

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim     Final

**Date of Report**    Click or tap here to enter text.

## Auditor Information

<b>Name:</b> John J. Prebish, Jr.	<b>Email:</b> jprebishjr@gmail.com
<b>Company Name:</b> Prebish Consulting Services, LLC	
<b>Mailing Address:</b> 984 Level Road	<b>City, State, Zip:</b> Lilly, PA 15938
<b>Telephone:</b> (814)-341-5226	<b>Date of Facility Visit:</b> August 13-14, 2020

## Agency Information

<b>Name of Agency</b> Adelphoi Village, Inc.		<b>Governing Authority or Parent Agency (If Applicable)</b>	
<b>Physical Address:</b> 1119 Village Way		<b>City, State, Zip:</b> Latrobe, PA 15601	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> (724)-804-7000		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>		<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
<b>Agency mission:</b> To assist children, youth and families to overcome social, emotional and behavioral difficulties			
<b>Agency Website with PREA Information:</b> www.adelphoi.org			

## Agency Chief Executive Officer

<b>Name:</b> Nancy Kukovich	<b>Title:</b> President/CEO
<b>Email:</b> nancy.kukovich@adelphia.org	<b>Telephone:</b> (724)-804-7000

## Agency-Wide PREA Coordinator

<b>Name:</b> Jennifer McClaren	<b>Title:</b> Director of Quality Assurance
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<b>Email:</b> Jennifer.mcclaren@adelphoi.org	<b>Telephone:</b> (724)-804-7000
<b>PREA Coordinator Reports to:</b> Mark Mortimer	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 21

### Facility Information

<b>Name of Facility:</b> Adelphoi Sweeney Facility			
<b>Physical Address:</b> 51145 Mission Road Latrobe, PA 15650			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> (724)-539-3401			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input checked="" type="checkbox"/> Other (Juvenile Treatment facility)			
<b>Facility Mission:</b> To assist children, youth and families to overcome social, emotional and behavioral difficulties			
<b>Facility Website with PREA Information:</b> www.adelphoi.org			
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

### Facility Administrator/Superintendent

<b>Name:</b> Tyler Kopta	<b>Title:</b> Unit Director
<b>Email:</b> tyler.kopta@adelphoi.org	<b>Telephone:</b> (724)-539-3401

### Facility PREA Compliance Manager

<b>Name:</b> Jennifer McClaren	<b>Title:</b> Director of Quality Assurance
<b>Email:</b> Jennifer.mcclaren@adelphoi.org	<b>Telephone:</b> (724)-804-7000

### Facility Health Service Administrator

<b>Name:</b> Heather Kountz	<b>Title:</b> Director of Nursing
<b>Email:</b> heatherkountz@adelphoi.org	<b>Telephone:</b> (724)-804-7000

### Facility Characteristics

<b>Designated Facility Capacity:</b> 15	<b>Current Population of Facility:</b> 10
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Number of residents admitted to facility during the past 12 months		31
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		29
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		31
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		N/A
Age Range of Population:	12-18	
Average length of stay or time under supervision:		170
Facility Security Level:		Intense Supervision
Resident Custody Levels:		Intense Supervision
Number of staff currently employed by the facility who may have contact with residents:		12
Number of staff hired by the facility during the past 12 months who may have contact with residents:		12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		2
<b>Physical Plant</b>		
Number of Buildings: 1		Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:		5
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
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.):		
<p>The facility is equipped with a camera/CCTV system throughout all resident areas including that used for programs. Cameras are located in all hallways, common areas, hallways, and classroom. They cover blind spot areas without viewing bathrooms or bedrooms.</p>		
<b>Medical</b>		
Type of Medical Facility:		N/A
Forensic sexual assault medical exams are conducted at:		Excela Health – Hospital in Latrobe, PA
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		26

# 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.*

### **Background**

The audit of Adelphoi Village, Inc. Sweeney is a residential facility located in n Latrobe, Pennsylvania was completed on August 13-14, 2020 PREA Auditor John Prebish, a single auditor contracted with the agency. This audit was originally scheduled for this past spring and was moved on 2 previous occasions due the COVID-19 and restriction in Pennsylvania. With the state moving to what they termed as "Green" in June, we were able to get the audit completed. Jennifer McClaren the agency wide PREA coordinator became my primary point of contact and was worked with me from start to finish.

The parent company, Adelphoi Village, Inc. a non-profit agency has been in business since 1971 and operates residential sites throughout western and central Pennsylvania specializing in a multitude of juvenile assistance programs. Their website lists all their residential facilities including the vast array of youth-based programs they offer. Their Sweeney facility is located in Latrobe, PA approximately 5 minutes away from their corporate campus. The facility is a T-Ranch-type of house with one floor and basement. Upon entering the front door you rare on the main floor that consists of an open floor plan with large living room dining area and kitchen. To the left of front door is a staff area and a straight hallway of bedrooms and bathrooms for the residents. These residents also have access to the main campus a few minutes away and are transported there daily for recreation, large programing, and education at the facilities Charter School.

Prior to the audit I worked with the PREA Coordinator to establish a timeline, sent her postings announcing the audit. Because of the COVID-19 Issue the audit notices were posted on 3 different occasions and removed as our dates moved. Although the posting was up for several months, the last date was added for a final on-site date July 6, 2020 and I received dated pictures confirming the final audit date. The pictures included copies of both the postings in English and Spanish throughout all common areas of the facility. The notice used did include a confidentiality statement for the residents indicating that all correspondence is confidential and would not be disclosed unless required by law. It also included specific legal exceptions for breaking confidentiality including but not limited to immediate danger to the resident, allegations of suspected abuse, or legal reasons where information would be subpoenaed. During the audit period and following the audit, I did not receive any correspondence from residents.

Items requested consisted of:

#### **A: Pre-Audit Phase: (All necessary items were received on a secure flash drive)**

- 1) Pre-audit questionnaire
- 2) Agency/Facility PREA-related policy
- 3) Discussion with Just Detention International (following Onsite Audit)

- 4) A complete employee roster including:
  - a. Agency Director
  - b. PREA Coordinator and Compliance Manager
  - c. Specialized staff (medical, mental health, training, intake staff, first responders, investigators, HR staff)
  - d. Contractors/Volunteers
  - e. Any SAFE/SANE staff or agency they rely on for this
  - f. Staff member monitoring any retaliation issues that would occur
- 5) A complete list of residents at the facility including:
  - a. Those Identifying as LGBTI
  - b. Those in Segregation (Note: the facility does not use isolation, no one identified)
  - c. Those reporting any sexual abuse or victimization upon admission
  - d. Any with disabilities
- 6) Any grievances and incidents filed in the last 12 months
- 7) Any sexual abuse/harassment incidents reported including alleged, substantiated, unsubstantiated, and/or unfounded over the last year and investigating related to them.
  - a. This includes but is not limited to hotline calls, those reported to staff, 3<sup>rd</sup> party reporting, etc.
  - b. The number of criminal and administrative investigations that were complete or still being processed.
- 8) Multiple documents including policies and procedures for the facility including, but not limited to the following:
  - a. Zero-tolerance policy
  - b. Employee Training
  - c. Resident education and screening
  - d. Facility layout
  - e. Operations policies and PREA-related policies
  - f. Staffing policy
- 9) Facility layout and design

Over the past several months myself and the PREA Coordinator discussed the Pre-audit Questionnaire that they retrieved from the PREA Website and began work therein. Because of the date changes, I did receive the information a few months in advance and was able to begin my review. Through this period, I was able to review the information and prepare questions when entering to see how the policies and procedures worked related to the facility.

I was able to speak with the Pennsylvania State Police from the Greensburg Barracks that provided contracted criminal investigative services to the Sweeney house. I also spoke with the Blackburn Center, a non-profit in Greensburg, PA who is contracted with Adelphi for Victims Services. The agencies have a contract in place for victims and counseling services to anyone whom would be a victim of a sexual abuse at the facility. Blackburn is a Pennsylvania Coalition Against Rape affiliated facility and identifies as a mandated report in but youthful and adult cases.

The agency utilized Excelsa Health Latrobe Hospital located approximate 5 to 10 minutes from the Sweeney House and within 5 minutes from the main campus. Excelsa offers SANE program along with Pediatric Emergency Room Physicians with their written contract with Adelphi Village, Inc. The contract is dated for June 2018 and is an open-ended contract for continued services until either party would request its termination.

### **B: On-site Audit:**

As mentioned earlier, the onsite portion of the audit occurred on August 13-14, 2020 require the two days to complete. I arrived at the facility and was met for a facility walk-through. All residents were presently at the

main campus for their morning recreation session. After introductions the Facility Director Tyler Kopta explained the House and its' layout. Upon entering the front door, there was a large living room area from the left stretching right to the open kitchen and far right to the open dining room. These areas gave complete view to staff of all the area should residents be therein. To the left of the living room was a TV for the residents with a doorway behind leading to the resident bedrooms. Upon moving that direction there was a staff office before entering the bedroom hallway. This was a single straight hallway with 7 bedrooms and 2 bathrooms. Entering the hallway there were 2 single use bathrooms ahead and bedroom 7 to the left. Turning immediately right looking down the hallway were bedrooms 6 down to the end for bedroom #1. 2/3 down the hallway on the right side was the door leading to the outside recreation area (a back yard to the complete rear of the house). In the exit area to the rear yard is also a stairway leading to the basement of the house. Upon entering the basement there is a large recreation room for the residents ahead and to the right. Turning left is a staff office area with a short hallway leading to a large program/classroom for the residents and the resident laundry directly after. There are 2 other exits from the basement, one by the laundry leading back upstairs to the living room and one to the rear recreation yard. The basement area is very large offering a great area for the residents. It was explained that the area is secured only accessible to the residents if they are accompanied by staff members.

Following the walkthrough I was taken to Adelphoi's main campus approximately 5 minutes away to tour other areas that the residents use. Upon entering campus you pass a welcome center with a community center directly to the rear. This building was recently renovated and offered a very large open area with a stage and kitchen area. We then toured the Charter School where the boys will attend school soon as well as where they have recreation in their gym.

Following the walkthrough of the main campus area we went to the administrative building where we met in a conference room to discuss the agenda and begin interviews with both residents and staff.

**a: Onsite agenda**

- 1) Site Review
- 2) Meeting with those 3 for a short question and answer period that included:
  - a. Checklist review
  - b. Question review from Pre-audit phase
  - c. Discussion on the tour and facility challenges as well as setting a timeline for the audit.
  - d. Documentation including records that would be need reviewed including the following:
    - i. Incidents/investigations/hotline calls – All
    - ii. Facility documents used including Intake documents, round logs,etc.
- 3) Discussed logistics of the audit including full access to the facility, practiced based auditing, and set the goals for the audit.
- 4) We discussed if there would be a corrective action period, and also an extended period for receiving the audit as I was under probationary status and there would be an additional time before receiving their report.
- 5) Random Staff Interviews – 9 Interviews
- 6) Resident Interviews – 10 interviews ((note: total number of residents)
- 7) Targeted resident interviews – 3
- 8) Secondary question and answer
- 9) Closing session and preliminary reporting

**b: Document review**

- 1) Personnel and training – I met with the agencies HR Department staff and view personnel files for 10 employees and the Director. The files included background checks including PA Act 33 & 34, FBI, and Megan's Law information. All employees are required to undergo background checks before employment, every 5-years, and are mandated to report any arrests/convictions per policy requirements. I was given copies of all their completed training from Relias Learning

online training portal. The training records selected covered security personnel through management at the facility. The agency keeps an up to date automated training system from Relias Learning for all personnel listing the date, class name, trainer, the status of the class and the hours attended. It allows the agency to track the online training and is notified when they are due and when they complete the training. Because of the size of the facility I was able to interview 98%

**c: Inmate Files**

- 1) Over day one and two, I was able to review 9 resident files from Sweeney House. The files are maintained in the agency's automated management system. The information indicated the residents' initials and follow-up screening at the facility. The files contained arrival date, initial screening date, and reassessment dates. The agency gathered necessary data from the screening to determine vulnerability, previous victimization, sexual aggression, and the sexual identification of the resident. Of the group, one identified as bisexual, one with previous sexual aggression, two for high vulnerability, and one reported previous victimization. I did speak with all targeted inmates during my interviews.

**d: Grievances and Incident Reports**

- 1) Over the previous 12 months, there were no reports of sexual abuse or harassment filed or investigated at Sweeney House. This was discussed with Management, line staff, and the residents as well.

**e: Chart outlining reports**

	Sexual Abuse		Sexual Harassment	
	Resident/Resident	Staff/Resident	Resident/Resident	Staff/Resident
Grievances	0	0	0	0
Reports to staff	0	0	0	0
Reported by staff	0	0	0	0
PREA hotline	0	0	0	0
3 <sup>rd</sup> part reports	0	0	0	0
TOTALS	0	0	0	0

**Site Review**

On day one we completed the facility tour to review the facility and observe the operations. During this process, I observed staff/resident interactions in day areas and in a one on one supervision. The facility is clean and well maintained. When I arrived at the facility, all residents were off site for recreation at the gym on the main campus and returned about mid-way through my tour. The facility, a residential setting in a neighborhood in Latrobe, PA is a T-ranch style house. Upon entering the front door, there is a large open living room to the left and right. On the right is the open kitchen and dining area. To the left is a staff office and the doorway to the living area. Upon entering that hallway, there are 7- bedrooms from #7 on my immediate left, followed by 2 single-use bathrooms and the remaining rooms from #6 to #1 off a straight hallway. Approximately ¾ down the hallway on the right is a short hallway with the exit to the rear recreation yard and also stairs to the basement. The outside area is the back yard of the house and offers fresh air recreation for the boys as well as visiting area weather permitting with family and friends. Going down the stairs to the basement, you enter into a large recreation area for the boys. The basement of this facility is very large offering both recreation and a program area. Turning left at the bottom of the steps is a short hallway leading to a staff office and a classroom-type room for programming. Past that area is the resident's laundry and a 2<sup>nd</sup> exit to the upstairs kitchen. I did note that throughout the facility there were cameras placed in all hallways, every corner, stair wells, and in all corners of common area offering maximum view of the residents. These CCTV systems are monitored on site in the unit director's office and at the main campus a few miles away. They are stored on DVR systems and available for review. We left the Sweeney House and drove about 5 minutes to the agency's main campus. The residents are transported here daily

for recreation, medical, and schooling at the Ketterer Charter School that will be in session soon. When entering the school, there is a large cafeteria to the right, that at present will not be used due to the COVID-19 restrictions. Directly ahead is the school offices. To the Left is the classrooms of the school and the gym that the boys use every morning. According to the Unit Director Tyler, the boys are under continued supervision when at school and in the gym area by his staff. They are all in the same areas at the same time. the school, community center, and gym all had cameras throughout and were part of the agencies CCTV system.

**General site review Information** – during the tour the Auditor was give unimpeded access to all areas of each facility the residents have access to. I was able to speak to staff and residents alike and discuss issues. Residents during interviews were ask about a typical day in relation to that specific day and they did not report any deviation in duties, security, or activities. Staff felt the same, indicated that they were aware I was going to be there, but their daily routines remained the same. During the tour I noted there were several postings for the residents to report sexual abuse or harassment in all common areas, day areas, and beside the facility phone. The notices were printed in English and Spanish and laminated to keep them from being torn down. The residents were aware of the notices and spoke of the “PREA Phone” knowing where it was located and that they could use it at any time. This facility houses only males from the age of 12 to 18. There are female staff working at the house and all were aware of their requirement to announce their presence. The residents could also verify this. This is a non-secure facility and does not isolate any of its residents and this was noted in the PAQ.

**Interviews, Q&A**

Following the tour of Sweeney House and the areas of the main campus, I was given a secure conference room in the basement of Kral Hall, their administrative building. I met with Chris, Tyler, and Bethany to go over the process of interviewing kinds and staff. Jennifer McClaren the PREA Coordinator developed a tentative agenda for interviewing the selected staff and the residents. All the residents will be brought here for interviews as well as staff members. The residents were brought by van over for their interviews. Staff would escort them and be available for interviews as well. Because of the small facility and number of staff, I was able to interview most of them including several that worked the overnight shifts at the facility. I utilized the PREA staff questionnaire for this process.

Specialized staff were interviewed as specified by the standards. As with other agencies, some personnel are responsible for than one specific area, and interviews were conducted to reflect that. For example, the unit director is also the PREA Compliance Manager, responsible for retaliation, and makes unannounced rounds. Please note that the minimum number of random staff could not be achieved per the standards due to the low number of residents and staff at this facility.

<b>Staff Interviews</b>	<b>Totals</b>	<b>By category</b>
Random Staff	9	9
Specialized staff	7	7
<i>PREA Coordinator</i>	1	1
<i>PREA Compliance Manager</i>	1	1
<i>Unit Director</i>	1	1
<i>Program Director/Agency Head</i>	1	1
<i>Director of Nursing</i>	1	1
<i>Intakes</i>	1	1
<i>First Responder</i>	9	9
<i>Training/Personnel(for HR)</i>	1	1

All 10 residents at the facility were interviewed during the audit. I was provided a list of the residents in advance that included 13 residents; however their population was reduced to 10 on the day of the audit.

Targeted Residents		
Categories	Number reported	Number Interviewed
LGBTI	1	1
Physical Disabilities	0	0
Blind, Deaf, Hard of Hearing	0	0
LEP	0	0
Cognitive disabilities	0	0
Isolation	N/A	N/A
Reported Previous Sexual Abuse	1	1
Vulnerability to Victimization	2	2

There was only three (3) targeted resident to interview. One that identified as bisexual, one reporting previous victimization, and two identified during their intake as vulnerable. I did have the opportunity to review the screening on these individuals prior to interviewing them. Of those identified, the individual who identified as bisexual was also one who reported a previous victimization and assessed as vulnerable. During his interview, he claimed that after researching “bisexual” he no longer felt that he was and now identifies as heterosexual. We discuss the previous victimization and he claimed it was several years ago and it was addressed, and he didn’t have any issues with it. The other identified resident indicated he felt ok and did not have any worries about becoming a victim. He said the staff are always around and he didn’t feel he had anything to worry about. He stated he felt comfortable at the facility and was not worried for his safety, stating that they take care of him there

The facility did not have anyone with disabilities. Through discussions with the management because they are a contracted facility, they do have the ability to select residents and if not equipped for a specific disability they will not place them in certain programs. Although the facility has one level access for physical disabilities, the classroom for the secure unit in in the basement without elevator access. I was able to use the answers from the interviews with the document review and the pre-audit materials to map out the operations of the facility and their PREA status. Throughout the interviews both staff and residents were able to articulate their understanding of the documentation, training, and overall PREA readiness of the facility.

## 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.*

The facility is in a neighborhood in borough of Latrobe Westmoreland County, Pennsylvania and is a residential facility looking just like a regular house on the block. The average daily population over the past 12 months is 13 residents. The facility is male-only with an age range from 12 to 18 years old. The facility is a T-ranch style house. Upon entering the front door, there is a large open living room to the left and right. On the right is the open kitchen and dining area. To the left is a staff office and the doorway to the living area. Upon entering that hallway, there are 7- bedrooms from #7 on my immediate left, followed by 2 single-

use bathrooms and the remaining rooms from #6 to #1 off a straight hallway. Approximately ¾ down the hallway on the right is a short hallway with the exit to the rear recreation yard and stairs to the basement. The outside area is the back yard of the house and offers fresh air recreation for the boys as well as visiting area weather permitting with family and friends. Going down the stairs to the basement, you enter a large recreation area for the boys. The basement of this facility is very large offering both recreation and a program area. Turning left at the bottom of the steps is a short hallway leading to a staff office and a classroom-type room for programming. Past that area is the resident's laundry and a 2<sup>nd</sup> exit to the upstairs kitchen. I did note that throughout the facility there were cameras placed in all hallways, every corner, stair wells, and in all corners of common area offering maximum view of the residents. These CCTV systems are monitored on site in the unit director's office and at the main campus a few miles away. They are stored on DVR systems and available for review. We left the Sweeney House and drove about 5 minutes to the agency's main campus. The residents are transported here daily for recreation, medical, and schooling at the Ketterer Charter School that will be in session soon. When entering the school, there is a large cafeteria to the right, that at present will not be used due to the COVID-19 restrictions. Directly ahead are the school offices. To the left is the classrooms of the school and the gym that the boys use every morning. The boys are under continued supervision when at school and in the gym area by his staff. They are all in the same areas at the same time. the school, community center, and gym all had cameras throughout and were part of the agencies CCTV system.

## 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.

Adelphoi Village, Inc. Sweeney House held 10 male residents during the August 13 & 14, 2020 on-site audit and has not had any allegations or incidents over the past 12-months. The interviews conducted with residents confirmed their knowledge and understanding of their rights, the facilities zero-tolerance policy, and multiple ways to report. All residents indicated that they viewed what they termed as the "PREA Video" upon intake and some reported that they saw it more than once during their stay because they were transferred from one facility to another under the Adelphoi Village custody. They reported they received documentation on PREA and their rights under the law. During resident interviews they pointed out various posting about PREA, reporting and various ways to report, most specifically they pointed out the direct-dial one every phone in the facility. They were able to tell this Auditor what they would do to report and who they could tell if sexual abused/harassed and all indicated they felt safe at the facility. I thought it interesting that all the residents during their interviews felt very comfortable making a report directly to staff, most specified "Tyler" the Unit Director. They all felt comfortable that they could talk to him without concern.

All facility staff interviewed indicated that they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. They spoke highly about the interactive training program used through Relias Training, Inc. They all could explain their duties as first responders and could answer questions on reporting and investigations. They knew and understood the chain of command and relied about notifying their supervisor/management. The facility has multiple contracts in

place to address PREA including investigative services with the Pennsylvania State the Blackburn Center for victims advocate and counseling services; and Excelsa Health, Latrobe Hospital for physician services and SAN forensic services. The agencies use of Relias Learning and their cooperate umbrella for policies, investigations, medical services, and schooling for the residence makes the facility operate very well.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency is in full compliance with the Juvenile Standards.

**Number of Standards Exceeded:** 0

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**Number of Standards Met:** 41

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**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

No corrective action recommended.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Sweeney House PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interviews with Staff, PREA Coordinator
- 4) Interviews with Staff and Residents
- 5) Agency and facility organizational chart
- 6) Observations while completing onsite audit

### A

This Auditor reviewed the Agency-wide comprehensive PREA Policy that within mandates a zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between residents and with employees/volunteers/contractors. The policy breaks down education for staff and residents and trains personnel on prevention related to sexual abuse, harassment, and mandated reporting. The policy addresses staff reporting, resident report as well as 3<sup>rd</sup> party reporting. It identifies the Programs director or designee's response to allegations of abuse or harassment. It identifies the posting of signage, criminal history and background checks, intake screen process and staffing minimums to

assure compliance. The agency policy along with Human Resources documentations and handouts to new employees address zero tolerance and mandates criminal history and background checks on all employees, volunteers and contractors.

## **B**

Under Section C of the Policy, It discusses the responses necessary to address allegations and reporting as part of the responses including an Administrative review team made of program managers as well as the PREA Coordinator, facility director, and other personnel while describing the role and time lines associated with the process. This is also seen through the agencies organizational chart showing the flow of personnel responsible for this review and timely action in any case. It spells out the use of a victim's services center such as the Blackburn Center for those and crisis intervention personnel as well as the mandated involvement of the Pennsylvania Department of Human Services (PA DHS) for mandated reporting and local law enforcement.

## **B & C**

The PREA Coordinator (PC) along with PREA compliance personnel are spelled out in the policy and are charged with the education/training/compliance toward all residents/staff/contractors. This is also spelled out through job descriptions provided via HR. They are given time to establish and assure training is completed for all personnel and proper screening of staff. Each facility with the PREA coordinator will monitor and implement plans for staffing to meet the national PREA standards as well as those mandatory minimum standards required by PA DHS. Each facilities PREA compliance manager along with the PREA coordinator will annually or more frequently review that specific facilities "Operational Vulnerability Assessment", automated data that is kept on the facility keeps. The PC is agency-wide Director of Quality Assurance and addresses all 19 residential facilities. She has 20+ years of service and falls directly under the Chief Operating Officer of the Agency. The PREA Compliance Manager is also the Unit Director with an extensive background in juvenile detention/residential services. They both showed an extensive knowledge in to the PREA standards specifically the Zero-Tolerance policy.

## **Summation**

Evidence provided in the pre-audit shows a well written zero-tolerance policy and documentation on hand both in the policy and in human resource documentation provided. During the onsite audit, signage was visible throughout the facility. While conducting interviews, all personnel could actively articulate the policy and quote specifics back to me. Residents as well showed an understanding and were able to describe aspects of it and indicated their knowledge of posting and receiving information related thereto. Files showed training records for staff and intake documentation showed resident education as well.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.311 and all aspects therein. There is no corrective action required.

## **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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Sweeney House PREA-Audit Questionnaire
- 2) Interview with Vice President
- 3) Interview with Facility Director
- 4) Interview with PREA Coordinator

### A & B

Sweeney House is used to hold youthful individuals under court order from various counties in Pennsylvania. They work directly with the courts and representatives such as Juvenile Probation and the Counties Protective services/Children and Youth services. This was discussed with various managers during our meeting. The Sweeney Houses under the direct operation of Adelphoi Village, Inc. and do not contract with other agencies for housing.

### Summation

Through discussion with management and the PREA Questionnaire none of the residents being held at Sweeney are their under contract with any agency.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.312 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Staffing Policy
- 3) Interview with Vice President
- 4) Interview with PREA Coordinator
- 5) Interviews with Staff and Residents

- 6) PREA Coordinator Job Duties
- 7) Agency and facility organizational chart
- 8) Observations while completing onsite audit
- 9) Pennsylvania Department of Human Services staffing criteria
- 10) PREA policy regarding unannounced rounds
- 11) Unannounced rounds log
- 12) CCTV system placement and viewing
- 13) Adelphoi Procedure Manual

**(a)**

This Auditor reviewed the agency-wide PREA Policy along with the agency-wide “PREA Staffing Policy” indicating mandatory 1:8 ratio for waking hours and the required 1:16 ratio for night hours.

According to the VP the agency-wide staffing plan was developed to meet Pennsylvania state mandates before PREA was introduced, and it is part of agency policy, reviewed and updated annually as needed. This Auditor has reviewed the policy for staffing, and it indicates an agency-wide policy that shall be adopted to each facility with annual reviews. The PREA Coordinator did indicate that they will begin annual review of agency-wide policy. The existing policy indicates review and update periods.

The facility uses CCTV as part of the plan but NOT in place of physical staff, but basically to enhance it. The other technology-based items like electronic round checks, bed sensors, and bedroom sensors. The CCTV system is monitored from both the supervisor’s office at the facility but also at the cooperate office a few minutes away.

This Auditor reviewed Pennsylvania Department of Human Services (PA DHS) standards for Juvenile Confinement Facilities, verifying mandated standards that the agency uses. The PREA Coordinator indicated that the Facility was NOT under any type of findings of inadequacy or oversight from a third party. This Auditor’s research gave negative results for this as well.

The Unit Director indicated that there is at least one supervisor per shift in the facility. This was noted during my interviews with staff and mid-level managers. Policy dictated that supervisors assumed an on-call status every couple weeks should an exigent circumstance arise they will be called in to assure facility staffing numbers were within minimum standards. When this occurred, the issue was documented in the supervisor’s office.

During my walk through it was noted that all classes at the charter school occur on the daylight shift. It was noted that Sweeney staff always remain in the classrooms the residents are at school. They are also with them in full view for indoor and outdoor activities and recreation.

**(b)**

The staffing plan is referred to in the PREA Policy and outlines the reporting of exigent circumstances, showing that documentation is required in the form of an incident report and logged in the supervisor’s office should this occur. The unit director explained that if there is a call off and staffing would be affected, they would mandate staff to stay from the earlier shift and give the opportunity for other staff to report in to cover for overtime. It was noted that under such issues, staff would be held to maintain the minimum standards.

The facility has a recording method for exigent circumstances, but according to management has not used it at the facility. Upon question, it is believed that with the mandating employees and have a very

proactive hiring prospective, plus the use of other staff from nearby Adelphoi Village facilities, they have not had an issue with this.

**(c)**

During the walk-around and throughout the 2-day audit, I noticed that they had staff available at all times. I posed the questions to some of the staff, and all indicated they hadn't seen any issues with it.

The staff schedule maintained indicated that they keep to minimum staffing ratios 1:8 during daylight and 1:16 in the evening hours, but through discussions they do on many occasions have a better staff to resident ration. The Auditor reviewed this in their PREA policy, and the facility director confirmed that ratios are always met, and their mandating of staff and on-call supervisors have assured they achieve this.

The agency and facility along with their Staffing Policy and PA DHS Standard require that: 1) establish mandatory minimum staffing requirements within the overall agency policy to work for that specific facility and; 2) assure that a staff schedule is posted within 2 weeks to meet requirements.

During staff interviews on staffing and how issues are handled if they are short. Some indicated that they are not short-staffed stating that staff are held from the previous shift stating that the supervisors make sure there is an adequate number in place. During some of these interviews staff members were able to give more detail indicating that staff are held over and if replacements could be called in, they are permitted to leave once the mandatory staff level is met. In both case, all staff were aware of the on-call procedure for supervisors to come in should someone have a reason to leave to fill the spot until someone could be brought in.

Any deviation in staffing is recorded in the facility incidents and the Unit Director is notified. Through review of documentation, there are no incidents of exigent circumstances happening.

**(d)**

The agency wide PREA Policy also dictates that a review of the staffing plan, patterns and the use of the CCTV by the PREA Coordinator and Facility Director every 12 months or as deemed necessary. According to the PREA Coordinator and in review of the documentation provided during the pre-audit phase, the last staffing analysis occurred with the VP and PREA Coordinator on December 11, 2019.

The PREA Coordinator discussed their Vulnerability report that she generates and how she gathers the data. She provided me with a copy of their "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior". This document along with PREA data us compiled for use in resident placement and programming. During the onsite audit I was able to review the compiled data on computer of the residents at Sweeney House and see the programing offered including mental health services. They use this data to look at potential staffing needs and patterns as well

**(e)**

The agency wide PREA Policy outlines unannounced rounds in the facility by upper management personnel, and when speaking to the Unit Director and PREA Coordinator they confirmed that unannounced rounds of the bedroom area, day areas, and basement area of the house. I was able to verify this through round sheets sent during the Pre-audit phase. The logs showed that the rounds were unannounced, and at various times/days throughout a variety of months over the past year.

**Summation**

Adelphoi has agency-wide policies for PREA and PREA Staffing that is adapted to all of their residential facilities. They break down specifics to meet not only PREA standards but federal and state standards

specifically under PA DHS mandating minimum staffing standards and have protocol in place to monitor and adjust for variations if necessary. Their managers and supervisors are available along with forced overtime if necessary, to address any issue. The documentation reviewed along with the interviews and my walkthrough gave me the needed information as required for the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.313 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency-wide Procedure Manual
- 4) Interviews with Staff, Management, and Residents
- 5) HR Attachments
- 6) Search form and Log
- 7) Resident intake screening log
- 8) Observations while completing onsite audit
- 9) Agency-wide PREA Training through Relias online training

#### (a, b, c)

The Auditor reviewed the agency-wide comprehensive Procedure Manual PREA standard and their agency-wide PREA Policy, with an expanded view into specifics like searches.

The policies and procedures prohibit all cross-gender body searches (pat/unclothed) by agency personnel. The PREA Policy spelled only "same gender personnel" are permitted to conduct body searches and ALL searches must be approved by a supervisor. A "search authorization form" is used

for all searches performed and the agency requires 2 same-gender personnel present when they are completed. All residents indicated during our interviews that they are not strip searched and only pat searched by males and females were never present. Staff interviews gave the same results, indicating that only men conduct pat searches.

**(d)**

The agency has 2 residential-type bathrooms with showers. They are both per policy one person at a time bathroom. This was discussed with both staff and residents who confirmed this procedure. The Auditor reviewed Procedure manual and PREA Policy spelling out that no cross-gender observation is permitted under any circumstances.

During my tour of the facility it was noted that both bathrooms are on the same side of the hall, right next to each other. Like a home bathroom they consisted of a tub/shower, sink and toilet. They are in the middle of the hallway from the bedrooms and access is in plain view of staff, assuring that only one person at a time enters. There is a solid door and it is required to be closed when the bathroom is in use. It was also noted and confirmed with staff and residents that they are not permitted to move from a bedroom to bathroom or vice versa unless fully clothed.

The Auditor read in the agency wide PREA policy that all female employees are required to announce themselves before entering housing area and the dayroom areas of the facility. This was confirmed to occur when speaking with all the residents and staff.

**(e, f)**

This Auditor reviewed the agency-wide PREA Policy and Procedure Manual prohibits searching to determine gender as well as providing direction related to medical exam. When looking at the training curriculum it explains in detail the practice is prohibited, including examples therein.

Outlined in the PREA Policy and Training curriculum provide the standard components used to determine genital status, "questioning the resident, medical file/documentation/and steps for medical exam if necessary". I also noted that the PREA Policy offer those of transgender and intersex the ability of a gender-specific staff member to make the search less intrusive.

**Summation**

Staff members including the PREA Coordinator, Unit Director, and staff were able to verbalize the components of this standard. In discussions with residents, they could clearly explain that only male staff members conduct pat searches. It is not worthy that during each resident's review, they conduct assessments and ask sexual preference-related questions in relation to PREA. Residents also explained that they were asked questions about intersex and transgender, but at no time were ever physically searched.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.315 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interviews with Staff and Residents
- 4) Observations while completing onsite audit
- 5) Pennsylvania Department of Human Services requirements
- 6) Adelphoi Village Procedure Manual
- 7) Postings throughout facility
- 8) Americans with Disabilities Act
- 9) Intake, Educational, and Vulnerability Screenings

### **(A, B, & C)**

The Auditor found that the agency wide PREA policy and Procedure Manual both have criteria to address ADA issues providing equal opportunity and assistance to address the issues outlined in the standard. Reference in both the PREA Policy and Procedure manual to initial intake screening and the review of all residents for vulnerability in specific areas including their intake screening documentation, literacy screening, low functioning screening, and medical file review/screening. Screening information was reviewed via their computer system for verification.

The Auditor determined through review of the procedure manual that a multitude of testing is offered to each resident should it be deemed necessary for clinical support (psychiatric, MH/MR, abusive history, etc.). This is explained throughout the PREA policy and Procedures manual. The agency offers services for all areas discussed in the standards. Over the pasts 12 months services related to hearing, blind, language barriers, or handicap issues were not needed. This was also noted through interviews and file review.

### **Summation**

Throughout discussion with management personnel, they have indicated the ability to have specific interpreters available, and approved for use (background checks, etc.) whenever needed. They have articulated the procedures with staff for assessment of low functioning or reading/writing barriers and procedures to assist them are in place. The auditor compared the policy and procedure to those questions asked of staff and management and was able to ascertain the components were met. They do offer screen and support for psychiatric, learning disability, and other concerns and disabilities for residents. This was also vocalized when interviewing residents to assistance provided to them.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.316 and all aspects therein. There is no corrective action required.

## **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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Human Resource Policy and Documentation

- a. Employee Discipline
- b. Conflict Resolution
- 4) Interview with HR Personnel
- 5) Interview with PREA Coordinator
- 6) Interview with Unit Director
- 7) Adelphoi Procedure Manual
- 8) PA DHS Standards for Juvenile Facilities
- 9) Personnel Files – Criminal History checks preformed

### **A & B**

The Auditor first reviewed agency-wide Human Resources information in both the PREA Policy and Procedure Manual along with the provided Human Resources policy attachments. The agencies policies discuss specifically the “promotion, hiring, and contracting (contractors)”. The PREA Policy, pg. 26 explains the hiring procedure and that Adelphoi “shall not” hire anyone that falls under the components of this standard. The policy lists hire, promote, and contractor therein as outlined in the PREA standard.

### **C, D, & E**

The Auditor reviewed the PREA policy and HR policy that mandates ALL new employees will have criminal history checks through the Pennsylvania State Police, Child History Clearance, and PA DHS checks (PA Childline). This also includes FBI clearance and arrest record. This was noted when reviewing personnel files. It is done on all new hires, contractors, and volunteers entering the facility. The agency will consult any child abuse registry (PA Megan’s Law), and any previous institutions that the individual may have been employee or contracted with.

“Criminal Record Checks” preformed through the Pennsylvania State Police were present in all staff files reviewed as well as undated checks on existing employees within the 5-year look back. When meeting with the HR department representative, she spoke on the process used after an individual applies for employment before any interview is conducted the review the State Police information along with contacting PA DHS and examining other reporting agencies. All agencies that the individual previously worked at are contacted as well. The Policy also shows that a 2<sup>nd</sup> check is completed within the 5-year standard mandate.

### **F, G, & H**

The Auditor while reviewing the PREA policy and procedure manual discovered the interview criteria for all personnel with direct questions related to the standard concerning any related issues. This is also part of the application process when a potential employee will complete their initial application. Those existing employees according to the Procedure Manual and HR Policy are mandated to notify of any allegation and/or conviction in relation to this standard and other criminal violations.

The Auditor also reviewed Pennsylvania law related to working with children and noted that it is mandated under the law to report. Omissions are also regarded as violations and include up to and including termination. The agency is also mandated under Pennsylvania law and DHS standards to report all violations and terminations of employees for violations under this standard. PA DHS Childline requires reporting and maintains records of all violations to avoid future hiring.

### **Summation**

The Auditor was able to correlate the standard components were written within the standards, and a detailed hiring procedure was provided by the Human Resource Department for Adelphoi Village. That

data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.317 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy

- 3) Interviews with PREA Coordinator
- 4) Interview with Unit Director
- 5) Facility tour

**A, B**

Sweeney House was opened in August 2003 and recently had their CCTV system upgraded this past May 2020. This was noted during my tour of the facility and discussed during management interviews. The PREA policy and the staffing analysis both refer to the CCTV system and making upgrades/additions as needed to assure the safety and security of the residents. The agency uses all available data including their vulnerability report in making necessary upgrades or additions. As discussed, the system offers monitoring throughout the facility in all common area as well as hallways outside the bedrooms.

**Summation**

Through a visual walkthrough of the facility and interviews with management it is apparent that the agency through a vulnerability review placed cameras in areas to 1) maximize the protection of residents for both sexual abuse/harassment and from any type of assault. While doing the walk through the Unit Director pointed out all the camera locations. It was noted that placement is obvious to cover not only blind spot but common areas to assure safety.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.318 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency-wide Procedure Manual
- 4) Interviews with Unit Director
- 5) Interview with PREA Coordinator
- 6) Interview with the VP
- 7) Contract for criminal investigative services with the Pennsylvania State Police
- 8) Contract with Excelsa Health – Latrobe Hospital SANE program
- 9) PA Coalition against rape policy

### A

The Auditor discussed investigations with the Vice President, Bethany, the Compliance Manager and the PREA Coordinator. They indicated that Adelphoi Village, Inc. handles the administrative end of investigations, this is noted in their PREA Policy and has a section located in their Procedures Manual. Both the PREA Policy and Procedure Manual established a standard for evidence protocol allowing the Auditor to determine the Agency provided information and training to their first responders to secure the scene and physical evidence. The staff training policy for “first responders” address proper methods as well (scene security, clothing, no washing, etc.). During interviews with staff (all levels) they could explain these steps back to the Auditor when asked.

The Pennsylvania State Police, Greensburg Barrack handles all criminal investigations at the Sweeney House. Although they ultimately are responsible, the agency has secured a written contract to include reporting under the PREA Standards. Adelphoi has a policy in place called their Sexual Abuse

Incident Review (SAIR) that is comprised of agency wide PREA Coordinator, Program Directors, and selected management personal trained in PREA investigation to handle to administrative investigations working hand in hand with State Police Investigators. A copy of their contract was provided.

## **B**

According to PSP investigators, they follow guidelines established by their department under the rules of evidence including those published by the DOJ violence Against Women, and adolescents. The State Police indicated that they would have a trooper available 24/7 to respond and would have an investigator arrive very shortly there after to carry the investigation.

## **C**

The agency wide PREA Policy indicates that ALL residents are offered a forensic medical examination outside the facility at a local hospital, specifically at the Latrobe Hospital only a few minutes from the facility. The policy does indicate that the services would be offered free of charge to anyone.

Latrobe Hospital is operated by Excelsa Health and offer a SANE Program available to anyone within the county. They do have a written contract in place with Adelphoi Village to provide services directly through their emergency room and agree to sharing of information in the case. These services are offered 24 hours a day, 7 days a week and free of any charges for exam or associated services.

The facility has not used these services, however the policy and discussion with the PREA Coordinator verify their steps to assure it is in policy.

## **D**

The Auditor was provided with a contract for the Blackburn Center, a non-provide Victims Services center located in Greensburg, PA, just a few miles from Latrobe. The contract was exercised between the agencies May 1, 2018 and provides sexual abuse support and reporting to Adelphoi Village, specifically the Sweeney House. They agree to provide services and reporting to police and mandated agencies along with providing 24/7 access for victims advocate and emotional support. Even with a direct call to PA Childline in place for residents to report, Blackburn's phone number is also toll free and they offer hotline services as well. They have crisis counseling related to sexual abuse available too. According to the contract it has an auto renewal clause in place and will automatically renew on May 1<sup>st</sup> each year.

## **E**

Under the sections of the contract and through my discussions, Blackburn has agreed to provide a victim's advocate to medical appointments, Court appearances, and during forensic medical exams. As indicated earlier, they would provide these services on a 24/7 basis whenever needed.

## **F**

When this Auditor reviewed the contracts with the state police and the Blackburn Center, each agency and Adelphoi outline steps to follow in the contracts. PREA Policy dictates the steps a first responder will take to secure the scene and preserve evidence. The State Police contract address all crime-related incidents at the facility and spells out the steps of the facilities duties and that of the state police. It spells out crime scene investigation, security, and security of any victims. It includes a section on notification of the agency of the steps of an investigation and the findings.

## **Summation**

The information reviewed and discussions with the state police, Latrobe Hospital, and the Blackburn Center along with management interviews, allowed the Auditor to see the procedure and steps should a

criminal investigation be needed. I found enough information that the facility meets the components of this standard. They have an established system and made proper connections to assure the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.321 and all aspects therein. There is no corrective action required.

## 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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency-wide Procedure Manual
- 4) Interviews with Unit Director, PREA Coordinator
- 5) Incident report form
- 6) Contract for criminal investigative services with the Pennsylvania State Police
- 7) Observations of operations

**A, B, & C**

The Auditor reviewed the agency wide PREA policy and Procedure Manual, Contract with the State Police for criminal investigations for this standard. During interviews with the Unit Director he articulated the agency policy for immediate notification through the chain of command from his shift supervisors to him and the police if necessary, to the Program Director and PREA Coordinator. In the last 12 months there have not been any PREA related complaints or incidents reported.

The state police contract I was given meets the required components of this standard as does the agency wide PREA Policy.

**Summation**

The auditor was able to align the PREA policy, police contract and the articulation of the interviews with the components of the standard. The State Police contract meets the requirements for criminal investigations while the agency fulfills that of the needs for the administrative end. agency has a comprehensive policy on criminal and administrative investigations.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.322 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency-wide Procedure Manual
- 4) Training files reviewed on site and maintained
- 5) Training provided through Relias Learning
- 6) PREA Annual handout
- 7) Discussion with the PREA Coordinator, Unit Director, and Staff

### A

The Auditor was advised through the PREA Coordinator that Adelphoi Village, Inc. has entered a contract with Relias, Inc. for a multitude of staff-related training including:

- 1) "PREA: Dynamics of sexual abuse In Corrections", a 2-hour interactive online program covering the PREA Standards
- 2) "Recognizing child abuse", a 3-hour similar program
- 3) "PREA annual refresher course for 2-hours for all employees.
- 4) "PREA: Staff roles, responsibilities, and reporting", a 2-hour program.

5) New Employee Orientation – 3 hours done inhouse by the agency staff.

The Auditor reviewed Relias PREA training programs on their website and was able to review details of each class outline. Documentation in each employee file and included a review of policies and procedures as well as PREA standards. I was provided with certificate copies for all staff at the facility. These programs are developed to meet standard 115.331 (a) needs.

### **B, C, & D**

The Auditor reviewed the Agencies training programs that were provided in the pre-audit phase. I was provided copies staff training certificates by the HR Department and discussed them with the PREA Coordinator. They track training electronically and complete most of it through Relias Learning. She also provided documentation on the annually notification for mandated refresher PREA Program through Relias as well as providing a handout (PREA Policy information) to all staff. The training is nongender specific, although this facility is all male, it will cover both male and female to meet the needs of the entire agency.

### **Summation**

The Auditor was able to review the documentation that shows that employees must meet training needs before working directly with staff (required). During interviews with staff and management it was articulated that they were not able to be alone initially even after receiving training until they spent x-number of hours with a senior employee or supervisor. The training curriculum developed by Relias Learning meets the standard, and the facility staff on the job training with senior staff also met the training needs. All staff could tell me what training they had and describe elements of the training.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.331 and all aspects therein. There is no corrective action required.

## **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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Training files reviewed on site and maintained
- 4) PREA Facility Handouts
- 5) Discussion with the PREA Coordinator and Compliance Caseworker
- 6) Provided documentation of contractors that have read, received and signed

### A, B, & C

The auditor reviewed the agency wide PREA policy and spoke with the PREA Coordinator and Bethany, the compliance caseworker from the agency. At present the residents are not in school and I did not have the ability to interview a contractor that would work around the residents. It should be noted that they do not have volunteers at the Sweeney House. In my interviews and reviewing pre-audit information, I was able to see the agencies procedures for these individuals. The teachers are employed by the charger school and are required to meet the same standards in Pennsylvania to work with juveniles as the employees of Sweeney House.

### Summation

The Auditor was able to connect the agencies PREA policy, view documentation, and see the training standards. Through my discussions with Management staff, they could explain the process and how it related to the standard. They could give examples and provided data that showed their knowledge and understanding.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.332 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA
- 3) Resident file data
- 4) PREA Training video
- 5) PREA Facility Handouts
- 6) Discussion with the PREA Coordinator
- 7) Discussion with the Unit Director
- 8) Discussion with Resident
- 9) Discussion with staff responsible for intake screening
- 10) Posted information (PREA hotline, Zero-tolerance, agencies, etc)

### A

The Auditor reviewed the agency wide PREA Policy that indicated that all residents will receive PREA related training during their initial intake process, resident files/intake screen documents, PREA video, and discussed the standard with staff and residents.

During resident interviews they indicated they did watch the video on PREA when they arrived at the facility. When asked to be specific, most stated the same day I came in, a few stated the thought they completed it “a day or two” after coming in and interviewed by staff and read the PREA Policy. When discussing the PREA training and video, all residents stated they could understand the content and indicated that it covered the facilities zero-tolerance policy, ways to report, and what happens should they report.

This was given to the inmates both in a document and via the video according to the assistant director.

**B**

The Auditor reviewed the agency-wide PREA policy that spelled out that all information related to their right to be free from sexual abuse/harassment be provided to the residents in a clear form for age appropriate residents to understand within 10-days of commitment to the facility but as soon as possible. Policy covers their right to be free from retaliation for reporting. Residents indicated that they met with staff members in the 10-day period and were ask questions and provided with more documents on what they termed as "PREA".

This auditor discussed the video with the PREA Coordinator as well as intake staff. They document and review the Resident PREA Form with the residents and have them sign that they received the necessary documentation. During resident interviews, they were able to verify this as well as explain back to me they reviewed the zero-tolerance policy, they had the right to be free from sexual abuse/harassment and retaliation. When reviewing resident files on their computer management system, I was able to see the dates the residents receive their initial PREA education and when a follow up occurred.

**C**

I reviewed the electronic resident records with Bethany, the Compliance Caseworker. I could see the dates the information was completed that coincided with the residents account during their interviews. According to a few residents they receive the PREA training if they are moved from facility to facility under Adelpia Village. Management explained that they treat every transfer as a new placement and go through the full intake process.

**D**

Intake staff member indicated that information is provided in both English and Spanish through documentation, the agency wide PREA Policy also indicates this. If the agency would accept someone who is blind or deaf, they would make necessary information available one on one for the resident. They however can be completely selective with residents they will accept at this specific facility and would not hold someone whom is hearing impaired transferred in.

They do not have any visually impaired or deaf individual currently. They were not sure that they would have any placed due to their selection process, however they indicate through policy that they have the ability to address their needs. They list the video could be heard and the intake documents read to the individual. This Auditor feels that someone who is blind would be housed in a different facility better equipped for that person.

I discussed the issue of those with learning disabilities with both the Unit Director and PREA Coordinator. They explained that staff would meet with all residents after their intake and would readdress the requirements of the PREA standard. They were able to explain the steps of the initial PREA intake requirements back to me. She spoke of working with individuals when needed to explain the rights that they have and the steps available under the PREA policy.

**E**

The agency wide PREA policy outlines requirements for the facility to assure proper records related to education of the residents. This was listed and discussed with the unit director and PREA Coordinator. I was provided with copies of the PREA Screening information from all residents while reviewing files. This information is included in their vulnerability report as well.

**F**

During the facility tour, I noted multiple posting in each dayroom, classroom, and hallway of the facility when resident would have ample opportunity to see. The posting included the zero-tolerance policy and included their right to be free from any sexual abuse/harassment/and retaliation for reporting such incidents. Residents also indicated when interviewed they were aware of the information.

Residents I interviewed could vocalize the steps of the video and the discussions with staff. They All (100%) interviewed indicated that they received this information initially when coming to the facility, and more information within the next couple days (1 to 2).

### Summation

The Auditors was able to take the documentation along with staff and resident interviews and align them to meet the standard. Although they have not had any dealing with residents with disabilities, the information meets the components of the standard for compliance.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.333 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency training documentation
- 4) Training Files
- 5) Discussion with the PREA Coordinator
- 6) Discussion with Compliance Caseworker (trained investigator)
- 7) Agency wide Procedure Manual

#### A, B, C, & D

The Auditor reviewed pre-audit information regarding the agency Investigations and reviewed the training they have received as certified investigators under the PREA standards. I also reviewed the Agency-wide PREA policy and Procedure Manual, training files and interviewed management staff. As well as Bethany Rogers, a certified investigator. The policy detailed the components of the standards, as did the discussion with Bethany who also serves on the investigative committee.

The Auditor learned from our interview that there are 26 trained investigators working under Adelphoi Village and they will handle the administrative end of investigations in conjunction with the unit director and state police. All the investigators have received the PREA certified training that is offered by the DOJ. The training does include how to work with youthful individuals in a confinement facility, and proper warnings as required by Pennsylvania law and the PREA standards.

The agency does maintain investigators training certification with their employee files and any update training they complete. I was provided copies of training information to review.

### Summation

The Auditors review of documentation along with the interview with the Compliance Caseworker gave a clear picture of the agency's standard for investigative training. Through their own certified investigators, State Police, and the documented policies, the facility follows this standard. The facility is under the umbrella of the Agency will conduct the administrative portion of the investigations through their investigators and the investigative committee that does involve management employees with investigative certification. The local State Police Barracks through their contract fulfills the criminal investigative portions of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.334 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency training documentation
- 4) Interview with the Director or Nursing
- 5) Discussion with the PREA Coordinator
- 6) Procedure Manual

#### A

The Auditor reviewed the agency-wide PREA policy stating that all full and part time medical, and mental health personnel are trained to meet PREA standards, agency-wide procedure manual, and interviewed the Director of Nursing, PREA Coordinator, and Compliance Caseworker. Although medical staff is available at the main campus and via contracted physicians, there is not medical staff on site at Sweeney House. Through my interview with the Director of Nursing Heather Kountz, she explained the medical and mental health training that is received. She said that medical staff receive the same training as all employees, including Zero-tolerance, first responder, etc. The agency spells out specific training designed for Medical and Mental Health personnel that is given via their main office in Latrobe, Pennsylvania.

#### B

This section is not applicable as ALL forensic medical examinations occur through the hospital SANE program.

## C & D

The agency does mandate all medical staff they employ, and contract receive the same training as all other personnel utilizing the online Relias training program. The facility contractors in this capacity they would also be trained in the same manner as indicated in the PREA policy.

### Summation

The auditors review of the documentation on medical staff training and the interviews with key staff linked the components of this standard together to meet this standard. In my interview with the Director of Nursing, she was able to explain her training in relation to this standard, as well as articulate her understanding of duty to preserve evidence, detect signs of abuse, whom to report to and how to deal with juvenile victims. She indicated that she is a mandated reporter and have various certification prior to working for Adelphoi that were PREA related specifically in dealing with juveniles.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.335 and all aspects therein. There is no corrective action required.

# 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy – Screening for risk of sexual victimization and abusiveness
- 3) Intake Screening and vulnerability forms
- 4) Facility vulnerability assessments
- 5) Discussion with the PREA Coordinator and Compliance Caseworker
- 6) Interviews with residents
- 7) Agency wide Procedure Manual

### A through E

The Auditor reviewed the agency wide PREA policy and Procedure Manual intake screening documents, vulnerability assessments, and interviews with the PREA Coordinator and residents. The resident interviewed all indicated their reviews took place within the first 24 hours of their being sent to the facility. The data in the records indicated this as did the interview with the Compliance Caseworker I reviewed the data with.

During the on-site audit, no new residents were entering the facility, but I was able to have a shift supervisor responsible for completing intakes on residents walk me through the process. Residents are interviewed for risk assessments for victimization and sexually aggressive behavior. Information is obtained through resident assessment data showed the questions asked to residents plus their review and any recommended services such as mental health assessments. The objective screening includes questions on previous sexual abuse or victimization. At this point they are screened for sexual preference and status that they may identify (LGBTI). The Intake Screening documents used by the agency are kept confidential with the resident files. During this process the document the resident height, body stature, and any disabilities. The Procedure Manual identifies this intake screening in depth listing screening for learning disabilities, cognitive functions, IQ scoring, and identifies reassessment standards and timelines.

Residents interviewed were able to vocalize their experience with the process and confirmed the process as required via the standard.

The facility has intake staff trained both through their training standards and under PREA standards to specifically screen on those vulnerability issues.

### Summation

The agency wide PREA Policy and Procedure Manual were shown through the screening forms and articulated through the resident interviews and the intake instructions provided by a shift supervisor aligned the components of the standard. The PREA Coordinator provided examples of the vulnerability assessment that is utilized to gather data and identify any problem areas or concerns with residents. The data gives them the opportunity to have further evaluations and assessments or further training for the residents. This automated tracking provided valuable information is assuring not only resident safety but allows the agency to identify areas to focus education and also staff training to better serve the residents.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.341 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy, pg. 31, Section 2,a
- 4) Intake Screening Forms
- 5) Facility vulnerability Assessments and spreadsheet
- 6) Interviews with Residents
- 7) Discussion with the Program Director and PREA Coordinator

## 8) Agency-wide Procedure Manual

### **A & B**

The Auditor reviewed the agency wide PREA policy, Procedure manual, vulnerability assessment, along with interviews with the Program Director and PREA Coordinator.

The PREA Coordinator verified that the information from the vulnerability assessments is used for housing, educational placement, work assignment, etc. While the standard addresses isolation, the facility and agency do not isolate, however keeps the individual separated, utilizing their classification system and supervision to provide safety. the individual identified are not restricted from programing, education, or recreation activities.

### **C through I**

The Auditor used the agency-wide procedure manual, discussions with the PREA Coordinator, Compliance Caseworker, and residents. The interviews with management indicated how the information is used for those identified as LGBTI through their vulnerability assessment. The information is used for housing and programs assignments and well as safety assessments.

Both staff and resident interviews revealed that isolation is not used at the facility. The is noted in the Pre-audit information too. The assessment tool provided safety precautions to be established.

During the tour of the facility the auditor noted that the house has single bedrooms available and staff indicated how they are used should a resident require separation for a variety of reasons. The bathrooms in the house (2) are residential-type single person use facilities. House rules and policy dictate that bathrooms are one person at a time, no exceptions. As indicated the facility does not isolate in this residential-type setting. This was listed in all policies/procedures and known by everyone interviewed.

### **Summation**

When looking at this standard, Adelphoi Village does not isolate in any of their residential-based programs and that was clearly indicated through the review of data and interviews. Sweeney House uses the screening information to assign housing and programing. They will also make recommendations for specific things like mental health counseling, etc. The information through review met the standard and was kept confidential and secure on their network and only accessible by selected personnel. The house offers privacy and single bedrooms if necessary, based on the resident's assessment. Through the interviews, data review and tour of the facility this auditor was able to see how the facility met the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.342 and all aspects therein. There is no corrective action required.

## **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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency wide PREA Policy
- 4) Resident and visitor postings in the facility
- 5) Interviews with Residents
- 6) Staff Interviews
- 7) Blackburn Center contract and facility postings
- 8) Discussion with the Unit Director and PREA Coordinator
- 9) Agency-wide Procedure Manual

**A**

The Auditor reviewed the agency wide PREA Policy describes multiple ways for residents to privately report including via the hotline, through a 3<sup>rd</sup> party, via a grievance form through their grievance policy, or privately to a staff member. Residents during interviews at first reaction spoke of the phone offering 24/7 access to PA Childline and the Blackburn Center hotline. When pressed on the issue, they all provided various examples including telling your parents, telling a trusted staff member, or filing a grievance and placing it in the box or even giving it to a supervisor. During my interviews, the vast majority said they most likely would seek out an employee at the facility, specifically Tyler the Unit Director. They all felt comfortable with going directly to him should they have any type of issue including a PREA complaint.

The facility does provide was to privately report retaliation as provided in their policy and articulated by residents whom all again indicated they could call the PREA line, file a grievance, or call their parents or attorney. The PREA policy spells out the monitoring steps and private ways to report retaliation, neglect, or abuse and many of the residents felt that telling that individual would be kept confidential.

**B**

The PREA policy includes steps for this. The PREA Coordinator explained their main way to report is the hotline with the Blackburn Center and the residents have access to report through PA Childline operated by the PA Department of Human Services. Each system allows the residents to report anomalously as well. The residents have access to the phone and their address is posted available for residents to write to them if they choose. Their information is provided as well, and the resident could explain to me their ability to use it.

No one at the facility according to the agency VP is being held for civil immigration purposes.

**C**

The Auditor reviewed the agency wide PREA Policy that states staff will accept reports of sexual abuse/harassment made verbally, written, anonymously, or from a 3<sup>rd</sup> party. During interviews with staff, all were able to articulate this including that they would first notify a supervisor or director then immediately place it in a written report as required for facility record.

**D**

The procedure manual and PREA policy both described the facility grievance system and the process for residents to use it and staff responses therein. Residents knew of the grievance system, although none had used it. They could explain the form and told me they would put them in the box, but most would just hand them in to staff. Residents indicated that they are provided with grievances, request slips, and paper/pencils on a regular basis and would have the ability to write. Mail materials are provided to them as well should they want to report that way.

**E**

In discussions with staff, they all indicated that they could confidentially report an incident to their supervisor on behalf of a resident or if a resident came to them wanting to report on behalf of another it would be kept confidential. The Facility Director could easily explain the process of a report being forward to him and they are beginning the investigation process being able to keep the process confidential.

**Summation**

The documentation that was provided was verified by both staff and residents at the facility. They were able to articulate steps to report, and residents appeared comfortable in using the multiple methods to report. They did not appear to have any reluctance to report to any staff member if they needed to. Most said they would prefer going to a staff member or the facility director. The same was true with staff, they could identify facility PREA reporting standards and all went on to explain their roles as “mandate reports” under PA DHS and all understood how they were mandated to report in the facility and through PA Childline.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.351 and all aspects therein. There is no corrective action required.

**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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) PREA-Audit Questionnaire

- 2) Pre-audit documentation
- 3) Agency-wide PREA Policy, pg. 32, section 3a
- 4) Grievance Policy and Procedure
- 5) Interviews with Residents
- 6) Staff Interviews
- 7) Discussion with PREA Coordinator and Facility Director

## **Provision 1**

### **A, B, & C**

The Auditor through the pre-audit material and discussions with the PREA Coordinator that the facility is not exempt from this standard. The Auditor reviewed their use of the grievance system in the Agency-wide PREA Policy, "Client Grievance Procedure" that goes into more detail on the process. According to the PREA policy, staff shall accept all grievances and must act on the grievance immediately. The Client Grievance Procedure lists that anyone can file a grievance on their own behalf and any that is related to sexual abuse or harassment can have the assistance of a 3<sup>rd</sup> party. During interviews with residents, they could discuss the grievance system and know about it but no one has used the system. The Coordinator confirmed no grievances filed over the past year. She explained that the policy has no limitation for residents, they can still report sexual abuse/harassment without using the grievance system and indicates that the grievance is not referred to the staff member whom may be involved.

### **D through G**

The Auditor interviewed the PREA Coordinator, reviewed the PREA Policy, and the Client Grievance Procedure list above. As the system has not been used in the past 12 months it was explained that the components related to timelines for filing and answering. She confirmed a 48-hour turnaround with and official response within 5 days from Adelphoi Village, Inc. and general grievances within 90 days with up to a 70- day extension.

The Auditor notes that the PREA Policy and Client grievance policy (CGP) address 3<sup>rd</sup> party filing. These 3<sup>rd</sup> party filing can occur and the policy addresses that all are logged and that a resident can have it not acted on, but it becomes part of the grievance log. The Procedure manual outlines discipline and does include for "bad faith". There was not data to review as indicated earlier, no grievances requests for relief have been filed by a resident or 3<sup>rd</sup> party.

### **Summation**

The Auditor was able to evaluate the written procedure and compare it to interview information received as well as how it is handled agency-wide. The facility through use of the Agency wide PREA and Client Grievance Procedure falls within the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.352 and all aspects therein. There is no corrective action required.

## **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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Secure PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy
- 4) Interviews with Residents
- 5) Posters/posting throughout the facility
- 6) Blackburn Center Contract for Victims advocate and counseling services
- 7) Discussion with the Facility Director and Compliance Caseworker

**A**

The Auditor reviewed the agency wide PREA Policy, the agreement the facility has with Victims Services, interviews with residents, Facility Director, and Compliance Caseworker. The Blackburn Center information is available at the facility posted for residents with addresses as well as the hotline for them to call. The contract spells out the victims advocate as well. The Childline service also will provide such information and is available to residents.

The facility does not hold residents for civil immigration purposes.

In speaking with facility staff all calls to the Blackburn Center through the hotline are confidential as are any letter sent to them by a resident. They stated that is a standard feature that they require with any contract they have. The phone call is a direct dial toll free call and available 24/7. Any mail going out is considered as legal mail and not subject to any searches.

**B**

The residents understand that somethings they do will be monitored. The explained that they are told that phone calls are not monitored, but they said they were not sure because an issue never came up. When speaking to staff they indicated that specific calls such as hotline calls, and attorney calls are NOT monitored or recorded. The residents did understand that if staff had knowledge of a sexual abuse/harassment they are mandated to report as part of their job.

**C**

The memorandum with the Blackburn Center covers emotional support counseling services in the contract. In discussions with the PREA Coordinator she indicated they have additional contracts with victim-type agencies they are available to the facility that provides for counseling and victims advocate. I did note in postings throughout the facility there were toll free numbers available for the residents to call for assistance. The numbers were for victim's advocate/counseling/support services.

**D**

The agency wide PREA policy indicates that residents will have full access to their attorneys and/or legal representatives, in many cases their Probation/Parole officer. Residents when questioned indicated that they can call their attorney any time and that they are confidential calls. The facility staff confirmed that they have allowed the residents calls to their attorneys and they do give them privacy in doing so.

Same is true regarding their parents or guardians. Residents expressed that they have not hand any issues with contacting or seeing their parents.

## Summation

The auditor was able to view the policy, see signage and informational posters about the facility for residents, and compare with the interview information. Management could explain the services and contract in place with ease. There were multiple postings and contact numbers available and the residents all knew how to access them.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.353 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interview with PREA Coordinator
- 4) Interview with Residents
- 5) Facility postings
- 6) Adelphoi website - [www.adelphoi.org/prea/](http://www.adelphoi.org/prea/)

### A

The Auditor reviewed PREA Policy section that refers to 3<sup>rd</sup> party reporting that indicates fellow residents, family members, staff members, attorneys, or other advocates may assist or report on behalf of a resident any incident of sexual abuse/harassment. The policy also indicates the grievance system could be used as well as verbal reporting to staff, or 3<sup>rd</sup> party reporting could occur via the hotline, or

directly to PA DHS. The agency website [www.adelphoi.org/prea/](http://www.adelphoi.org/prea/) also provides a directory of agencies that someone could report to. It also lists specific police departments for area-specific facilities.

**Summation**

The agency provides sufficient information to meet this standard through information in policy and on their website. During interviews residents were aware of the postings and their right to report on behalf of another and also that someone including family could report on their behalf.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.354 and all aspects therein. There is no corrective action required.

**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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) EA-Audit Questionnaire
- 2) Human Resources PREA Policy handout

- 3) Human Resources Policy – Mandated Reporting of suspected child abuse – Child Protective Services Act
- 4) Agency-wide PREA Policy
- 5) Interview with PREA Coordinator
- 6) Interview with Facility Director
- 7) Interview with VP
- 8) Interviews with staff
- 9) Relias PREA Training Curriculum

### **Provision 1**

The Auditor reviewed the agency-wide HR Policies list that all employees immediately report any incident of sexual abuse, harassment, including knowledge, suspicion, or information. I also reviewed the agency wide PREA policy, the Relias training curriculum, and conducted interviews with the PREA Coordinator, Facility Director, VP, and staff. During staff interviews, they could articulate their responsibilities in reporting, and doing so immediately. They all could tell me what their requirements were as a mandated reporter under Pennsylvania law and the standards. The facility director articulated steps that are taken when reports are made and discussed the confidentiality in the report, as did staff. He was able to explain the Human Resources and Investigative response to monitor for 90 days to assure that no victim is retaliated against and monitor staff and resident involvement. All staff under PA DHS are classified as mandated reports and HR policy indicates to the employee that they are a mandated reporter must follow these steps: 1) immediately report to PA Childline (800)-932-0313; 2) immediately notify supervisor or person in charge; 3) form CYS 47 (PA state form) must be submitted within 48 hours of the report. Discussing the HR policies with the Facility Director, he indicated that all employees, no matter title are mandated under this including medical and mental health.

### **Provision 2**

The Auditor reviewed the agency wide PREA policy and interviewed the PREA Coordinator and Vice President. They explained how management would be designated to notify the residents parents/guardian, welfare agency if applicable and/or juvenile court. They confirmed that the PREA policy indicates that all allegations will be reported to local law enforcement, in this case the State Police for review. This was also articulated during staff interviews with lower line staff and shift supervisors. Various examples were asked, and all lead to the same responses with mandated reporting. The Facility Director expanded on the retaliation issue on how a manager is assigned to work directly with the resident over the 90-day period and report directly to the Program Director and Human Resources.

### **Summation**

The Auditor triangulated the information of the standard with the written PREA policy and the information gathered from interviews with staff and residents to confirm the facility is in compliance with this standard. There are steps built in that both management and line staff could discuss and give feedback on.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.361 and all aspects therein. There is no corrective action required.

## **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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interview with PREA Coordinator
- 4) Interview with Facility Director
- 5) Interview with Compliance Caseworker Bethany
- 6) Interviews with staff
- 7) Interview with residents
- 8) Staff PREA Training and facility orientation

#### A

The Auditor reviewed the agency-wide PREA Policy indicates that “when Adelphoi Village learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident in accordance with Adelphoi Village Policies: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment and Responding to Reports of Sexual Abuse and/or Sexual Harassment”.

Staff interviewed were able to vocalize their understanding of protecting the resident and all through their responses were confident in their role as a guardian, per say, to assure the safety of the residents. In speaking to residents, they all felt comfortable that the staff and agency would take care of them if they needed it. They could give examples of how staff would move them if need and that they could either go to a single room, or even to another program house. Their responses seemed genuine and confident. The one resident that filed a sexual abuse complaint this year was also able to articulate the agency's response to the alleged incident and their response to his needs.

#### Summation

The Auditor was able to show through the data provided and interviews with both staff and residents that the facility's response is within the components of the standard. Staff interviewed were able to vocalize this procedure of the facility and as a mandated reporter under PA DHS as well as part of their PREA and initial facility training. Through document review and interviews there is substantial information to show that the facility meets this standard. Over the past year there were no incidents falling within this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.362 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interviews with PREA Coordinator
- 4) Interview with VP

### A, B, C, & D

The Auditor reviewed the agency wide PREA Policy and interviewed the VP and PREA Coordinator. The agencies policy spells out: "Upon receiving an allegation that a resident was sexually abused while confined to another facility, the Program Director that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred. Allegations of sexual abuse and/or sexual harassment shall also be reported in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse and Responding to Reports of Sexual Abuse and/or Sexual Harassment, and all Pennsylvania child abuse regulations".

Adelphoi Village corporate policy provides for the Agency Director or their designee to follow the following steps:

- "b. Notification to the facility head or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
- c. The facility shall document that it has provided such notification. This information shall be documented as an incident data.
- d. The facility head or agency office that received such notification from Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards.
- e. Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards when notification is received from another facility."

During my discussions with the VP and PREA Coordinator, they both explained the elements of the policy and how the process would unfold in their system. They could easily explain the above process fo both addressing an issue and reporting an issue to another facility.

### Summation

The Auditors evaluation of the overall policy and information provided from the management interviews pulls the information together for the facility to meet basis of this standard. Although they report not having any incidents in the past year, I was provided with detailed steps of the procedure.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.363 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) HR PREA Policy for all employees
- 4) Interview with Facility Director
- 5) Interview with Director of Nursing
- 6) Interview with Compliance caseworker
- 7) Interviews with Staff
- 8) Employee Training Documents – First responder duties
- 9) Agency-wide Procedure manual

**A**

The Auditor reviewed Agency-wide PREA Policy section on first responders, I reviewed training documentation, and conducted interviews with staff and reviewed Human Resource material provided from their department. The PREA policy explains that, "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with Adelphoi Village Policies: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment, Responding to Reports of Sexual Abuse and/or Sexual Harassment and DHS Child Abuse Regulations" The policy also instructs the employee to separate the alleged abuser and victim, preserve and protect the crime scene, calls for the collection of physical evidence (clothing, not washing or brushing teeth, going to the bathroom, drinking or eating.

The Policy gives direct statements to the employee specifically, "The Employee Shall:", including the above information including contacting emergency medical, immediate notification of supervisor or Facility Director, seal the scene, notify the authorities, and notify additional staff to assist with the incident. Staff interviewed were able to recite the specific criteria that make of the components of the standard. They appeared well trained in this area and also understood with their responsibility was.

## **B**

The agency policies state that all individuals working with residents are trained in first responder duties. When interviewing. I was able to speak with the Director of Nursing and the Compliance caseworker on this topic, and the both could explain the duties of a first responder if at a facility with residents. They could provide feedback, in detail as to the steps they would follow, specifically those in the policy the are part of this standard.

### **Summation**

The Auditor feels the policy criteria and the information feedback from all staff interviews knowing their roles as first responder was clearly understood by all and they could when ask give specific detail to responding to a sexual assault in the facility, this meeting this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.364 and all aspects therein. There is no corrective action required.

## **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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) HR PREA Policy for all employees
- 4) Interviews with Facility Director
- 5) Interviews with Staff
- 6) Employee Training Documents – First responder duties

**A**

The Auditor reviewed the agency-wide PREA Policy that outlines the following: “The Employee Shall:”, and also includes contacting emergency medical, immediate notification of supervisor or Facility Director, seal the scene, notify the authorities, and notify additional staff to assist with the incident.

Additional steps include:

- 1) Reference and complete the Alleged Abuse Sexual Assault Checklist and execute the checklist.
- 2) Request victims not to take any actions that could destroy physical evidence (including washing, brushing their teeth, changing their clothes, urinating, defecating, drinking or eating).
- 3) Report incident to appropriate outside authorities and investigators.
- 4) Communicate with other staff members as necessary to ensure optimal coordination and confidentiality of interventions.
- 5) The flow of communication is as follows:
  - a. Unit supervisor
  - b. Unit supervisor will communicate to program director
  - c. Program director will communicate to vice president of residential services

When this Auditor interviewed staff as with standard 115.364, they could articulate the steps outlined from the PREA Policy, as well as that of the Facility Directors responsibilities.

**Summation**

The Auditor found enough evidence to show staff knowledge of the PREA policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and was easily articulated among staff interviews.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.365 and all aspects therein. There is no corrective action required.

**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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Interview with the PREA Coordinator
- 3) Interview with the VP

### Summation

During discussions with the PREA Coordinator and VP the both reiterated that the agency does not have any collective bargaining units at their facilities including the Sweeney House.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.366 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy covering protection and retaliation
- 3) HR PREA Policy for all employees
- 4) Interview with Facility Director
- 5) Interview with the PREA Coordinator
- 6) Interview with residents

#### A & B

The Auditor reviewed the agency-wide PREA Policy indicates that, “Adelphoi Village shall ensure all residents and/or staff who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation in accordance with Adelphoi Village Policies. Unit supervisors/compliance managers will be designated as the monitors for possible retaliation and will report all suspicion of retaliation to the program director”. The unit supervisor by agency definition is the Facility Director. In discussion with him he could verify this status as the monitor for the facility.

The agency policy describes multiple methods of assuring protections and to assure there is no fear of retaliation among residents and any reporting staff. The Facility Director explained the policy and steps that were in place.

#### C

The Auditor reviewed the agency-wide Human Resources PREA policy, section 4 provides for 90 days of monitoring by the Human Resource Department and the Facility Director for any retaliation from the report of sexual abuse/harassment by staff or residents. I also interviewed both the Facility Director

and Coordinator regarding this standard. The Director indicated via policy that he is charged with monitoring for 90-days as stated in their PREA Policy

#### **D & E**

The Auditor discussed monitoring with the Facility Director regarding the PREA Policy component regarding monitoring. He indicated via policy that he is charged with monitoring for 90-days as stated in their PREA Policy. When questioned on if a complaint was lodged against him, he explained that policy would allow someone else at the house or agency to complete the monitoring and log. He would be removed from any of that to assure adherence to the policy and make sure the policy was followed.

#### **Summation**

The Auditor found that the agency wide PREA policy and HR policy provide necessary detail for the standard as did the Directors knowledge on how to properly assure someone is free from retaliation thus meeting the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.367 and all aspects therein. There is no corrective action required.

## **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*)

#### **This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Interview with Facility Director
- 3) Interview PREA Coordinator

4) Interview with staff

5) Interviews with residents

## A

The Auditor first reviewed the information provided in the Audit Questionnaire during the pre-audit phase. The agency responded that isolation is not used at the facility marking the standard as not applicable. I interviewed the the Facility Director and PREA Coordinator they do not use isolation in any form at Sweeney House. It was also noted that they could if necessary conduct one to one staff monitoring for individuals if there was a concern. As a residential setting, the house is open for resident movement...there are not locking cell as in a secure environment. It was noted while observing the facility that there were no isolation areas. He was aware of the agency-wide policy not to use isolation in any form, but address issues in a different manner.

### Summation

It is this auditors' findings that the facility meets the requirements of this standard for the following reason. First, the standard is built to assure that a resident is not punished for being a victim or making a report, and second to assure that the resident received necessary programs (i.e. medical, educational, need-based proگرامing). The agency is able to meet the components of this standard by not isolating at all.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.368 and all aspects therein. There is no corrective action required

## 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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) PREA-Audit Questionnaire

- 2) Agency-Wide PREA Policy - Investigations
- 3) Interview PREA Coordinator
- 4) Interview with PREA trained Investigator
- 5) Procedure Manual
- 6) Facility Contract with the Pennsylvania State Police
- 7) Review of documentation

#### **A**

The Auditor reviewed the agency wide PREA Policy that offers criteria for investigations at the facility indicating that they will investigate all incidents promptly, thoroughly and objectively, referring to law enforcement when necessary. It indicates the use of county child and youth services, PA Child Line, and the local law enforcement agency, in this case the PA State Police. In my interview Bethany one of the agencies certified investigators she discussed the agencies investigative response and review committee. She explained that the agency investigators will immediately organize to begin an investigation if an allegation is made. They would immediately notify the State Policy of the allegation and investigation and be given full access to the facility including staff and resident interviews. Bethany was very versed in the investigative process used by Adelphoi Village, Inc.

The Auditor observed in the agency wide PREA Policy that ANY allegation provide will be investigated and deemed as founded or unfounded, no matter how it was received by the facility. The PREA Coordinator when questioned was able to vocalize this was agency-wide policy.

#### **B**

The program director indicate that they have 26 certified PREA investigators agency-wide that are part of their investigative team. The memorandum with the State Police for criminal investigations does not specify "PREA Certified", however it does spell out their investigative nature and procedures. In speaking with the state police they advised that all their staff are trained to deal with both adult and youthful cases including interviewing techniques for such issues.

#### **(c)**

Agency-wide PREA policy specifies that staff be trained in the preservation of evidence including physical and DNA. This was articulated during staff interviews with those trained as first responders. They could articulate how to keep clothing secure, not clean up the area and assure the victim did not wash. The facility director spoke about the CCTV system and how everything is backed up on digital data storage and available to download a copy. This state police have a statewide procedure for the proper collection, identification, and chain of custody on evidence collection and storage.

The state police are responsible under memorandum of understanding to take the lead in all investigations until deemed not criminal. Accordingly, they will enter the scene, secure evidence, and interview the victim, perpetrator, and any witnesses to the alleged incident.

#### **D**

The state police advised that they will complete all investigations they begin. Although some may take longer than others depending on the circumstances, evidence and statements given. The same appeared true for the facility and their administrative investigations.

#### **E**

Because the police complete the criminal investigation in the process, they then take the lead according to the PREA Coordinator. That being said, they make the decision to pursue the charges with the district attorney for prosecution.

**F**

Facility Investigator Bethany indicated they look at each resident on a case by case basis and are not bias to anyone. The protocol is followed for everyone the same.

The use of a polygraph is not part of the investigative process and not applicable to any investigation. The was discussed with both Management and the state police.

**G**

According to procedures, there are 2 parts to an investigation, to 1) determine preventative measures; and 2) to determine if policy or staff error or negligence contributed to the action. The police will explore this as well to assure criminal negligence is not related to staff.

During our discussion with management, the discussed how they must wrap up all investigations that are started and develop a conclusion with recommendation (if any). They will then deem the investigation closed.

**H**

State Police would end all criminal investigations with a report being filed to the facility. They use Pennsylvania State Police reporting software that would include the incident, those involved including witnesses and all interviews, and a list of physical evidence recovered. I was not able to see one of these reports while completing the audit.

**I**

When questioning all involved in in investigations indicated that substantiated investigations are referred for prosecution.

**J**

According to the PREA Coordinator reports submitted to the agency are kept according to the PREA standard plus 5 years after released or no longer employed. The PA DHS standard mimics this as well.

**K**

The agency wide PREA policy indicated that any investigation will be completed no matter if either the abuser or victim have left or been removed from the facility. In interviews with the PREA coordinator she explained that the investigation would continue fully until completed.

**M**

Agency wide PREA policy give full cooperation to the police agency conducting the investigation (the state police in this instance) and state the facility will provide information and full access to the facility. The memorandum with the state police spells out their responsibility to keep the agency "in the loop" on all cases.

**Summation**

The policy and document review along with the answers provided by all interviewed led this auditor to evidence that the agency meets the requirements of this standard regarding criminal and administrative investigations. Those interviewed were very sure and confident in the protocol and steps that will be taken in all steps of the process. The written policy and the ability to articulate this were clear.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.371 and all aspects therein. There is no corrective action required

## 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*)

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy
- 3) Interview with PREA Coordinator
- 4) Interview with Agency Investigator
- 5) State Police contract and protocol

### A

The Auditor reviewed the Agency wide PREA Policy states, "Adelphoi Village shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". During Interviews this was vocalized as part of their procedures for investigations.

### Summation

The PREA policy and the information provided from interviews together shows that the policy is in place for this procedure as well as those interviewed being able to explain the steps therein. This lead the auditor shows that the agency in compliance with the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.372 and all aspects therein. There is no corrective action required.

## 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy section on reporting
- 3) Interview with PREA Coordinator
- 4) Interview with Facility Director
- 5) Interview with targeted resident

#### A & B

The auditor reviewed the Agency wide PREA Policy that indicated, "Following an investigation into a resident's allegation of sexual abuse alleged to have occurred in an Adelphoi Village facility, the facility shall report to residents in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment". I also reviewed section E 1-6, that outlines all required reporting requirements of the standard. Because the agency does conduct administrative investigations the follow the steps of the policy and report to all residents.

#### C, D, & E

I discussed the provisions of this standard with the Facility Director and PREA Coordinator. Each could articulate the policy as written and added examples on previous reporting that the agency had done in the past. We discussed how the agency works with multiple police agencies who do things differently, so Adelphoi Village assures they follow their policy standards to assure uniformity. Policy does specify all allegations related to staff, residents, etc. follow the same standards for reporting to the resident on the investigation.

## Summation

The Auditor through review of policy and interviews this auditor was able to link the policy with the response of personnel in following the standard. There is evidence to show that adequate reporting to the resident occurred.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.373 and all aspects therein. There is no corrective action required.

# 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy
- 3) Interview with Human Resources Director
- 4) Human Resources Discipline Policy
- 5) Human Resources PREA Policy
- 6) Interview with the VP
- 7) Interview with Facility Director
- 8) Interview with PREA Coordinator

#### **A**

This Auditor reviewed the agency wide Human Resources PREA Policy, heir Staff Disciplinary Policy, and the agency wide PREA Policy, “Disciplinary Sanctions for Staff”, giving detail that all employees will be subject to disciplinary action up to and including terminations.

I was able to meet with personnel from the agency Human Resource Department to review their policies, it was explained that there are several levels addressed in their policy, however under both the PREA and facilities zero-tolerance policy the individual would be terminated.

#### **B**

Termination according to HR would be presumptive for the zero-tolerance violation and the fact the PA Department of Human Services states that an individual convicted in relation to a chld abuse/sexual abuse shall not be permitted to work in any such facility in Pennsylvania.

#### **C**

The HR PREA policy does describe levels of disciplinary sanctions regarding issues of sexual abuse/harassment. The policy specifically addresses the zero-tolerance and sexual abuse/harassment issues with staff/residents. Under the Pennsylvania Office of Labor Relations, they describe disciplinary sanctions against an employee must be standardized and equal when administered. It was discussed that Adelphoi Village followed these guidelines in their policies and the PREA standards.

#### **D**

Policy dictates that all information on ANY allegation is reported to law enforcement for investigation. All Management explained that this is mandatory in all cases and would occur upon immediate notification of the incident. When given scenarios of learning of incidents occurring several months ago to management staff, the all could explain how it would be handled and the employee removed.

Accordingly the PA Department of Human Services mandates every licensed agency within the state to immediately notify them of the violation, the individual and whether they were terminated and/or disciplined as well as the status of the criminal investigation. I was able to find this information through internet research of PA DPW.

### Summation

Upon review of the policies and the information provided during interviews with managers and Human Resources Department, I was able to see that the elements of the standard are in place and there is an understanding by personnel as to the process that could occur for an employee.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.376 and all aspects therein. There is no corrective action required.

## 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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-Wide PREA
- 3) Interview with Human Resources
- 4) Interview with PREA Coordinator
- 5) Interview with Facility Director

**A**

This Auditor reviewed agency wide PREA Policy section titled “Corrective action for Contractors and Volunteers”, stating that anyone with inappropriate contact with a resident will be referred to law enforcement for prosecution as well as reporting to any licensing authority. This was discussed with management personnel who all were very aware of the procedure and that of the PA Department of Public Welfare their governing body mandating reporting on ANY issue.

**B**

Interviews with the Facility Director reiterated this information as well as the HR representative and the PREA Coordinator. The zero-tolerance policy is all encompassing of anyone having contact at the facility. The PREA policy and HR policies are specific to restrict any person in violation of this policy. I was unable to interview any contractors or volunteers but have in the past when auditing an Adelphoi Village facility. These contractors were very aware of the policy and outcome therein. Most of these agencies coming in usually have some type of certification or licensing that they are very aware could be in jeopardy.

**Summation**

The auditor was able to review the policy and see the components of this standard were present therein. The interviews with various individuals provided the auditor verification of the policy and allowed me to see the policy in working. Management personnel could explain the policy to me and give me examples of how it would work.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.377 and all aspects therein. There is no corrective action required.

**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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 6) PREA-Audit Questionnaire
- 7) Agency-Wide PREA Policy, Disciplinary Sanctions
- 8) Interview with PREA Coordinator
- 9) Interview with Facility Director
- 10) Interviews with residents

#### **A**

This Auditor reviewed agency wide PREA Policy section on “Interventions and Disciplinary Sanctions for Residents”, that includes each specific step of the standard looking at the resident’s history, providing educational and recreational programs, considering mental health issues, and assuring medical and mental health visits as needed. Cases of “good-faith” reporting are not looked at as a disciplinary issue. The policy also prohibits any sexual contact even if consensual.

#### **B, C, & D.**

When the Auditor reviewed of pre-audit information and inhouse documentation, it was noted that the agency does not use isolation and has not had any reports of resident on resident abuse in the previous year. Although their policy allows for disciplinary standards for false reporting, it has not been used this year. When I spoke to residents, I did ask several what would occur if they gave a false report and all indicated that they could get I trouble. Although none have when asked what could occur, they stated they could lose privilege or have sanctions placed against them.

The Facility Director was able to verbalize the components of the policy and how they applied to the standard. He explained that they consider any mental health issues and provide counseling opportunities should that be a recommendation as part of the disciplinary sanction. It was noted in the policy that the agency will not restrict programing/classes as a disciplinary sanction.

#### **E, F, & G**

According to policy and interviews conducted, residents can be disciplined for resident-instigated contact with staff. Good-faith filings are not sanctioned by discipline, if presented in a manner deem and investigated as “good faith”. This was discussed with management as well. No one would be sanction to discipline in this case. It was noted that the facilities do not permit any form of sexual contact between residents. This is noted in policy as an agency wide rule.

### Summation

The auditor was able to review the policy and see the components of this standard were present therein. The interview with management and residents provided the necessary background to the agencies policy that the do not isolate for discipline and do not always place disciplinary sanctions in place.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.378 and all aspects therein. There is no corrective action required.

## 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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency Vulnerability Assessment
- 3) Agency-Wide PREA Policy regarding Medical needs
- 4) Facility-Wide Procedure Manual, "Clinical" and "Medical" section on medical and mental health services
- 5) Interview with Nursing Director
- 6) Interview with Compliance Caseworker
- 7) Informed Consent/Confidentiality Form

### A & B

This Auditor reviewed agency wide PREA Policy section on Medical and Mental Healthcare states that prompt access to medical and mental health services to include ongoing care for sexual abuse victims and abusers. The Vulnerability Assessment is a tool to screen for previous sexual abuse, victimization, and potential/previous abusers, and has been completed on ALL residents. The agency wide PREA Policy requires its completion during initial facility screening. I reviewed case files with Bethany the agency compliance caseworker who explained that data collected and how the agency complies it in a vulnerability assessment. The screens are completed initially on the first day, 2<sup>nd</sup> at the latest. I could see where the system would flag certain issues like potential victim or potential/previous abuser and that mental health follow up was set in play by staff and the points system of the software within the 14 days screening. The PREA policy and all the data viewed on all residents established the 14-day standard.

### C

The documentation according to policy and staff interviews is all restricted to use inhouse. When questioned of management it was explained that not everyone would have access to the information and required login clearance through the agency for specific staff to be able to view the information. I was able to review the Vulnerability assessment information that is gathered on all residents at the facility.

### D

According to Heather, the Director of Nursing they are required by policy to use the agencies implied consent/confidentiality form for all youth under Adelphoi custody. I was provided copies of this form during the pre-audit document review.

### Summation

The auditor was able to review the policy and see the components and how they work. The Nursing Director and Compliance Manager were able to articulate the policy and how the vulnerability Assessment data and consent form were used, providing additional data that fulfills the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.381 and all aspects therein. There is no corrective action required.

## 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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy
- 3) Contract with the Blackburn Center of Greensburg
- 4) Agency-Wide Procedure Manual – Medical and Mental Health Services
- 5) Interview with the Facility Director
- 6) Interview with Director of Nursing
- 7) Interview with PREA Coordinator
- 8) Interviews with staff
- 9) General discussion with Residents
- 10) SAFE/SANE Posters in facility

#### **A & B**

This Auditor reviewed agency wide PREA Policy titled “Medical and Mental Health Care” and outlines unimpeded access to emergency medical and mental health care by residents. The Blackburn Center contract offers victims advocate, and counseling services. The SAFE/SANE posters in the facility provide residents with another level of information on the standard. The Facility Director during his interview was able to vocalize the agency offered complete medical care as needed to all residents. He went on to explain that if there were a need related to a sexual assault, one of the immediate steps taken would be to contact the local ambulance and have the individual taken directly to Excelsa Health, Latrobe Hospital Emergency Department for treatment immediately.

According to policy the individual would immediately be taken to the hospital. The agency does not complete forensic medical exams and relies on this service from their affiliation with the local hospital. In discussions management and line staff at the facility it was noted that first responders will immediately notify their supervisors, secure the victim/abuser, and assure evidence is collected/maintained. This was seen in policy and explained back to me during these interviews.

#### **C & D**

This Auditor reviewed the agency-wide Procedure Manual “Medical” section and again spoke with staff. Policy and discussion revealed that any such incident arising would immediately require the resident to be taken for emergency medical treatment at the local hospital emergency room. Policy requires all services are free and that contraception would be provided along with medication for any STD. This was explained as well by the Director of Nursing during our time together. Follow up care would be provided through Excelsa Health or through their contract with Primary Health, a local group of doctors contracted to provide regular physicians services to all residents at facilities in the Latrobe area.

#### **Summation**

The Auditor found that the facility PREA Policy, contracts with the Blackburn Center and Excelsa Health Latrobe Hospital, and the Procedures manual related to medical and mental health services specifically breaks down the standard components to address resident needs. The interviews completed allowed the Director of Nursing to share her knowledge of the agencies standards and relate how they work at each facility. The Facility works within the components of the standard by their written policy and

actions in addressing medical needs. Having a contract for general physician's services also would allow for residents to have medical care in such situations and for follow up.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.382 and all aspects therein. There is no corrective action required.

## **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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Vulnerability Assessment form and data
- 3) Agency-wide PREA Policy
- 4) Contract with The Blackburn Center
- 5) Interview with Heather, the Director of Nursing
- 6) Interview with PREA Coordinator

### A, B, & C

This Auditor reviewed the vulnerability assessment tool, and data collected indicating ongoing treatment for victims and abusers; PREA Policy section on “Reporting to/from other confinement facilities”. I also reviewed the contract with the Blackburn Center that provide on-going Victims advocate and treatment counseling services to the facility. There is no medical facility or unit onsite at the Sweeney house be it is a residential facility. According to Heather the Director of Nursing, they use Primary Health Network, a Physicians conglomerate that provides medical care throughout Pennsylvania and Ohio. They operate a medical facility (doctors office) out of Latrobe used by Adelphoi. Heather explained that they are equipped to provide both medical and mental health services to any resident and would assist in follow up after a resident would be seen at Latrobe Hospital.

### F, G, & H

The PREA Coordinator, Compliance Caseworker, and the Director of Nursing provided information related to victims’ services providing ongoing care for any individuals identified as a victim or abuser. The use of the vulnerability Assessment tool data would allow the agency to assure proper follow up care and track its’ completion.

The Director of Nursing shared that testing a victim for any transfer of disease would be offered through medical services of Primary Health Network and through the contract with the Blackburn Center. All testing is according to the policy is free to all residents, stating they would work with anyone whom would be labeled as a victim if a sexual assault occurred. They would work with the Blackburn Center to establish a plan of services for the resident. Policy dictates the 60-day window for mental health services for residents and it was discussed with multiple staff during our meetings.

Note: Sections e & d are not applicable – all male facility).

### **Summation**

The Auditor reviewed the information provided and the answers to questions ask to review the components to get a picture of this standard. Through the review of policy, contracts with outside agencies, and discussions with management and the Director of Nursing, they were able to explain the process in accordance with the policy. It is easily identified and the practice of the facility is “immediate response”. Looking at the information presented, the facility meets the components of this standard. through the documentation and understanding of the standards.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.384 and all aspects therein. There is no corrective action required.

## **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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Survey of Sexual Violence Summary
- 4) Interview with the PREA Coordinator
- 5) Interview with Director of Nursing
- 6) Interview with PREA Investigator
- 7) Interview with Facility Director
- 8) Interview with VP

## **A, B, C, & D**

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy section on “Data Collection and Review” that lists all the components of this standard and listed as:

“The team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare the Sexual Abuse Incident Review (SAIR) form including, but necessarily limited to, determinations made pursuant to section one through five of this section, and any recommendations for improvement and submit to the Program Director and Facility’s PREA Compliance Manager”.

I interviewed several managers for the agency who could explain this process and served on the Investigative Team in the review of such an incident. The data from their review could be used to change policy or procedures agency wide or specific to the facility where its issue occurred. They complete their process within the 30-day requirement. Each during their interviews could give examples of previous investigative reviews they were involved in within the Adelphoi Village, Inc,

Although there were no reports or investigations at the facility, during my time with the Facility Director and PREA Coordinator, the could fully explain the process of an investigation, time frames required under the standard and how the data would be used to keep an incident from occurring in the future.

### **Summation**

The managers interviewed were able to articulate the use of the SAIR team and how it worked within the PREA Policy. The agency wide PREA Policy outlines necessary components of the standard. Through their SAIR team he explained that the criteria of the standard are outlined and walked through with the committee. The Auditor was able to use the data along with his understanding of the process and component to establish that the are the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.386 and all aspects therein. There is no corrective action required.

## **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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Survey of Sexual Violence Summary
- 4) Interview with the PREA Coordinator
- 5) Interview with PREA Facility Compliance Manager

- 6) Interview with Agency PREA Investigator
- 7) PA Department of Human Services Data retention requirements

### **A, B, C, & E**

This Auditor reviewed the PREA Audit questionnaire and the Agency wide PREA Policy labeled as "Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction". Listing the duties of the Facility Compliance Manager, and PREA Program Coordinator in relation to the standard. As indicated previously, there were no complaints or investigations this past year. The PREA Coordinator indicated that all data is maintained as are electronic records such as the vulnerability Assessment. This date is published annually with the Department of Justice and is available through the agency website.

The PREA Coordinator explained during our interview that data collection process from an agency wide view and the Compliance Manager. The PREA Coordinator accurately vocalized her responsibilities as well as the components of the standard. She provided this auditor with data on the agency compiling of the data, how it is maintained, and how they report annually by June 30<sup>th</sup>.

Note: The facility does not contract for confinement, thus are exempt for "D".

### **Summation**

The Auditor through the agency wide PREA policy and interview with the PREA Coordinator was able to correlate the policy and data I reviewed that was articulated by PREA staff. They were able to related how they handled this data back to the Auditor and also discuss how the PA DHS standard related. This information together brings the facility into compliance with the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.

## **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*)

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy – Data collection and retention
- 3) Survey of Sexual Violence Summary
- 4) PA Department of Human Services data retention
- 5) Interview with the PREA Coordinator
- 6) Interview with Compliance Caseworker
- 7) Interview with VP

### A

This Auditor reviewed the PREA Audit questionnaire and the Agency wide PREA Policy titled "Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction".

That policy states, "Adelphoi Village shall meet, no less than annually, to review information collected from all SAIRs and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, practices and training including:

1. Identifying problem areas.
2. Taking corrective action on an ongoing basis.
3. Preparing an annual report of its findings and corrective actions for Adelphoi Village, as well as each of its facilities”.

In speaking to the PREA Coordinator she explained that the date is placed into a report, a spreadsheet for their annual report and data review. This is done on a regular basis and is part of their agency management team reviews to make necessary changes to a facility or policy to better meet the needs of their residents.

### **B, C, & D**

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components. She provided documentation of the vulnerability data that is gathered from agency-wide facilities, how the data is prepared and how they address corrective action. I was able to review their annual report that is made available on their website. I also discussed redacted data, if any and was advised that they will note it therein and it usually would be for confidential personnel information.

### **Summation**

This auditor was able to review the policy and match the information provided by the PREA Coordinator to see the components of the standard. As noted, the agency publishes an annual report and it is posted on their website. The agency in this auditor’s opinion collects and organizes large amounts of data on residents and facilities. They use this information on a regular basis to assure safety and security for all residents and staff at their facilities.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required.

## **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*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, Data collection and retention
- 3) Interview with the PREA Coordinator
- 4) PA Department of Human Services data retention

#### A, B, C, & D

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy “Data Collection and Review”. They achieve this through the following:

“The annual report shall be approved by Quality Council and made readily available to the public through the Adelphoi website. Adelphoi Village may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Adelphoi Village shall also remove all personal identifiers from the reports. Adelphoi Village shall maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise”.

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components and she is largely responsible for the data maintained. She provided a variety of spreadsheets showing this. The Facility and agency also are mandated under PA Department of Human Services at data collection, retention, and long-term storage. This is spelled out under PA code and fall within the PREA Standards.

#### Summation

The information provided to the auditor to review has all the components to adequately meet this standard. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## 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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 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*)

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Auditor informational poster that were hung throughout the facility
- 2) Resident interviews
- 3) Interview with PREA Coordinator

#### Provision 1

Sweeney House is a residential facility that was opened as part of the Adelphoi Village non-profit agency in August 2008. This will be the 3<sup>rd</sup> audit of this facility.

#### Provision 2

The Auditor was given complete access to the facility and their main campus approximately five (5) minutes away where the residents go for schooling, programs, and activities. I was provided with a large conference rooms in their administrative building to conduct interviews of all staff and residents. to observe various activities of the facility.

#### Provision 3

During my interviews I questioned resident on my information being available to them and if their ability to contact me. They all were aware, pointing to the poster in the rooms we were using on many occasions, and were able to vocalize their ability to contact me. As noted throughout this report, this audit had been rescheduled on several occasions related to the COVID-19 pandemic throughout the country especially in Pennsylvania.

#### Summation

Through the Auditors observation, information provided and interviews with residents, the facility was within the components to meet this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## 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*)

#### Summation

Sweeney House has been in operation since 2008 and has been through the PREA Audit system on 3 occasions. In reviewing the agencies website, they have published all their PREA related statistics and reports on the website. The report also is made available through their administrative office and under Pennsylvania's Right to Know Laws.

Based on this auditor's observation, the agency follows standard 115.403, no corrective action in needed.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



09/22/2020

**Auditor Signature**

**Date**

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

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