Logs

Pa. Department of Human Services 3800 Residential Child Care Regulations

Interviews:

Adelphoi Village Vice President of Residential Services

PREA Manager/Middle Creek I, II, III Supervisor

Eleven Random Staff

Nurse

Mental Health Caseworker

Teacher from the Robert Ketterer Charter School

There have been six allegations of Sexual Abuse or Sexual Harassment at the programs on the main campus in the past 12 months. One is indicated, one unsubstantiated and the rest unfounded. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also would document any report. The teacher who was interviewed is a mandated reporter. He would report immediately to the principal of the school and the appropriate program staff. He would contact Child Line and 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 and if there was a court order prohibiting a parent from notification they would contact a guardian. I reviewed copies of this HCSIS report for these incidents. HCSIS is an acronym used by Pa. BHS for a mandated computer notification system of the above. All reports were made in a timely fashion.

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/ Supervisor

Eleven Random staff

Teacher from the Robert Ketterer Charter School

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

After reviewing the policy and interviewing the 11 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. One staff who was interviewed stated, "I would act right away and separate the residents, implement a safety plan and document it". The teacher from the school would also keep the resident at his side until he ensured that resident's continued safety. He would notify and document.

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

### **Standard 115.363 Reporting to other confinement facilities**

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

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

Adelphoi Village PREA Policy  
Pa. Child Protective Services Law  
Documentation of report to other facility  
Interview:  
Vice President of Residential Services

The policy clearly states that if a resident reports a sexual abuse at another facility to an Adelphoi Village staff person, it will be reported to Child Line and documented. The Vice President of Residential Services or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours. I saw documentation of two such reports to another Agency. In one case, the resident was unsure as to what facility the abuse occurred, so a report was made only to Pa. Child Line. In the other case, the director of the other facility was notified within 24 hours by Adelphoi and this was documented.

If a report is made at another facility regarding an allegation against Adelphoi staff, it will be reported to the Vice President of Residential Services who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours. There was one incident of a resident making an allegation of staff on resident sexual harassment that was unfounded. It was reported and documented according to policy.

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

### **Standard 115.364 Staff first responder duties**

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

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

Documents Reviewed:  
Adelphoi Village PREA Policy

Interviews:  
Eleven Random Staff

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

The policy contains the following first responder duties: Seek assistance, separate the victims, secure the scene, report to your supervisor document and contact the medical department. This is contained in the staff training curriculum. These duties are also posted in the staff offices. When interviewed, the eleven random staff were able to discuss their first responder duties although they have not had to practice them.

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

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

### **Standard 115.365 Coordinated response**

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

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

Documents Reviewed:  
Adelphoi Village PREA policy  
Coordinated plan posting in staff offices.

Interviews:  
COO  
Vice President of Residential Services

There have been no incidents in the past twelve months that have 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 Vice President of Residential services stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice.

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

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

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

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

Documents Reviewed:  
Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interviews:

Chief Operating Officer

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

An interview with the COO shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL. The one founded staff on resident sexual harassment allegation resulted in the immediate dismissal of the employee and criminal charges being filed.

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

### **Standard 115.367 Agency protection against retaliation**

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Sexual Abuse Incident Review Report

Interviews:

MC I, II, III Supervisor/PREA Manager

There was one indicated incident of a resident reporting sexual abuse against a staff person. There is documentation by the Compliance Caseworker that the resident was offered immediate mental health services and put on a safety plan. The safety plan includes monitoring for retaliation.

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation is the Superviosr/PREA Manager. He states that anytime there is an incident, there is a "Red Flag Meeting" where the staff discuss the safety of the resident, this would include retaliation. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact him immediately. He would also 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. He would monitor staff absenteeism.

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.

After reviewing policy and interviewing the Supervisor, I believe this standard has been met. There is no need for corrective action.

### **Standard 115.368 Post-allegation protective custody**

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Vice President of Adelphoi Residential Services

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

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

MOU with the Pa. State Police

Pa. Child Protective Services Law

Interviews:

PREA Coordinator

PREA Manager/Supervisor

There has been one indicated staff on resident sexual abuse and three unfounded staff on resident sexual abuse incidents. There has been one unsubstantiated resident on resident sexual abuse. There has been one unfounded staff on resident sexual harassment report within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has an MOU. The agency has provided investigation training for some staff to aid them in understanding investigations, but they do NOT conduct investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the PREA Manager/Supervisor state that they have a very cooperative relationship with the Pa. State Police. The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Adelphoi Village Coordinated Response and would conduct an incident review after the investigation was completed. All reports of the above allegations were provided to the Auditor. Pa. Child Line and the Pa. State Police were contacted for each incident. They declined to investigate several of the incidents. Reports from the police were provided to the Auditor. By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff are reported. All reports, even if a staff person is no longer employed at the facility are reported. The policy meets the standard and no corrective action is needed.

### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:  
Adelphoi Village PREA Policy

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

### **Standard 115.373 Reporting to residents**

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

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

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

The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The 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.

The sexual incident review report documents the notification of the resident as to the status of the investigation. I saw documented notifications of residents who were still in the program upon completion of the investigation at another Adelphoi facility.

The investigation was ongoing for the resident who reported a sexual abuse, but when interviewed he stated he was notified that the staff person was terminated and facing criminal charges. I feel that the policy and the interview confirm that the standard has been met. There is no corrective action needed.

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

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

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

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

Documents Reviewed:  
Adelphoi Village PREA Policy  
Pa. Child Protective Services Law

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

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

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

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

Documents Reviewed:  
Adelphoi Village PREA Policy  
Pa. Child Protective Services Law

Interviews:  
Vice President of Residential Services

There have been no incidents of this nature in the past twelve months. There were no volunteers at Adelphoi at the time of the Audit. Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Vice President of Residential Services 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. There is no indication based on staff and resident interviews as well as file review that any residents were disciplined for reporting the unfounded reports. These unfounded allegations become a therapy issue.

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.

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 16 residents (14 active, 2 discharges)

### Interviews:

Caseworker who administers Risk Assessment  
Program Supervisor  
Nurse  
Mental Health Caseworker  
Seven 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, 16 residents were identified as having disclosed a previous sexual abuse and seven were interviewed. Two residents denied a previous victimization during their interview, one declined Medical or Mental Health follow up, and the other residents stated they did see a counselor and are in treatment. All residents in four of the programs were identified as perpetrators and all are receiving treatment and received an assessment in a timely manner.

The Mental Health Caseworker states that she sees a child well within the 14 days.

All residents receive a physical within 72 hours of admission.

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

### **Standard 115.382 Access to emergency medical and mental health services**

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Nurse

Master's Level Mental Health Caseworker

Eleven Random Staff

Resident who reported a sexual abuse

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement or staff would call 911. This would be done immediately and would be free of charge to the resident.

Six of these programs are male and one program is female and all residents are offered STD testing and follow up. Female resident would be offered all legal pregnancy related services. Interviews with the Nurse and the Mental Health Caseworker confirmed the policy.

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

The one resident who reported a sexual abuse and was still at the facility stated he was offered Mental Health Services, which he accepted. I was provided with documentation of this. There was no need for a forensic examination.

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

Resident who reported a sexual abuse.

The resident who reported the sexual abuse was offered Mental Health treatment and he accepted it. I saw documentation of this.

Adelphoi Village is a residential treatment facility and four of the programs on the main campus are for juvenile sex offenders. Residents are committed here by their respective Juvenile Courts for treatment. All residents receive individual and group therapy weekly. Residents also participate in cognitive groups. Many residents see a psychiatrist for regular medication evaluations. Staff receive specialized training to supervise this population.

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. All female residents are offered pregnancy testing and would be offered immediate pregnancy related services if needed.

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 Reports

Interviews:

Supervisor/PREA Manager

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

There has been two incidents within the past twelve months that have required an incident review but all incidents are reviewed. The Facilities Director has participated in them. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Supervisor/PREA Manager, PREA Coordinator, Vice President, Program Director, Medical, Mental Health and the Facilities Director with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator. The recommendation would be followed or the reason for not doing so would be documented.

The Facilities Director who was interviewed stated that although he is a new employee he has participated in a few Sexual Incident Reviews at Adelphoi facilities. One such review resulted in identifying a blind spot in a stairwell and recommending and adding mirrors to that area. As the Facilities Director, he implemented that. This was an unfounded allegation but all incidents are reviewed. I was provided with these reviews. I saw the mirrors that were added to the stairwell during the tour.

Prior to the 45 day Interim report, I was provided with an incident review for an incident that was still under investigation at the time of the onsite. This was an incident of sexual abuse of staff on resident. It was fully investigated by the State Police and charges were filed against the staff, who was also terminated. The Incident Review did not make any recommendations for the prevention of similar incidents. The policy and protocol for the review were followed and all variables were considered.

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:

Supervisor/PREA Manager

PREA Coordinator

The policy is in place that requires 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

Supervisor/PREA Manager

There are Annual PREA Reports for 2014 and 2015 posted on the website. The PREA Coordinator states she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 22 group homes. The data is reviewed for individual homes and also compared from home to home. The reports will compare data from year to year and will discuss the facilities efforts at prevention, detection, and response. Corrective action is immediate and ongoing as well as compared at the end of the year.

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  
Supervisor/PREA Manager  
COO

The Annual reports are for the Agency and not the individual Facility. There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The website contains Annual PREA Reports for 2014 and 2015. It contains the initial PREA Audit from 2014. The policy states that all records will be retained for ten years. The PREA Coordinator keeps all records and reports securely. Only she and the Compliance Caseworker have access to these information. The COO approves all reports and they are submitted to the CEO and the Board of Directors before being published on the website. This standard has been met. There is no need for corrective action.

**AUDITOR CERTIFICATION**

I certify that:

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

Maureen G. Raquet

November 1, 2017

Auditor Signature

*Maureen G. Raquet*

Date