

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report November 26, 2019

Auditor Information

Name: Maureen G. Raquet	Email: mraquet1764@comcast.net
Company Name: Raquet Justice Consultants LLC	
Mailing Address: PO Box 724	City, State, Zip: Saint Peters, Pa. 19470-0274
Telephone: 484-366-7457	Date of Facility Visit: July 16,17,2019

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Adelphoi Village		NA	
Physical Address: 1119 Village Way		City, State, Zip: Latrobe, Pa. 15650	
Mailing Address: s/a		City, State, Zip: s/a	
Telephone: 724-804-7000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Private not for Profit
Agency mission: “to assist children, youth and families to overcome social, emotional and behavioral difficulties”			
Agency Website with PREA Information: www.adelphoi.org			

Agency Chief Executive Officer

Name: Nancy Kukovich	Title: CEO
Email: Nancy.kukovich@adelphoi.org	Telephone: 724-804-7000

Agency-Wide PREA Coordinator

Name: Jennifer McClaren	Title: Director of Quality Assurance/PREA Coordinator
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Email: Jennifer.mcclaren@adelphoi.org	Telephone: 724-804-7004
PREA Coordinator Reports to: Mark Mortimer: COO	Number of Compliance Managers who report to the PREA Coordinator 20

Facility Information

Name of Facility: LaSaQuik			
Physical Address: 651 Saint Michael's Road, Cogan Station, Pa.			
Mailing Address (if different than above): s/a			
Telephone Number: 571-998-9261			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other Juvenile residential
Facility Mission: "to assist children, youth and families to overcome social, emotional and behavioral difficulties"			
Facility Website with PREA Information: www.adelphoi.org			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No JCAHO			

Facility Administrator/Superintendent

Name: Maranda Peters	Title: Unit Director
Email: Maranda.Peters@adelphoi.org	Telephone: 570-998-9261

Facility PREA Compliance Manager

Name: Maranda Peters	Title: Unit Director/PREA Manager
Email: s/a	Telephone: s/a

Facility Health Service Administrator

Name: Heather Kountz	Title: Director of Nursing
Email: heather.kountz@adelphoi.org	Telephone: 724-804-7162

Facility Characteristics

Designated Facility Capacity: 20	Current Population of Facility: 17
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Number of residents admitted to facility during the past 12 months		14
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		14
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		14
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	11-20	
Average length of stay or time under supervision:		354 days
Facility Security Level:		Secure
Resident Custody Levels:		Secure
Number of staff currently employed by the facility who may have contact with residents:		16
Number of staff hired by the facility during the past 12 months who may have contact with residents:		0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 2		Number of Single Cell Housing Units: 2 single rooms
Number of Multiple Occupancy Cell Housing Units:		5 multiple occupancy rooms
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): LaSaQuik has a Guard Tour system which requires midnight staff to scan a chip inside the door of each resident room. This is downloaded by administration and reviewed. A motion detector system is activated during sleeping hours in the resident bedrooms. Anytime a resident moves from their bed, an alarm sounds on a panel near the staff post. There are no cameras in the facility.</p>		
Medical		
Type of Medical Facility:		Community Hospital
Forensic sexual assault medical exams are conducted at:		Williamsport Regional Medical Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		3
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review

The Prison Rape Elimination Act (PREA) Audit of LaSaQuik was conducted on July 16,17, 2019 by Maureen G. Raquet, Raquet Justice Consultants LLC (RJC), a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in July 2016 and was found to be in full compliance on Dec. 1, 2016. This Audit, conducted on July 16,17, 2019, is a re-audit of the facility, conducted in the third year of the second three year cycle. Notices of the upcoming Audit in both Spanish and English were posted on 6-3-19 and I received an email with pictures of the posting in the living and common areas on this date. The facility was requested to keep these notices posted during this pre-Audit period and they were still posted in all areas during the tour on July 16, 2019. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 6-6-19, I received a flash drive with the completed Pre-Audit Questionnaire and the requested important documentation. During this six week period, through emails and phone calls with the PREA Coordinator and the Quality Assurance Caseworker, the uploaded information and important documentation was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 7-5-19. The onsite portion of the Audit commenced with a brief entrance interview with the Adelphoi Quality Assurance Caseworker and the LaSaQuik Administrative Assistant. The timeline and expectations for the Audit were discussed. Rosters of both staff and students were reviewed. Staff who were working were selected for interviews. Residents were selected from the roster two days prior to the onsite to ensure that they would be at the facility.

The PREA Coordinator joined the Audit on the second day. The PREA Manager/Unit Director was on Family Leave during the onsite portion of the Audit. She returned to work the following week and was interviewed by telephone on 7-25-19.

The tour of the facility was conducted on 7-16-19 by the Quality Assurance Caseworker and the facility Administrative Assistant. During the tour, I saw postings in both Spanish and English for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the Northcentral YWCA.

While on the tour, I saw the "PREA Hotline" that is available on any phone through a dedicated speed dial and that is a hotline to Northcentral YWCA. There are directions posted above the phone for Speed Dial #55. I requested a volunteer and a resident told me how he would ask to use the phone, took me into a private office and followed the Speed Dial Directions for the YWCA. He handed the phone to me and it went directly to the Hotline. During the pre-Audit time period, I contacted Northcentral YWCA, (a member of the Pennsylvania Coalition Against Rape, PCAR) and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She was unaware of any ongoing issues at LaSaQuik.

Residents were not in school during the onsite portion of the Audit, because summer school was finishing for the semester and only a few residents were still attending for credit recovery. The residents attend school in a separate classroom building at the facility. The teachers are BLAST (Bradford, Lycoming and Sullivan, Tioga) Intermediate Unit employees. I spoke to the Intermediate Unit teachers during the tour of the school building. They stated they had not received PREA education. The Quality Assurance Caseworker gave them the contractor PREA brochure and had them acknowledge receipt of it and I was provided with these sign offs on the same day as the tour. I interviewed both the teacher and aide. Additionally, the clearances for these contracted employees were not in the facility. There was also a resident in the classroom with the

teacher and aide. He was unsupervised by any facility staff person. There were no PREA posters in this building. They were added prior to the end of the onsite and I verified their posting.

During the tour, the residents were conducting morning hygiene. During the onsite Audit, I saw them eating breakfast and lunch as a group and in group counseling. On the first day of the Audit, I ate lunch with the residents. Ratio of 1:8 was exceeded, except in the school building as mentioned above. The residents stated they had received PREA education and knew how to report. As previously mentioned, one resident volunteered to demonstrate the Hotline.

I spoke to staff persons who stated they received PREA training and told me that Administration conducts unannounced rounds on a regular basis. There are no cameras in the facility. The unannounced round log was unable to be located.

All LaSaQuik residents receive physicals in the community from community providers. Medical and mental health needs are met in the community utilizing private providers. A psychiatrist in Williamsport does any medication evaluations. There are no Medical or Mental Health staff at LaSaQuik.

Directly after the tour of the facility and for the next day, interviews were conducted privately at LaSaQuik. Several of the specialty staff, including the COO, Human Resources Director, PREA Coordinator, and Regional Director were interviewed 4 weeks prior to this Audit during another Adelphoi facility Audit on June 17, 18, 19, 2019. Those interviewed 4 weeks earlier included:

Adelphoi Chief Operations Officer

PREA Coordinator

Regional Director who conducts random Unannounced Rounds

Human Resources Director

The Unit Director/PREA Manager who conducts unannounced rounds and monitors retaliation was interviewed by telephone on July 25, 2019 and again on 8-20-19 as part of the plan of correction.

Those interviewed at LaSaQuik on July 16,17, 2019 included:

Clinical Coordinator who administers the Vulnerability Assessment

Staff person who conducts Intake Education

Quality Assurance Caseworker who participates in the Sexual Abuse Incident Review

10 random residents

13 full and part time staff which also includes the Cook, the Facilities Coordinator and the Administrative Assistant

Staff are full and part time and work rotating first and second shifts with permanent days off. Third Shift staff work permanent midnights with permanent days off. A roster of the 16 LaSaQuik staff was provided to me and 13 of the 16 were interviewed. This represents 81% of all LSQ staff. All facility staff can count in ratio. They are all given the training required so they can count in ratio. The Cook works part time as a direct care staff. The Facilities Coordinator and Administrative Assistant are never scheduled as direct care staff but can count in ratio in case of emergency. There are no Unions or bargaining units at LaSaQuik.

I was given a census of all 17 facility residents, which included all residents that identified as LGBTI (2), who disclosed a prior sexual abuse (5) and who had a physical disability (2) and an intellectual disability (1). All of these identified residents were interviewed. The other residents who were interviewed were chosen randomly from the roster. Of the 17 total residents,

ten (10) residents were interviewed. That represents 58% of the total population on the days of the Audit. There were no residents who reported a sexual abuse while at LSQ. There were no non-English proficient residents.

I reviewed the files of 9 staff for required documentation including one promoted within the past 12 months. There were no new hires. They were randomly chosen from all employee files. I looked for Pa. Child Abuse Clearances, Criminal History and FBI clearances as well as documentation of PREA training and refreshers.

I reviewed the files of 12 residents: 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed. I looked for timely education and administration of the Risk Assessment as well as documentation of required Medical and Mental Health follow up and consideration for risk based housing.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment including, as mentioned above, the Northcentral YWCA, "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 Northcentral YWCA were posted throughout the facility in both Spanish and English, including the area that is used for visiting. This information is contained in resident rule packets given to the residents during Intake. They also watch an age appropriate video during the Intake process entitled: "Safeguarding your Sexual Safety – A PREA Orientation Video". Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits as well as some home visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time. Public Defenders from some Pa. Counties visit monthly or bi-monthly and several probation officers visit their clients monthly.

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

There are MOUs with Williamsport Regional Medical Center for Forensic Examinations and an MOU with the Pennsylvania State Police, Montoursville Barracks, who conduct Criminal Investigations. Pa. Child Line conducts investigations of any staff or contractor regarding resident sexual abuse or sexual harassment. This information is posted on the facility website.

There have been no allegations of sexual harassment or sexual abuse since the last PREA Audit in 2016. LaSaQuik has not received allegations of sexual abuse or sexual harassment occurring at other facilities from residents in the past 12 months.

At the conclusion of the onsite Audit, a brief Exit interview was held with the following staff on Wednesday, July 17, 2019: Vice President of Residential Services via conference call and the PREA Coordinator and Compliance Caseworker. The preliminary results of the Audit and a plan of correction were discussed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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 2018, the Adelphoi residential programs received 430 admissions.

Anchored by a 20 acre campus in Latrobe that includes a school building, administration building, three secure units, a substance abuse residential facility, four sex offender treatment units, a new Medical Building, a Mental Health clinic, and a multi-purpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania. Expansion on the main campus is continuing with the completion of an Admissions/Visitor Center. The COO is looking at the main campus footprint to determine how many more buildings can be built to accommodate the facilities that are currently off campus in the community.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 23 programs, of which 5 are female and the rest are male. These include secure units, residential, supervised independent living, shelter, drug and alcohol and transitional living. These units are located in Westmoreland, Blair, Cambria, Fayette, Lycoming, Somerset and Armstrong Counties. Adelphoi contracts with 64 of 67 counties in Pennsylvania and also receives children 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 accredited by JCAHO. The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 650.

This Audit was conducted at LaSaQuik, about 20 minutes from the city of Williamsport, Pa.. LaSaQuik is a 20 bed male sex offender treatment program, with ages ranging from 12-20, and licensed under the Pa. Dept. of Human Services 3800 regulations. In 2018, there were 14 admissions and the average length of stay was about 12 months. On the date of the Audit there were 17 residents in this unit. These residents can be either delinquent or dependent/delinquent and are committed by their respective Juvenile Courts or transferred from another facility at Adelphoi. All residents receive both individual and group counseling and family counseling if warranted. Most also see a psychiatrist for medication evaluations and all residents receive physicals that are conducted at a private provider in Williamsport. There are no medical or mental health staff assigned to this facility.

In addition to education which is provided by the BLAST Intermediate Unit, all residents participate in ART, an evidence based Anger Management Curriculum, Sexual Issues Groups and Balanced and Restorative Justice Groups. During the summer months, the residents participate in an Adventure Based Ropes Course located on the grounds of the facility. The residents participate in Community Service by keeping the public roadway near the facility free of litter. There is a Pa. Dept. of Transportation sign that states that LaSaQuik has adopted the roadway.

Most residents also see a psychiatrist for medication evaluations in the community. Physical examinations are conducted at a private provider in Williamsport. There are no medical or mental health staff assigned to this facility.

LaSaQuik is located on the side of a mountain in Cogan Station, Lewis Township, Lycoming County in North Central Pennsylvania. It is 20 minutes from Williamsport, Pa., the home of the Little League World Series. This very rural area is served by the Pa. State Police. There are two buildings: the school building and the main building which is a converted farm house. Together they exceed 13,800 square feet and sit on 70 acres of woodland with resident turkeys, deer and a black bear. There is a vegetable garden, a pond where the residents can fish, a ropes course at the very top of the mountain and an outdoor shed with bicycles. The school building sits on a knoll above the main building and is accessed by wooden stairs. There are two separate classrooms and a teachers' office with a large plexiglass window. These classrooms have traditional desks for both students and teachers. Between the school building and the main building are gardens. One is a traditional flower garden and one is a sculpture garden with cement markers, all different, with designs, paintings, drawings and handmade mosaics. This garden is used at the end of treatment before discharge to commemorate the victim of the resident. The farmhouse is rented by Adelphoi, who took over this program, the property and the staff in 2011 from another provider. The farmhouse was extensively renovated in the nineties. The building is secure from the outside and there are no cameras. As you enter the front door, you are in a foyer with PREA Postings, a glass enclosed receptionist area with a staff only office behind it. To the left are caseworker offices on both sides of a small hall and then you enter the living area. Other offices line the right side of the open area. A half wall separates a living area with couches from the foyer/office area. The seven bedrooms surround this area, and so do the two bathrooms. The bedrooms are numbered 1-7 with bedrooms 1 and 2 being singles, bedroom 3 a double and 4,5,6, and 7 being Quads. The double and quads have wooden bunk beds. The rooms have windows that do not open with blinds. There is a dressing area with a curtain on a wooden rod and open bureaus. The one

common bathroom has two toilet stalls, two urinal stalls, three showers and 4 sinks. The other bathroom is currently only used for laundry. The single rooms are used for all new residents until they complete the orientation phase and can be used for risk based housing. The third shift post for midnight staff is in the open area outside the bedrooms. All bedrooms are equipped with the "Guard One System" for midnight checks as well as a motion activated grid system in all of the multi-resident bedrooms. To the right of the living area is a dining room with wooden tables and benches. To the rear is a television room with cushioned sofas and chairs and to the front, a full kitchen with large industrial stainless steel appliances. The upstairs, accessed by a stairwell with an outside door used for fire exit, consists of a large conference room and several staff and administrative offices. There is also a room for family therapy. The downstairs is not accessible to the residents. The ropes course is at the top of the mountain and is used by the entire population and the staff who are trained facilitators for this outdoor programming. It has not been used yet this summer. It is accessed by a four wheel drive vehicle on a series of gravel switchbacks. At the top, there is a porta-potty and many high and low ropes elements including a flying squirrel. This area is posted to prohibit hunters and trespassers.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

#351

Number of Standards Met: 42

Click or tap here to enter text.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

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 although the facility underwent an Audit in 2016 and became PREA compliant, this facility has drifted from the policy and procedure and there are several areas that must be improved.

It should be noted that Adelphoi Village has undergone 27 completed PREA Audits conducted by two different PREA Auditors since 2014. They had all of their facilities audited in the first PREA Cycle and are on track to have all of their facilities audited during this second cycle. The PREA Coordinator has participated in all of these Audits. She has amended

policies, developed forms and implemented procedures after each Audit on an Agency basis, not just for the individual facility. At the completion of each Audit, if there is a need for a plan of correction, she scrutinizes the deficiency to see if it is Facility specific or effects all Agency facilities. If there is a need for Agency wide correction, she develops protocol and procedure and trains all PREA Managers. Each facility benefits from the plan of correction from a previous facility Audit. A Compliance Caseworker now works with the PREA Coordinator and has assumed some of the PREA responsibilities. There is a PREA Manager for LaSaQuik, who is the Unit Director. She also monitors retaliation in her role of PREA Manager and conducts random unannounced rounds. She is one of 20 PREA Managers who reports to the PREA Coordinator

This facility was Audited 3 years ago during the first PREA cycle. It was re-audited during this third year as part of the Agency having 1/3 of its facilities audited each year of the three year cycle.

There is an ongoing relationship and an MOU with Northcentral YWCA 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 the Williamsport Regional Medical Center for Forensic Medical Examinations for residents and there is an MOU with the Pa. State Police, Montoursville Barracks to conduct criminal investigations. Reporting information is posted on the website.

The Unit Director/PREA Manager is new to her position. She was promoted 10 months ago and has been on Family leave for several months. She was still on Family Leave at the time of the Audit and was interviewed by telephone upon her return, the following week. She was unable to answer some of the questions regarding her PREA responsibilities and was aware that sometimes residents are not supervised in the school building. Her supervisor, the Regional Director, conducted a refresher training for the PREA Manager surrounding these issues. The Auditor was provided with documentation of this training. The Auditor conducted a re-interview by telephone on 8-20-19, subsequent to the training and prior to the 45 day Interim report. The PREA Manager/Unit Director was able to discuss her PREA related responsibilities and the refresher training she received.

Although both the Regional Director and the Unit Director/PREA Manager state that they conduct random unannounced rounds, only four months of logs could be produced and the facility was unable to locate the current log. While on the tour, a resident was alone with the teacher and teacher aide, who are contracted employees. No facility staff were present in the building.

Prior to the 45 day Interim report, as part of the plan of correction submitted by the facility, the PREA Manager/Unit Director and all staff received refresher training regarding the direct supervision of all residents by facility staff at all times. Documentation of this training was submitted to the Auditor and the Unit Director/PREA Manager was interviewed to ensure compliance with this standard.

On 11-14-19 and 11-26-19, logs of random unannounced rounds conducted on all three shifts since the onsite were submitted to the Auditor. They satisfy the plan of correction for this standard.

The teacher and aide stated that they had not received PREA education. Prior to the 45 day Interim report, on 8-23-19, documentation of PREA education for the three I.U. employees was submitted. Additionally, although their employer, the BLAST Intermediate Unit, requires Pa. Child Abuse, Criminal History and FBI clearances, the facility could not produce them during the onsite. Prior to the 45 day Interim report, appropriate clearances for all teachers were submitted to the Auditor.

The residents receive all education at Intake. All direct care staff conduct Intakes. Education includes a video and a rules packet with pertinent education. Posters throughout the facility act as ongoing PREA education for the residents. The Clinical Coordinator administers the Vulnerability Assessment. The resident files that were reviewed show that not all Intake education was conducted in a timely manner.

On 11-14-19, a log of all admissions since the onsite was provided to the Auditor. There were nine admissions since that time. Eight of the nine admissions had timely education. The one resident who did not, had it the next day. Signed acknowledgement of education for all nine admissions was submitted to the Auditor

The Clinical Coordinator administers the risk assessment. A review of the files show that several residents did not have this administered within 72 hours of Intake. However, the resultant medical follow ups were all done in a timely fashion.

On 11-14-19, a log of all admissions since the onsite Audit was submitted to the Auditor. All nine admissions had the Vulnerability Assessment conducted within 72 hours of Intake. All nine VAIs were submitted to the Auditor, with the date of administration. They were also signed by the resident.

Electronic Health Records include the Vulnerability Assessment, Medical and Mental Health follow up and the documentation of risk based housing. The documentation also includes electronic signature of the resident either accepting or refusing Medical and/or Mental Health follow up. The PREA Coordinator and Compliance Caseworker reviewed these records with me.

All staff files were complete for both education/training, child abuse and criminal history clearances. All staff have clearances before hire and every two years according to Adelphoi policy. There was one promotion in the past 12 months and no new hires. Eight of the nine staff files required and had clearances every two years.

Policy was reviewed and is complete. All procedures are in place, although not all have been followed. A plan of correction with a timeline was submitted by the facility for the 6 standards that had not been met. Three of the standards were met prior to the 45 day Interim report. Therefore, 3 standards still require an ongoing plan of correction. One standard has been exceeded. All other standards have been met.

Subsequent to the 45 day Interim report, the facility submitted all required documentation for the three standards that had not been met. The documentation satisfies the plan of correction and meets the standards.

The following standard has been exceeded:

#383 Ongoing Treatment for Victims and Perpetrators of Sexual Abuse – This is a juvenile treatment facility for sex offenders, where residents are placed by order of the Court to receive supervision and rehabilitation. All of the LaSaQuik staff receive sexual issues training and all residents participate in sexual issues groups and this can and does include treatment of a victim or aggressor. This standard has been exceeded.

The following standards require corrective action:

#313 Monitoring and Supervision: Random Unannounced rounds need to be completed on all shifts and documented. When a person responsible for conducting these rounds is on leave for an extended period of time, someone else must conduct these rounds. Documentation of this directive must be provided to the Auditor. Documentation of 120 days of rounds needs to be submitted to the Auditor.

Logs of random unannounced rounds conducted on all three shifts was submitted to the Auditor for July, August, September, October and November 2019. This documentation satisfies the plan of correction. This standard has been met.

#333 Resident Education: A review of the files show that 2 of the 12 residents did not have timely PREA education at Intake. Logs of 120 days of admissions must be provided with the date of PREA education. The Auditor will randomly select admissions and will be provided with their individual documentation of education.

Logs of nine admissions since the onsite were provided to the Auditor. Eight of the nine admissions had timely education at Intake. This satisfies the plan of correction. The standard has been met.

#341 Obtaining Information from Residents: A review of the resident files show that 4 out of 12 residents did not have a risk assessment conducted within 72 hours of Intake. Three residents who required it, did not have a risk assessment conducted at six months as required by Agency policy. A log of 120 days of admissions must be submitted with the date of the risk assessment being conducted. The Auditor will randomly select individual admissions for documentation of the timely administration. A census of all residents who have been in placement for six months or more must be submitted with documentation that a VAI was conducted at six month intervals.

A log of nine admissions was submitted to the Auditor. All nine admissions had the Vulnerability Assessment conducted within 72 hours of Intake.

Eight residents required a 6, 12, or 18 month Vulnerability Assessment. I was provided with the VAIs for the eight residents and all were re-administered in a timely fashion.
This documentation satisfies the plan of correction. This standard has been met.

Effective November 26, 2019, all standards have been met. This facility is fully PREA compliant.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 on 6-17-19 during a prior Audit

PREA Manager/Unit Director by telephone on 7-25-19 and on 8-20-19

Documentation of Refresher training for the PREA Manager

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA coordinator has a Compliance Caseworker who assists in PREA related supervision at the 23 programs. The PREA Coordinator has 20 PREA Managers who report to her.

The PREA Manager is the Unit Director at LaSaQuik. In this capacity she conducts random unannounced rounds and monitors retaliation. She is also one of two clinicians at the facility and carries a caseload. Although not new to the facility, she is new to this position, having been promoted ten months prior to the Audit. She was also on family leave for several months. She was unable to answer some questions during her interview. She was also aware of residents sometimes being in the school building without facility staff supervision.

Prior to the 45 day Interim report, as part of the plan of correction submitted by the facility, the PREA Manager received refresher training regarding her PREA role and responsibilities, from her Supervisor, the Regional Director. Documentation of this training was submitted and the Auditor conducted a telephone interview with the PREA Manager to ensure receipt and understanding of this training. The PREA Manager was able to discuss her PREA related responsibilities and what steps she will take to ensure that LaSaQuik is PREA compliant.

The PREA Zero Tolerance Policy contains definitions of sexual abuse and sexual harassment and procedures regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The policy dictates how these procedures will be implemented.

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Adelphoi does not contract with any other facility for the care of its residents.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Department of Human Services Licensing and Inspection Summary

Posted Staff Schedules

PREA Zero Tolerance Policy

Logs of Unannounced Rounds

Documentation of yearly review of staffing by PREA Coordinator

Randomly selected staff schedule including March 17, 2019

Documentation of Staff Meeting minutes regarding supervision of residents as part of the plan of correction

Logs of UARS for July, August, September, October and November 2019 as part of the plan of correction

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit

Unit Director/PREA Manager by phone on 7-25-19 and on 8-20-2019

Program Regional Director on 6-19-19 during a prior Audit

Residents during tour

Staff during tour

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

I reviewed documentation of the yearly review of staffing by the PREA Coordinator and the Vice President of Residential Services. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager/Unit Director states that staffing is reviewed daily to ensure one on one supervision and other resident needs such as transportation to medical appointments or court are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Unit Director states they always meet the ratio of 1:8 and 1:16. There are always two staff on midnight shift. The Cook can count in ratio and he works as a part time staff once a week. The Administrative Assistant and the Facilities Coordinator also can count in ratio, but only in emergencies. They receive all training that is necessary to count in ratio.

I was provided current staff schedules with more than the required ratio. They are completed at least two weeks in advance by the Administrative Assistant and are posted in the staff office. I requested and received a random staff schedule for the week including March 17, 2019. This schedule showed appropriate ratio. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so that there are no deviations from ratio. There are also part time staff who can and are called in to cover shifts.

During the tour, I saw residents supervised as a group at the facility. I observed them in “group” and also at breakfast and lunch during the onsite. I ate lunch with the residents on one day. The ratio exceeded 1:8. There were 17 boys and three staff, as well as the cook and Administrative Assistant.

While on the tour of the facility, I observed a resident in the school building with two contracted employees, the Intermediate teacher and her Aide. There were no facility staff supervising the resident. When I interviewed the Unit Director, she stated that this sometimes occurs.

Prior to the 45 day Interim report, as part of the plan of correction submitted by the facility, I received documentation of refresher training conducted for all staff and for the PREA Manager/Unit Director regarding direct supervision of residents. The PREA Manager/Unit Director was interviewed to ensure compliance with this standard. She was able to discuss how the facility will ensure that residents are supervised at all times and the actions she will take if they are not. She also discussed the monitoring of this issue by her supervisor, the Regional Program Director.

Prior to the onsite, I was provided with four months of logs of unannounced rounds conducted by both the Facility Unit Director and the Program Director. I was not provided with additional logs during the onsite and the log book could not be located. The Unit Director conducts unannounced rounds on all shifts and documents them. She never advises anyone that she will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Regional Director

also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. However, during her interview, the Unit Director/PREA Manager stated that she had not conducted them from September to December 2018, when she was first promoted and no one conducted them when she was on leave from May through July. Documentation of rounds from mid-March and April could not be located.

There are no cameras in the facility. There are motion sensors in the bedrooms. These are activated when the residents move from their beds and it alerts the midnight staff. There is a “Guard One” system used during sleeping hours that requires staff to scan a chip every three to four minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor. The chips are placed inside the residents’ rooms so that the staff person has to physically enter the room to scan the chip, thus ensuring that they can see the residents in their beds.

The midnight staff desk/post is positioned to ensure lines of sight for the 7 bedrooms and the bathroom.

This standard has not been met. There is a need for corrective action.

Random Unannounced rounds need to be completed on all shifts and documented. When a person responsible for conducting these rounds is on leave for an extended period of time, someone else must conduct these rounds. Documentation of 120 days of rounds need to be submitted to the Auditor.

Logs of random unannounced rounds conducted on all three shifts for the months of July, August, September, October and November 2019 were submitted to the Auditor.

This documentation satisfies the plan of correction. This standard has been met.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing

their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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
LaSaQuik Shower Procedure
Adelphoi Gender Variant Search Preference Form
Staff Training Curriculum
Staff Training Logs

Interviews:

13 staff
10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with Adelphoi Village policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. LaSaQuik is an all male facility. 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 at LaSaQuik. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.

Staff and residents both state that female staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. The female staff announce themselves and both staff and residents were able to demonstrate how this is done. One resident stated that female staff do not always announce themselves, however his three roommates stated that the female staff always announce. Residents must change their clothes behind a "changing curtain" in the room. No other resident is allowed to be present in the room when a resident is changing. The doors to the resident bedrooms must always remain open. The bathrooms contain single showers with a curtain. Same sex staff conduct showers. Residents shower three at a time in single shower stalls. The shower procedure was demonstrated for me during the tour and I received a written shower procedure from the PREA Manager. According to interviews and policy, Transgender or Intersex residents would be permitted to shower separately. There is also another bathroom, which is not currently in use that can be used. During the previous Audit, the second bathroom was used exclusively by a resident with a physical disability.

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. Staff state that residents are never viewed by any staff or resident.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency 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, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency 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, including: Residents who are blind or have low vision? Yes No
- Does the agency 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, including: Residents who have intellectual disabilities? Yes No
- Does the agency 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, including: Residents who have psychiatric disabilities? Yes No
- Does the agency 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, including: Residents who have speech disabilities? Yes No
- Does the agency 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, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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
 Resident with Disabilities tracking sheet

Interviews Conducted:

Adelphoi COO on 6-18-19 during a prior Audit
 Thirteen random Staff
 PREA Coordinator on 6-17-19 during a prior Audit

Three Residents with a disability

During the Audit, there was one resident who had a hearing disability, one who had a speech impediment and one with an intellectual disability and all three were interviewed. There were no residents who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator that was provided. A student who does not speak English would probably not be admitted to LaSaQuik, because he 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 Adelphoi COO 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 Admissions' department now notifies the PREA Coordinator of any resident with a physical or mental disability who has been admitted, so that child's needs can be met. The COO provided me with a tracking sheet of all residents in every program who are identified as having a disability or who are not English proficient and the accommodations that have been made for that resident. The one resident who had a hearing disability stated that it is only in his left ear and that he sits in the front of the class and people repeat things for him. He states that his mother is getting him a hearing aide. He stated he does not need any other accommodations. The resident with the speech impediment states he does not require accommodations. The resident with the intellectual disability states that the computer reads aloud to him and that this is sufficient.

A prior resident who was blind was provided a braille machine according to the COO and LaSaQuik staff. He was also placed in a single room.

The PREA policy requires these accommodations.

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

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Department of Human Services Licensing and Inspection Summary

Pa. Child Protective Services Law

Adelphoi Zero Tolerance Policy

Files of 9 staff including one who had been recently promoted

Clearances for the three Intermediate Unit Contracted employees

Interviews:

Human Resources Director on 6-19-19 during a prior Audit

The Adelphoi Village Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Pa. 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 by Pa. DHS as well as those of contractors and volunteers. A percentage of random employee files are inspected by DHS as well. There have been no citations for non-compliance in this area.

I reviewed the files of 9 staff, including one who had been promoted in the past 12 months. There were no new hires within the past 12 months. All required documentation was in the files.

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 8 of the employee files that required them.

The Pa. CPSL and the PREA standards require 5 year re-checks, so the Adelphoi policy is more stringent.

Although policy requires it and the Intermediate Unit conducts clearances for its employees, the facility did not have the clearances for the Intermediate Unit contracted employees during the onsite Audit.

Prior to the 45 day Interim report, all clearances were submitted for the three contracted Intermediate Unit educational employees.

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

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews Conducted:
 COO
 PREA Coordinator
 Unit Director/PREA Manager

The facility has not undergone significant expansion or renovation since the last PREA Audit in 2016. There have been no technological upgrades or installations either.
 This standard does not apply.

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

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 Williamsport Regional Medical Center

MOU with Northcentral YWCA (a PCAR)

MOU with Pa. State Police, Montoursville Barracks

Interviews:

PREA Manager/Unit Director by phone on 7-25-19

Phone Interview with the Director of Northcentral YWCA, (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, Williamsport Regional Medical Center, 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. Northcentral YWCA, a member of the Pennsylvania Coalition Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.

I spoke to the Director of the Northcentral YWCA 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 this facility.

There have been no alleged incidents that have required forensic medical exams.

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

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, Montoursville Barracks

Interviews:

Adelphoi COO on 6-18-19 during a prior Audit

I interviewed the Adelphoi COO 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 COO states that all incidents are reported and documented. I also verified that the website includes reporting information. Adelphoi Village staff do not investigate allegations but report all of them.

Adelphoi Village Zero Tolerance Policy requires a report to Child Line and/or the Pa. State Police for all alleged incidents.

There have been no reports of sexual abuse or sexual harassment in the past 12 months at LaSaQuik.

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

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

Interviews:

- PREA Coordinator on 6-17-19 during a prior Audit
- PREA Manager by telephone on 7-25-19
- Thirteen Staff

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 training 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 9 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training if required.

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 thirteen staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me that they received initial training and annual refresher training.

All line staff 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. The staff at LaSaQuik also received specialized Sexual Issues training, because this is a sex offender treatment program.

This is an all male facility and staff only work at this Adelphoi facility, because it is not in close proximity to any other Adelphoi facility.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village Zero Tolerance Policy
PREA Brochure for Contractors
Training Logs
Signed Training Acknowledgement of Contracted Employees
Documentation of Training for the I.U. teachers

Interviews:

Two contracted employees from the BLAST Intermediate Unit

There are currently no volunteers at any Adelphoi Village facility. There are three contracted employees who have contact with children at LaSaQuik. They are two teachers and a teachers' aide from the BLAST (Bradford, Lycoming and Sullivan, Tioga) Intermediate Unit. During the tour they told me they had not received PREA training. Prior to the end of the onsite, they were provided the contractor brochure. When interviewed, they were able to tell me that they would report to an on-duty supervisor and the Facilities Director. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of

the brochure signs off acknowledging receipt. I was provided with their signed acknowledgements. Because these educational contractors have contact with the residents on a daily basis they need to have the PREA training that all employees have.

Prior to the 45 day Interim report, on 8-23-19, documentation of PREA education that all employees receive was submitted for the three Intermediate Unit contracted employees.

The Administrative Assistant showed me the contractor sign offs for every contractor who does not have resident contact since PREA inception in 2015. This illustrates compliance with Adelphoi policy.

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

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Safeguarding Your Sexual Safety: A PREA Orientation Video

Resident PREA Orientation Acknowledgement Form

Posters for Reporting and Education in Spanish and English

12 Resident Files (10 active and two discharges)

Logs of Education for nine admissions as part of the plan of correction

Signed acknowledgements of Intake Education for the nine admissions as part of the plan of correction

Interviews:

Staff person who provides PREA Education as part of the Admissions's process

LaSaQuik Unit Director/PREA Manager

10 random residents.

LaSaQuik conducts all PREA education including what is required at Intake as well as the more comprehensive education as part of the Admission's 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. All staff conduct Intakes. The staff person interviewed states that after the video, she verbally goes over the PREA postings on the units and then shows the child the YWCA "PREA" hotline. She goes over the rules packet with them and has them sign an acknowledgement. I saw signed acknowledgement of timely education in 10 of the 12 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 12 files that I reviewed, 2 were transfers. There are reporting posters throughout the facility that serve as long term education.

All residents could tell me that they received education during the first few days at the facility or again at transfer. Many of the residents had been in several Juvenile placements prior to LaSaQuik. Therefore, many residents had PREA education several times. Eight of the residents interviewed could tell me about services offered outside of the facility at Northcentral YWCA but all were aware of the reporting hotline through this Agency.

This standard has not been met. There is a need for corrective action.

A review of the files shows that 2 of the 12 residents did not have timely PREA education at Intake. Logs of 120 days of admissions must be provided with the date of PREA education. The Auditor will randomly select admissions from this log and will be provided with their individual documentation of education.

On 11-14-19, logs of admissions since the onsite Audit were provided. There were nine admissions since that time. All nine signed acknowledgements of education were submitted to the Auditor. Eight of the nine admissions received timely education at Intake. One admission received his PREA Intake education the day after his admission.

This documentation satisfies the plan of correction. This standard has been met.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This facility does not conduct criminal investigations. Two staff at the Facility have received investigator training to aid in reporting and coordinating any sexual abuse or sexual harassment investigation. However, they do not perform investigations. They are conducted by the Pa. State Police and Pa. Child Line. This standard has been met.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed

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

This facility does not perform forensic medical examinations. These are conducted at Williamsport Regional Medical Center by SAFE/SANEs and there is an MOU with the Hospital.

There are no Medical or Mental Health Staff at LaSaQuik. All medical and mental health services are provided in the community. The physicals and any routine medical needs are obtained at private medical providers in Williamsport. Mental Health needs, such as counseling, therapy, medication evals and assessments are also provided in the community.

I received certificates of completion for the NIC PREA online course for all Adelphoi Nurses. They were also on the employee training log for having completed the education that all employees receive. There are no nurses assigned to LaSaQuik.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

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

Gender Variant Search Form

Log of nine admissions with the date of VAI administration as part of the plan of correction

Nine individual VAIs conducted as part of the plan of correction

Eight individual VAIs conducted at 6, 12, and 18 months as part of the plan of correction

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit

PREA Manager/Unit Director by telephone on 7-25-19 and on 8-20-19

Clinical Coordinator who completes Vulnerability Assessment

10 residents

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

The staff who administers the instrument, the Clinical Coordinator, takes into account the Intake packet, conversations with parents, probation officers and caseworkers, court reports, transfer summaries from other facilities which may include psychiatric and psychological exams and any other information that may accompany the child. He asks the questions directly to the resident as they appear on the instrument.

All completed VAIs are part of the electronic health record and have restricted access. Only the LaSaQuik staff and administrative staff have access to these electronic files. All other staff must be granted access by the EHR administrator. The direct care staff are treatment staff and carry caseloads. The PREA Coordinator states that the Facilities Coordinator, who does not have a caseload, does not have access to the VAI. All pertinent information is recorded in a housing log and communicated to staff by the PREA Manager. I reviewed the electronic files of 12 residents (10 active and 2 discharged) with the Compliance caseworker and the PREA Coordinator. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. Four of the twelve did not have timely administration of the VAI. Three of the files reviewed that required a 6 month re-assessment per Adelphoi policy did not have one conducted in a timely fashion. However, one resident had 3 re-assessments due to the length of time he was there.

Ten residents were interviewed and all could state that they were asked some of the questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, what their sexual identification is, or if they were fearful of sexual abuse at LaSaQuik.

This Standard has not been met. There is a need for corrective action.

A review of the resident files shows that 4 out of 12 residents did not have a risk assessment conducted within 72 hours of Intake. Three residents who required it, did not have a risk assessment conducted at six months as required by Agency policy. A log of 120 days of admissions must be submitted with the date of the risk assessment being conducted. The Auditor will randomly select individual admissions for documentation of the timely administration. A census of all residents who have been in placement for six months or more must be submitted with documentation that a VAI was conducted at six month intervals.

On 11-14-19, a log of nine admissions since the onsite portion of the Audit were submitted. Nine individual VAIs were submitted and all were conducted within 72 hours of intake.

The census since the onsite Audit was submitted. Eight residents required a re-assessment at either 6, 12, or 18 months as required by the Adelphoi PREA policy. All eight individual re-assessments were submitted to the Auditor. All eight were done in a timely fashion.

This documentation satisfies the plan of correction. This standard has been met.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

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

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit
PREA Manager/Unit Director by phone on 7-25-19
Clinical Coordinator who conducts Risk Screening
Two Residents who identified as Bi-sexual

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. The staff are taking into account the child's own feelings regarding their vulnerability and are also taking into account who the previous victims may have been. This is a Sex Offender treatment program and all residents score as Sexually Aggressive, but may not be in this situation. There is documentation of the decision and where the child is placed and what additional supervision they need. While on the tour, I saw the two single rooms used for any resident who needs extra supervision and also all new Intakes as part of the orientation process. The VAI can be used to determine where a resident sits at meals, where he sits in the classroom and during group counseling. Residents shower three at a time in separate shower stalls with curtains. Transgender or Intersex residents would be permitted to shower separately according to Policy and interview.

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 twice a year or more often if needed. The residents' own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no Transgender or Intersex residents in the population at the time of the onsite. There were two residents who identified as bi-sexual and both were interviewed. The one resident stated he no longer identifies as bi-sexual and the other resident state that he now identifies as gay. They both stated that they were not placed in any special room due to this identification nor where they discriminated against in any way.

I reviewed the files of 12 residents (10 active and 2 discharges). The files were part of the Electronic Health record. All risk based housing recommendations are recorded on the instrument itself. All files had documentation that is specific to each resident.

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

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

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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
LaSaQuik Telephone Policy
LaSaQuik Visiting Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care Regulations
Resident Rights' Form
MOU with Northcentral YWCA

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit
PREA Compliance Manager by telephone on 7-25-19
Director of Northcentral YWCA, a PCAR, by phone prior to Audit
Thirteen Staff
Ten Random Residents

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

The primary reporting mechanism is to an outside agency, Northcentral YWCA. 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 conducted a telephone interview with the Director of the Northcentral YWCA and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The "hotline" is located on every phone. It has a programmed speed dial that goes directly to the Northcentral YWCA. While on the tour, a resident volunteered to show me how to privately use this phone. He took me to a private office. He speed dialed #55 and handed me the phone; it went directly to the Hotline. The residents can also call Child Line and the staff must call Child Line, as mandated reporters. During the tour, I observed that residents had access to pencils and paper. The PREA Manager/Unit Director confirmed that residents have access to pencil and paper because they journal every evening as part of their treatment.

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. DHS.

Residents can call home at least two to three times a week, depending on level and according to resident interviews. Residents can also receive visits from parents and grandparents once a week on Sunday and special accommodations can be made for parents who live far away. They are provided with bus or train tickets, gas cards and hotel lodging if needed. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. Public Defenders from some Pa. Counties visit every month or every other month. Some lawyers video chat privately with the residents according to resident and staff interviews. Several probation officers visit their clients monthly.

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

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

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Department of Human Service Licensing Annual Licensing and Inspection Summary

Child's Rights' Form

Grievance Form

Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Manager/Unit Director by telephone on 7-25-19

There were no grievances filed alleging sexual abuse, harassment or retaliation by residents or third parties. 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. DHS during their annual licensing inspection inspects resident files for this signed acknowledgement by both parent and resident. Additionally, the most recent Licensing and Inspection Summary did not contain citations for not notifying of the grievance process.

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

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

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
Visiting Policy
Telephone Policy
Spanish and English Posters for Northcentral YWCA in the Facility
Child's Intake Packet
MOU with Northcentral YWCA

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit

PREA Manager/Unit Director by telephone on 7-25-19

Ten Random residents

Northcentral YWCA 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 Northcentral YWCA. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. The programmed speed dial for the Hotline, has directions posted on the wall above the phone, including the address and phone number for the Northcentral YWCA.

The PREA Coordinator described the MOU with the Northcentral YWCA, a member of the Pa. Coalition Against Rape (PCAR), and the services that they offer. The MOU was reviewed and I spoke to the YWCA Director by telephone prior to the Audit to confirm the services offered in the MOU.

The residents who were interviewed state that they can make and receive phone calls two to three times a week. Visiting by parents/grandparents/guardians is once a week on Sunday 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. Not all residents receive visits, but all are entitled to them.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. All residents stated that they could see or call their lawyer if they wanted to. Some Public Defenders visit their clients once a month, or every other month. Some lawyers video chat with their client in a private room. Several probation officers visit their clients monthly.

Eight out of the ten residents interviewed were able to tell me about the counseling services offered through the YWCA. All ten residents could tell me about the Hotline.

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

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Adelphoi Village website

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified, and it is also posted in the facility in the area where parents and guardians visit. I saw these postings during the tour of the facility. There were no third party reports of sexual abuse or sexual harassment in the past 12 months.

This standard has been met and requires no corrective action.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 COO on 6-18-19 during a prior Audit
PREA Manager/Unit Director by phone on 7-25-19
Thirteen Staff
Two Intermediate Unit contracted employees.

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 contracted employees, who are teachers, are also mandated reporters, who receive mandated reporter training from the BLAST Intermediate Unit.

The Adelphoi COO states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He stated 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. This information is contained on what is called a HCSIS report. This is an acronym for a Pa. DHS notification requirement that must be completed within 24 hours of the incident.

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

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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:

Adelphoi COO on 6-18-19 during a prior Audit

PREA Manager/Unit Director by phone on 7-25-19

Thirteen staff

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 13 staff, the PREA Manager, and the Adelphoi COO, 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. This would include a safety plan that could remove a child from their room, change their roommates or remove the child from the facility if need be.

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

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interview:

Adelphoi COO on 6-18-19 during a prior Audit

There have been no incidents that have required reports to other facilities within the past twelve months. LaSaQuik has not received any reports of incidents that have occurred at other facilities.

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 COO, Vice President of Residential Services or the PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.

If a report is made at another facility regarding an allegation that occurred at LaSaQuik, it will be reported to the PREA Coordinator, who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers, will also be notified within 24 hours

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

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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:

Thirteen Staff

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

The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document. This is contained in the staff training curriculum. These duties are also posted in the staff office. When interviewed, the thirteen 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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:

Adelphoi COO on 6-18-19 during a prior Audit

PREA Manager/Unit Director by phone on 7-25-19

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 policy and procedure meet the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 on 6-18-19 during a prior Audit

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

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

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

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as

housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

Retaliation Monitoring Form

Interviews:

Adelphoi COO on 6-18-19 during a prior Audit

Unit Director/PREA Manager by phone on 7-25-19

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or sexual harassment or who cooperates in the investigation. The staff person charged with monitoring retaliation at LaSaQuik is the Unit Director/PREA Manager. She states that she would monitor retaliation against a resident or staff by conducting an investigation to see what is happening and addressing the issues by separating the victim from others. She would also do a status check daily or by shift and would do so for length of stay, which may exceed the 90 day requirement in policy. She would document this monitoring on the Retaliation Monitoring Form that was implemented in the past year. She would monitor verbal interactions, reports from staff, or other residents, and red flag behaviors, such as targeting by staff or isolation by the resident. She would monitor work performance of staff, including sick time, tardiness, decline in work and conflict.

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

In the case of staff, she would probably include Human Resources or reach out to her Supervisor and the PREA Coordinator.

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

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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
- Pennsylvania 3800 Child Care Regulations

Interviews:

- Adelphoi COO on 6-18-19 during a prior Audit

This standard does not apply. There is no use of isolation. It is prohibited by both Adelphoi Policy and the Pa. Department of Human Services 3800 Child Care Regulations.
This standard has been met.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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, Montoursville Barracks
Pa. Child Protective Services Law

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit
PREA Manager/Unit Director by phone on 7-25-19

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 to some staff to aid them in understanding investigations, but they do NOT conduct investigations. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. The PREA Manager/Unit Director states that she would contact the lead investigator from the PSP to stay advised of the status of the investigation. The PREA Coordinator stated that the Quality Assurance Caseworker is responsible for contacting the Pa. Department of Human Services for updates for any Child Line investigation at any Agency facility.

The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Adelphoi Village Coordinated Response and would conduct an incident review after the investigation was completed.

By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported.

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

The policy meets the standard and no corrective action is needed.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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.

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

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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
Sexual Abuse Incident Review Form
Resident notification of outcome of an allegation in the Electronic Health Record

Interviews:

PREA Manager/Unit Director by phone on 7-25-19

There have been no incidents of sexual abuse or sexual harassment that have required resident notification.

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 and the resident and parent/guardian are notified of this. 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. She 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 HCSIS reports (an acronym for a Pa. DHS required reporting form) show documentation that the parent/guardian, court, etc. are notified of the initial incident and the safety plan within 24 hours of the report. If Pa. DHS investigates the allegation, they will notify the resident, parent and facility of the outcome. Pa. DHS only investigates the Staff on resident sexual abuse or sexual harassment allegations. Resident on resident allegations are reported to the Pa. State Police. The PSP conduct the investigation and the facility contacts the police for status updates and outcome, so they can advise the residents and conduct a Sexual Abuse Incident Review.

The Sexual Abuse Incident Review Form requires documentation of resident notification including when he was notified and who notified him.

One resident who was interviewed had reported a resident on resident sexual abuse while at another Agency facility. This was investigated by the PSP and was unfounded. Although no longer a resident of that Adelphoi facility, he was notified of the

outcome of the case after he had transferred to LaSaQuik. This notification was documented and was shared with me as part of the resident's electronic health record.

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

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

- Adelphoi Village PREA Policy
- Pa. Child Protective Services Law
- SAIR incident review report

Interviews:

- Adelphoi COO on 6-18-19 during a prior Audit
- PREA Coordinator on 6-17-19 during a prior Audit

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment.

The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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:

PREA Manager/Unit Director by phone on 7-25-19

There have been no incidents of this nature in the past twelve months. There were no volunteers at any Adelphoi facility, including LaSaQuik, at the time of the Audit. There are three contractors at LaSaQuik that have contact with residents.

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 Unit Director states that she 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. She also states she would contact the contractor's agency and request a new contractor, or if need be establish a new contract.

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

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may

residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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:

Unit Director/PREA Manager by phone on 7-25-19

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

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

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

The Unit Director states that the only sanctions for a violation of the policy are reduction in level and loss of privileges. The incident would also be reviewed in counseling. A resident could be discharged or moved to another facility. Isolation is

prohibited by regulation. No other discipline is allowed and she states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

There are no Medical or Mental Health staff at LaSaQuik. The PREA Manager stated that 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.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 the past 12 months

Secondary Medical Documentation kept electronically

Files of 12 residents (10 active, 2 discharges)

Resident Tracking Log

Interviews:

Clinical Coordinator who administers Risk Assessment

Unit Director by phone on 7-25-19

Five Residents who disclosed a prior victimization.

There are no Medical or Mental Health staff at LaSaQuik. The policy requires the offer of a Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires an offer of a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. 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. Medical treatment, including physicals, is obtained in the community. Mental Health treatment/assessment is also received at a community provider.

In the current population, there were five residents who were identified as having disclosed a previous sexual abuse, four of them refused follow up, however they all received a physical within 72 hours of admission and two of the residents see a psychiatrist for medication evaluation. Two of the residents told me they refused because the abuse occurred when they were very young and they have already dealt with it. One resident stated he received both Medical and Mental Health follow up at another Adelphoi facility as soon as he reported it. Two other residents stated that they have counselors at LaSaQuik and don't need to talk to anyone else. All of these residents are prior perpetrators. This is a sex offender treatment unit. All are offered medical and mental health services. I saw the acknowledgement that it was offered in each resident's electronic health record.

The resident tracking log was provided and reviewed. It showed that all residents who disclose or are identified as needing a follow up are offered one. 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 Williamsport Regional Medical Center

Interviews:

Thirteen Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Williamsport Regional Medical Center for a Forensic Medical Exam. This would be done immediately and would be free of charge to the resident. As part of the response, staff would first protect the resident and then immediately notify medical. There are no medical staff at the facility, so staff would call 911.

This is an all male facility and all residents are offered STD testing and follow up.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

PREA Manager/Unit Director

There are no Medical or Mental Health staff at the facility. All Medical and Mental Health Services are received in the community at a community provider.

All residents are offered STD testing during their Admission physical or upon request.

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

Residents are court committed to LaSaQuik for treatment and rehabilitation. They attend group and individual counseling that includes treatment for sexual victimization and for sexual offending. All staff receive “Sexual Issues” training and all residents participate in “Sexual Issues” group on a weekly basis. Master’s Level Clinicians conduct groups and carry caseloads.

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 Form

Interviews:

Unit Director/PREA Manager by phone on 7-25-19 and on 8-20-19
Quality Assurance Caseworker who is a Member of the Sexual Incident Review Team

Adelphoi/LaSaQuik conducts an SAIR for all PREA related incidents regardless of their outcome. 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 Unit Director/PREA Manager, PREA Coordinator, Quality Assurance Caseworker, Vice President of Residential Services, Program Director, Medical, and Mental Health 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.

Every allegation of sexual abuse and sexual harassment is reviewed. As a best practice, if the facility has not been advised of the outcome of the investigation by either the police or Pa. DHS, within a certain time frame, they conduct an SAIR, so they could look at any changes or improvements that should be made without waiting for the outcome.

I interviewed the Quality Assurance CW, who is a permanent member of the SAIR team. She states that the team convenes and reviews all reports as well as diagrams of the physical plant. The PREA Manager/Unit Director looks at where the incident took place in person. This is all documented on the Sexual Abuse Incident Review Form. A SAIR Review meeting is scheduled once a month to ensure a timely review of incidents. If there are no incidents to review, it is cancelled.

The Unit Director/PREA Manager states that prior to her promotion she participated in a SAIR as a clinician. There have been no incidents that have required a review since she has been promoted. She was unsure as to some of the procedure and states she will request clarification as to her role.

Prior to the 45 day Interim report, I received documentation that the Regional Director provided PREA Manager refresher training to the Unit Director, including her role in the Sexual Abuse Incident Review. She was interviewed by phone to ensure compliance with this standard.

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

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Adelphoi Village PREA Annual Report 2018

Interviews:

Unit Director/PREA Manager by phone on 7-25-19

PREA Coordinator on 6-17-19 during the Audit of another Adelphoi facility

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 PREA Coordinator writes the report and it is approved by the Adelphoi COO. There is a report for 2018 that is on the Agency website. This was verified by the Auditor.

The DOJ has requested information in the past, which has been provided, but not in recent years. An in-person survey was conducted by the DOJ at some of the other Agency facilities in 2018, but not at LaSaQuik.

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

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

PREA Annual Report 2018

Adelphoi Village website

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit

Unit Director/PREA Manager by phone on 7-25-19

Adelphoi COO on 6-18-19 during a prior Audit

The Annual PREA Reports are posted on the website along with the most recent PREA Final Audit Reports for all the facilities. The most recent report for 2018 is posted on the website. The PREA Coordinator states that she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 23 group homes. The Adelphoi COO approves the report before posting. The reports will compare data from year to year and will discuss the efforts of the facility at prevention, detection, and response.

All personal identifiers are removed and noted.

Corrective Action is taken on an ongoing basis through the utilization of the Sexual Abuse Incident Review. The aggregated data includes looking at all facilities and any incidents. The PREA Coordinator states that Adelphoi has partnered with the University of Pittsburgh to collect PREA data and to analyze it.

One example of preventative action due to aggregated data review is the planned installation of cameras in all facilities.

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

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA policy
Annual PREA Reports 2018
Adelphoi Village website

Interviews:

PREA Coordinator on 6-17-19 during a prior Audit
Unit Director/PREA Manager by phone on 7-25-19

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 the Annual PREA Report for 2018. It contains the initial LaSaQuik PREA Audit from 2016. The policy states that all records will be retained for ten years.

The information is kept on the PREA Coordinator's computer and is on a share drive for her and the Quality Assurance CW only.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Adelphoi Village has had all its facilities Audited in the first three year cycle and is now having re-Audits completed for 1/3 of its facilities each year as part of the second three year cycle.
 LaSaQuik was first Audited in 2016. This is a re-Audit being conducted in the third year of the second three year cycle. The auditor had access to and toured all areas of the facility on July 16, 2019. All staff and residents were interviewed privately at the facility on July 16, 17, 2019.
 The Auditor was provided with all reports and documentation she requested and was able to view the resident's electronic health records.
 The dates of the upcoming Audit were posted in the facility on 6-3-19, six weeks prior to the onsite portion of the Audit, along with the Auditor's contact information. There was no correspondence with the Auditor.
 This standard has been met. There is no need for corrective action.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Agency posts all Facility Audits on the website within 14 days of the Final Report being submitted by the Auditor. The 2016 LaSaQuik Audit was posted in a timely fashion. All other Agency PREA reports have also been posted in a timely fashion. The PREA Coordinator advises the Auditor of the posting and then the Auditor verifies and documents it. 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Maureen G. Raquet

November 26, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.