

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

Interim       Final

Date of Report    July 19, 2019

### Auditor Information

Name:    Maureen G. Raquet	Email:    mraquet1764@comcast.net
Company Name:    Raquet Justice Consultants LLC	
Mailing Address:    PO Box 724	City, State, Zip:    Saint Peters, Pa. 19470-0274
Telephone:    484-366-7457	Date of Facility Visit:    June 17,18,19,20,2019

### Agency Information

Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
Adelphoi Village		NA	
Physical Address:    1119 Village Way		City, State, Zip:    Latrobe, Pa. 15650	
Mailing Address:    s/a		City, State, Zip:    s/a	
Telephone:    724-804-7000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:    “to assist children, youth and families to overcome social, emotional and behavioral difficulties”			
Agency Website with PREA Information:    www.adelphoi.org			

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

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

### Facility Information

<b>Name of Facility:</b> Hilltop Supervised Independent Living			
<b>Physical Address:</b> 205 Fogel Street, Hollidaysburg, Pa. 16648			
<b>Mailing Address (if different than above):</b> s/a			
<b>Telephone Number:</b> 814-942-6701			
<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 residential
<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> Brian Snyder	<b>Title:</b> Unit Director
<b>Email:</b> brian.snyder@adelphoi.org	<b>Telephone:</b> 814-946-5256

### Facility PREA Compliance Manager

<b>Name:</b> Brian Snyder	<b>Title:</b> Unit Director
<b>Email:</b> s/a	<b>Telephone:</b> s/a

### Facility Health Service Administrator

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

### Facility Characteristics

<b>Designated Facility Capacity:</b> 15	<b>Current Population of Facility:</b> 12
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Number of residents admitted to facility during the past 12 months		26
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		26
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		26
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	16-20	
Average length of stay or time under supervision:		138 days
Facility Security Level:		Non-secure
Resident Custody Levels:		Non-secure
Number of staff currently employed by the facility who may have contact with residents:		11
Number of staff hired by the facility during the past 12 months who may have contact with residents:		3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
<b>Physical Plant</b>		
Number of Buildings: 1		Number of Single Cell Housing Units: 0
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.): There is a Guard Tour system that was installed in the facility and they are scheduled to have cameras installed.		
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<b>Medical</b>		
Type of Medical Facility:		Community Hospital
Forensic sexual assault medical exams are conducted at:		UPMC Altoona
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) Re-Audit of Hilltop Supervised Independent Living Unit was conducted on June 17,18, 19, 20, 2019 by Maureen G. Raquet, Raquet Justice Consultants LLC (RJC), a Department of Justice Certified PREA Auditor for Juvenile Facilities. This Audit was conducted as part of two facility Audits of the same agency, Adelphoi Village, during the same time period. Hilltop Supervised Independent Living Unit was initially audited during the first PREA cycle in July 2016 and was found to be in full compliance on Dec. 13, 2016. This Audit, conducted on June 17,18,19,20, 2019 is a re-audit of the facility conducted during the third year of the second PREA three year cycle. Notice of the Audit, in both Spanish and English, was posted on 5-6-19 and I received an email with pictures of the posting in the living and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on June 17, 2019. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 5-2-19, I received a flash drive with the completed Pre-Audit Questionnaire and the requested important documentation. During this six week period, through emails and phone calls with the PREA Coordinator and the Quality Assurance Caseworker, the uploaded information and important documentation was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 6-6-2019. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Managers from both Hilltop and Williams, the other facility being audited at the same time. The timeline and expectations for the Audit were discussed as well as discussion regarding the physical changes to the main campus. Rosters of both staff and students were reviewed with the PREA Manager.

The tour of the facility was conducted on 6-17-19 by the Hilltop Unit Director. The facility was clean and well maintained. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for Family Services of Altoona.

While on the tour, I saw the "PREA Hotline" that is available on any phone through a speed dial button and that is a hotline to Family Services of Altoona. There are directions posted and a programmed button that goes directly to Family Services. I requested a volunteer and a resident told me how he would ask to use the phone, and then pressed the button for Family Services. He handed the phone to me and it went directly to the Hotline. During the pre-Audit time period, I contacted Family Services of Altoona (a member of the Pennsylvania Coalition Against Rape, PCAR) and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She was unaware of any ongoing issues at Hilltop.

Residents were not in school during the onsite portion of the Audit, because the regular school year had ended and summer school had not yet begun. Some of the residents attend school at the Williams facility and are transported there by Hilltop staff. Other boys have jobs in the community. During the tour, the residents were in the living room and an adjacent room doing chores and eating breakfast. Some of the boys were still sleeping, because they work different shifts and this is a Supervised Independent Living program. Ratio of 1:8 was exceeded during the tour. The residents stated when asked that they had received PREA education and knew how to report. As mentioned above, one resident volunteered to demonstrate the Hotline. I spoke to staff persons who received training and they told me that Administration conducts unannounced

rounds on a regular basis. There are no cameras in the facility, so therefore there are no recordings of unannounced rounds. However, I saw the unannounced round log during the Audit. Cameras are scheduled to be installed later this year.

There were PREA postings throughout the building.

All Hilltop residents receive Physicals in the Community from PHN, Primary Health Network. The residents also see the dentist and eye doctor in Altoona. Mental Health follow up is also provided by Primary Health Network in Altoona.

Directly after the tour of the facility, and for the following days, interviews were conducted privately at Williams (another Adelphoi facility where the residents attend school). Specialty staff including the COO, PREA Coordinator, Compliance Caseworker, Agency Nurse and Human Resources Director traveled 1.5 hours from the main campus in Latrobe to be interviewed for this Audit. The following staff and residents were interviewed:

Chief Operations Officer

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

The Unit Director/PREA Manager who monitors retaliation, conducts Unannounced Rounds, conducts Intake and 10 day education and who administers the Vulnerability Assessment

Human Resources Director

Registered Nurse for the Agency

Quality Assurance Caseworker, who is a member of the Sexual Abuse Incident Review Team

Three contractors by phone (who do not have contact with children)

There are no Volunteers

10 random residents

11 full time staff which includes the Unit Director (one staff person on leave was interviewed by telephone).

Staff are full time and work rotating first and second shifts with rotating days off. Third Shift staff work permanent midnights with rotating days off. A roster of the 11 Hilltop staff was provided to me and I interviewed 100% of all Hilltop staff from all shifts. One interview was by phone call. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 12 facility residents, which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non-English speaking. Of the 12 total residents, ten (10) residents were interviewed. That represents 83% of the total population on the days of the Audit. One resident was discharged and one resident was admitted during the onsite portion of the Audit. There were no residents who reported a sexual abuse while at Hilltop. There was one resident who identified as Bi-sexual. There were no other LGBTI residents in the population. There were no disabled or non-English proficient residents. There were 5 residents who disclosed a prior victimization.

I reviewed the files of 8 staff for required documentation including two of the three hired within the past 12 months. There have been no promotions. I looked for Pa. Child Abuse, Criminal History and FBI clearances as well as documentation of PREA training and refreshers.

I reviewed the files of 10 residents: 8 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 8 active files were those of the residents that I

interviewed. I looked for timely education and administration of the Risk Assessment as well as documentation of required Medical and Mental Health follow up and consideration for risk based housing.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment including, as mentioned above, the “PREA Hotline”. Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for Family Services of Altoona were posted throughout the facility in both Spanish and English, including the area that is used for visiting. This information is contained in resident brochures given to the residents during Intake. They also watch an age appropriate video during the Intake process entitled: “Safeguarding your Sexual Safety – A PREA Orientation Video”. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through daily phone calls and visits as well as some home visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time. Public Defenders from several Pa. counties visit their clients at Hilltop on a monthly or bi-monthly basis. All of these residents will work in the community during their stay and are permitted to carry a cell phone while out of the facility.

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

There are also MOUs with UPMC Altoona and an MOU with the Allegheny Township Police Department who conduct Criminal Investigations. Pa. Child Line conducts investigations of any staff on resident sexual abuse or staff on resident sexual harassment. This information is posted on the facility website.

During the past 12 months, there have been no allegations of sexual abuse or sexual harassment. There have been no reports from other facilities of abuse at Hilltop and Hilltop has not received reports of sexual abuse at other facilities.

At the conclusion of the onsite Audit, a brief Exit interview was held with the following staff on Thursday June 20, 2019: Adelphoi COO, Vice President of Residential Services, and Program Director, via conference call. The PREA Coordinator, Compliance Caseworker, and the two Program Directors/PREA Managers for Hilltop and Williams participated in person. The preliminary results of the Audit were discussed as well as a plan for corrective action.

## Facility Characteristics

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

Adelphoi Village was established in 1971 as a home for boys. Through the years, foster care and a private residential school were added. Today, Adelphoi provides an extensive network of community based programs and services to over 1,200 youth and families on a daily basis. The mission “to assist children, youth and families to overcome social, emotional and behavioral difficulties” is the foundation behind the continuum of care that includes: group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, elementary age partial hospitalization, secure care, drug and alcohol treatment and sex offender treatment. In 2018, the Adelphoi residential programs received 430 admissions.

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

footprint to determine how many more buildings can be built to accommodate the facilities that are currently off campus in the community.

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

This Audit was conducted at Hilltop Supervised Independent Living Program in Hollidaysburg, Blair County, Pa. This town is about 5 minutes from the city of Altoona Pa. One other residential facility was also audited at this time. Hilltop is a 15 bed, male, supervised independent living program, with ages ranging from 16-20, and licensed under the Pa. Dept. of Human Services 3800 regulations. In 2018, there were 26 admissions and the average length of stay was about 138 days. On the date of the Audit there were 12 residents in this unit; including residents who have “stepped down” from other more secure or structured Adelphoi facilities. This is an open residential unit. Most of the residents have jobs and earn unsupervised community time depending upon their levels. These residents have cell phones when outside of the facility. Residents without jobs, and those in need of school credits, attend school at the nearby Williams facility and are transported there by staff. These residents can be either dependent or delinquent and are committed by their respective Juvenile Courts or, as mentioned above, transitioned from other agency facilities. The residents cook their own meals as part of a life skills curriculum and for most boys there is no set meal time. There are 11 employees assigned to Hilltop, and the transitional living program at nearby Williams. Staff at Hilltop consist of line staff who are full and part time and work first and second shifts. Third shift personnel work permanent 3<sup>rd</sup>, with rotating days off. There is also a Unit Director.

Hilltop is located on the corner of a main thoroughfare in an older residential neighborhood in Hollidaysburg, Allegheny Township, Blair County in North Central Pennsylvania. The town is served by the Allegheny Township Police Department. This two story, 6,200 square foot former funeral home is owned by Adelphoi and was completely renovated in 2009 and sits on about 2 acres. It is situated on a very large and well landscaped and maintained corner lot. It has a driveway, shed and basketball hoop in the back of the building that is accessed from the side street. Its exterior is sided and fits well into the residential neighborhood. There are many doors in and out of this building, including an original front door with side lights. As you enter the side door, directly ahead is a large living area, with upholstered couches and chairs, a staff desk and a television and phone area. Off this area is a dining room with large tables and wooden benches and double doors that slide together to close. This area is also used for visiting. The kitchen is off to the side of the living room and has a pantry area. There is also access to the outside from here. To the right of the main area is the staff/admin area with a door between. There are two bathrooms on the first floor, one for staff and one for residents. The first floor has an open layout, so that all areas can be supervised from the main living area, including the open kitchen. The basement is accessible to residents and has storage and laundry facilities. There are several small rooms with no doors and a furnace room. The older open stairway is behind the staff desk and accesses the second floor, where there are five bedrooms: one quad, three triples, and one double. The rooms are furnished with wooden bunk beds or wooden single beds. The closets do not have doors and the residents have many belongings in the rooms due to their employment. All rooms have doors and windows that open. Because of the work schedule, some residents are sleeping during the day and the doors are closed for that reason. There are two single bathrooms with a sink, toilet and shower tub combo. There is no attic access. There are no cameras in the facility. There is a “Guard Tour System” for both room checks and checks of the outside of the building that was installed during the last Audit in 2016. Staff desks and midnight posts are in the second floor hallway. This facility has more of a home type atmosphere rather than a correctional one to fit into the neighborhood and to prepare the residents for independent living.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 1

Click or tap here to enter text.

**Number of Standards Met:** 42

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**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. It should be noted that Adelphoi Village has undergone 25 completed PREA Audits conducted by two different PREA Auditors since 2014. They had all of their facilities audited in the first PREA Cycle and are on track to have all of their facilities audited during this second cycle. The PREA Coordinator has participated in all of these Audits. She has amended policies, developed forms and implemented procedures after each Audit on an Agency basis, not just for the individual facility. At the completion of each Audit, if there is a need for a plan of correction, she scrutinizes the deficiency to see if it is Facility specific or effects all Agency facilities. If there is a need for Agency wide correction, she develops protocol and procedure and trains all PREA Managers. Each facility benefits from the plan of correction from a previous facility Audit. A Compliance Caseworker now works with the PREA Coordinator and has assumed some of the PREA responsibilities. There is a PREA Manager for Hilltop, who is the Unit Director. He also monitors retaliation in his role of PREA Manager, conducts random unannounced rounds, conducts all PREA education as part of Intake and administers the Vulnerability Assessment. He is one of 20 PREA Managers who reports to the PREA Coordinator.

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

There is an ongoing relationship and an MOU with Family Services of Altoona, that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with UPMC Altoona to conduct any forensic examination and a MOU with the Allegheny Township Police Department to conduct criminal investigations. The Agency website includes third party reporting information.

The residents receive all education at Intake. The Unit Director conducts all PREA education at the time of Intake. He also conducts the Risk Assessment at this time, well within 72 hours of Intake. There are informational postings throughout the facility to act as ongoing education for both residents and staff. The resident files showed timely education and documentation of it for all residents.

The Vulnerability Assessments and the resultant medical follow ups were all done in a timely fashion. Electronic Health Records includes the Vulnerability Assessment, Medical and Mental Health follow up and the documentation of risk based housing. The documentation also includes electronic signature of the resident either accepting or refusing follow up. The Hilltop Unit Director, the PREA Coordinator, and Compliance Caseworker reviewed these records with me. There were no issues with any of the resident files, including those of two discharged residents.

All staff files were complete for both education/training, child abuse and criminal history clearances. All staff have clearances before hire and every two years according to Adelphoi policy. Six of the eight staff files required and had clearances every two years and the other two were new hires with appropriate and timely clearances.

No standards require corrective action.

The following standard has been exceeded:

#351 Resident Reporting: All avenues are afforded these residents and both the residents and the staff are aware of them. Residents can report verbally, in writing, anonymously and through third parties. The residents have reported verbally to staff in the past. One resident stated he called the Hotline, while at another Adelphoi facility. There is a grievance policy and form that parents and residents are advised of at Intake. The residents have access to pens, pencils and paper. There are no restrictions because this is a Supervised Independent Living program. They can tell their parents, probation officer and attorney. Phone calls are permitted daily and visits can be weekly. Visits are facilitated by the agency by providing parents with gas cards, lodging, etc. so they can visit. Public Defenders from some Pa. Counties visit their clients at Hilltop monthly or bi-monthly. Residents work in the community and while away from the facility are permitted to carry cell phones. Because of all these resources, this standard has been exceeded.

The PREA Zero Tolerance Policy contains all necessary provisions and all standards have been met. There is no need for corrective action. This serves as both the Interim and Final Report. This facility is fully PREA compliant, effective July 19, 2019.

## PREVENTION PLANNING

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

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

### 115.311 (a)

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

### 115.311 (b)

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

### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy

## Adelphoi Village Organizational Chart

### Interviews Conducted:

PREA Coordinator

PREA Manager/ Hilltop Unit Director

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA coordinator has a Compliance Caseworker who assists in PREA related supervision at the 23 programs. It should be noted that Adelphoi Village has undergone 25 completed PREA Audits conducted by two different PREA Auditors since 2014. They had all of their facilities audited in the first PREA Cycle and are on track to have all of their facilities audited during this second cycle. The PREA Coordinator has participated in all of these Audits. She has amended policies, developed forms and implemented procedures after each Audit on an Agency basis, not just for the individual facility. At the completion of each Audit, if there is a need for a plan of correction, she scrutinizes the deficiency to see if it is Facility specific or effects all Agency facilities. If there is a need for Agency wide correction, she develops protocol and procedure and trains all PREA Managers. Each facility benefits from the plan of correction from a previous facility Audit.

There is a PREA Manager for Hilltop, who is the Unit Director. In this capacity he also does the staff schedule and conducts random unannounced rounds. As part of the incident review team, he assesses the area where incidents take place and makes recommendations to prevent future occurrences. He also monitors retaliation in his role of PREA Manager, conducts all PREA resident education as part of Intake and administers the Vulnerability Assessment. He is one of 20 PREA Managers who report to the PREA Coordinator.

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

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

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

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

#### 115.312 (a)

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

#### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard does not apply. Adelphoi does not contract with any other facility for the care of its residents.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

Generally accepted juvenile detention and correctional/secure residential practices?

Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

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

### 115.313 (c)

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

### 115.313 (d)

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

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations  
Pa. Department of Human Services Licensing and Inspection Summary  
Posted Staff Schedule for the week including March 17, 2019  
PREA Zero Tolerance Policy  
Logs of Unannounced Rounds  
Documentation of yearly review of staffing by PREA Coordinator

#### Interviews:

PREA Coordinator  
Unit Director/PREA Manager  
Program Director  
Residents during tour  
Staff during tour

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

I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator along with the Vice President of Residential Services reviews staffing yearly or would review if there was an incident. The PREA Manager/Unit Director states that staffing is reviewed daily to ensure one on one supervision and other resident needs such as transportation to medical appointments, to jobs, job interviews, school or court are met. The Unit Director completes the schedule several weeks in advance and posts it on the door to his office. He schedules two staff on each shift, including midnight and also schedules a third staff, who works a swing shift between first and second shift, which is the busiest part of their day. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing. There have been no deviations from ratio.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states that he usually exceeds ratio and that he also counts in ratio, if needed.

During the tour, I saw residents supervised as a group at the facility. The residents were on break from school until summer school started. I observed them in the living room after breakfast, where they were performing household chores, some boys were eating breakfast. The ratio exceeded 1:8. The residents do not eat as a group because of working outside the facility. The only time that all boys are together is for a Life Skills Group.

Prior to the onsite, I was provided logs of unannounced rounds conducted by both the Unit Director and the Program Director. I was provided with additional logs during the onsite and saw the log book at the facility. The Unit Director conducts them on all shifts and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Program Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. The logs document that random unannounced rounds are being conducted on all shifts.

There are no cameras in this facility. There is a "Guard One" system used during sleeping hours that requires staff to scan a chip every three to four minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor. The chips are placed inside the residents' rooms, so that the staff person has to physically enter the room to scan the chip, thus ensuring that they can see the residents in their bed.

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

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

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

#### 115.315 (a)

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

#### 115.315 (b)

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

#### 115.315 (c)

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

- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

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

#### 115.315 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### Documents Reviewed:

Adelphoi Zero Tolerance Policy

Adelphoi Policy: Search Procedures

Adelphoi Policy: Shower Procedures

Completed Adelphoi Gender Variant Search Preference Form for a Discharged Transgender Resident

Staff Training Curriculum

Staff Training Logs

### Interviews:

11 staff (one by phone)

10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with the Adelphoi Village policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Hilltop is an all male facility. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. There is one female staff and she works midnight shift, always with a male staff. She states she never conducts any kind of search of a resident at any time. Residents state that they have never been subject to a cross gender pat down search at Hilltop. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. In the past 12 months, there was one admission who identified as a Transgender girl. At Intake, she was advised of the search policy and she completed and signed a gender variant search form. She chose to be searched by either male or female staff. This completed form was provided to me.

Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. The only female staff announces herself before coming up the stairs to the second floor, where the resident bedrooms and bathrooms are. Residents state that they always shower alone. The bathrooms contain single showers with a curtain. Same sex staff conduct showers. The shower procedure was demonstrated for me during the tour.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents. One resident told me that he does not hear the female staff announce herself. All 9 other residents state that she does and could demonstrate it for me.

There are no cameras in this facility.

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

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

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

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

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

### 115.316 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Zero Tolerance Policy

Spanish and English Reporting Posters

Contracts with Translators

Resident with Disabilities Accommodation Log

Interviews Conducted:

COO

Eleven staff (one by phone)

PREA Coordinator

During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator that was provided. It is more likely that a parent would need the services of the translator.

The COO stated that all reasonable accommodations would be made for a resident with a disability. Adelphoi accepts residents with disabilities, both physical and mental, on a case by case basis, because they cannot accommodate them all. He stated that the Admissions department now notifies the PREA Coordinator of any resident with a physical or mental disability who has been admitted, so that child's needs can be met. He provided me with a Log of all residents in every Adelphoi residential facility who have a disability and the accommodations that are made for this resident.

The PREA policy requires these accommodations.

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

## Standard 115.317: Hiring and promotion decisions

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

### 115.317 (a)

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

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

#### 115.317 (b)

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

#### 115.317 (c)

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

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Pa. Department of Human Services 3800 Child Care Regulations
- Pa. Department of Human Services Licensing and Inspection Summary
- Pa. Child Protective Services Law

## Adelphoi Zero Tolerance Policy

Files of 8 staff including two who had been recently hired

Interviews:

Human Resources Director

The Adelphoi Village Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Pa. Child Abuse Checks for employees and contractors prior to employment. The Adelphoi policy requires a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Adelphoi Village.

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

I checked the files of 8 staff, including two who had most recently been hired and all had the required clearances. There are no contractors in this facility that have contact with children.

The policy and the interview with the HR staff state that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every two years by Adelphoi Village. I saw timely re-checks in all 6 employee files that required them.

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

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

## Standard 115.318: Upgrades to facilities and technologies

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

### 115.318 (a)

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

### 115.318 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:  
Sexual Abuse Incident Review

Interviews Conducted:  
COO  
Unit Director  
PREA Coordinator

The facility has not undergone expansion or renovation since the last PREA Audit in 2016. The facility is scheduled to have security cameras installed. This is a prioritized installation due to a recommendation made in a Sexual Abuse Incident Report for an incident that occurred in March 2018. A copy of this report was provided to me. This standard has been met. There is no need for corrective action.

## RESPONSIVE PLANNING

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

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

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

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

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

#### 115.321 (f)

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

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

Adelphoi Village Zero Tolerance Policy  
MOU with UPMC Altoona  
MOU with Family Service of Pa. (a PCAR)  
MOU with Allegheny Township Police Department

#### Interviews:

PREA Manager/Hilltop Unit Director  
Adelphoi Village Nurse  
Phone Interview with Director of Family Service of Altoona (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, UPMC Altoona, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Allegheny Township Police and their responsibilities are outlined in the MOU. Family Service of Altoona, a member of the Pennsylvania Coalition Against Rape (PCAR), provides a victim advocate and crisis intervention, emotional support, information and referrals.

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

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

The Nurse confirmed SAFE/SANEs at UPMC Altoona.

There have been no alleged incidents that have required forensic medical exams or the services of a Victim Advocate in the past 12 months

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

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

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

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

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy  
Pennsylvania Child Protective Services Law (CPSL)  
Adelphoi Village website  
MOU with the Allegheny Township Police Department  
Report of a Resident on Resident Sexual Abuse Allegation that occurred in the past 15 months

#### Interviews:

Adelphoi COO

I interviewed the Adelphoi COO and reviewed the PREA Policy and the MOU with the Allegheny Township Police Department. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The COO states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to law enforcement and Pa. Child Line. Adelphoi Village staff do not investigate allegations but report all of them. Information for reporting is on the website.

Pa. Child Line accepts and investigates reports of Staff, Contractor or Volunteer on Resident Sexual Abuse or Sexual Harassment and refers to the appropriate Police Department if necessary. Any resident on resident allegations of sexual abuse or sexual harassment are reported to and investigated by the Allegheny Township Police Department (ATPD).

Adelphoi Village Zero Tolerance Policy requires a report to Child Line and/or ATPD for all alleged incidents. There were no cases that occurred at Hilltop in the past 12 months, but a review of an incident of Resident on Resident Sexual abuse that occurred 15 months ago revealed that Child Line/Pa. DHS and/or the ATPD were contacted in a timely manner and this documentation was provided to me.

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

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

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

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

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

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

- Adelphoi PREA Policy
- Adelphoi PREA Curriculum for Employees
- Pa. Dept. of Human Services 3800 Child Care Regulations
- Eight random employee files

Interviews:

- PREA Coordinator
- PREA Manager
- Eleven Staff (one by telephone)

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every year and it includes the NIC online training, "Keeping our Kids Safe". Staff take a post test and must pass it in order to be placed on the training log according to the PREA Coordinator. All staff receive yearly refreshers, which is an online training. I reviewed 8 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training if required.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The eleven Hilltop staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me that they received initial training and annual refresher training if not new hires, as well as updates at staff meetings.

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

The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.

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

## **Standard 115.332: Volunteer and contractor training**

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

### **115.332 (a)**

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

#### 115.332 (b)

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

#### 115.332 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village Zero Tolerance Policy  
PREA Brochure for Contractors  
Signed Training Acknowledgement of Contracted Employees

#### Interviews:

Contracted Employee (General Contractor) a telephone interview  
Contracted Employee (Security Systems) a telephone interview  
Contracted Employee (Plumber) a telephone interview

There are currently no volunteers at any Adelphoi Village residential facility. There are also no contractors who have contact with residents at Hilltop. However, any contractor who enters the building must sign in and he receives a Contractor PREA brochure and must sign and acknowledgement of its receipt and content. I conducted telephone interviews with three Contracted Employees, a General Contractor who has been contracted with Adelphoi for over 10 years and a Security System contractor, and a plumber. They were able to tell me that they would report to an on-duty supervisor and the Facilities Director. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt. I saw the signed acknowledgement of training for the contractors and for all their service representatives that respond to Adelphoi. The Unit Director keeps the signed acknowledgements and produced all of them since 2015. During the tour, I saw the sign in log, brochures and sign off sheets inside the side door.

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

## Standard 115.333: Resident education

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

#### 115.333 (a)

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

#### 115.333 (b)

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

#### 115.333 (c)

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

### 115.333 (d)

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

### 115.333 (e)

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

### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Safeguarding Your Sexual Safety: A PREA Orientation Video

Resident PREA Orientation Acknowledgement Form

Posters for Reporting and Education in Spanish and English

10 Resident Files (8 active and two discharges)

Interviews:

Unit Director/PREA Manager who performs Intake and 10 day Education as part of the Admissions process

10 random residents.

As part of Intake, the new resident views the PREA video, Safeguarding Your Sexual Safety: A PREA Orientation Video, describing sexual abuse and sexual harassment and how to report, including a hotline. The Unit Director states that after the video, he verbally goes over the PREA posting and then shows the child the Family Services hotline. He has them sign an acknowledgement. The residents also receive a PREA pamphlet. I saw signed acknowledgement of timely education in all 10 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 10 files that I reviewed, 8 were transfers. This information is contained in the Electronic Health Record. The PREA Coordinator and compliance caseworker helped me access this information. All education was done in a timely fashion.

All residents could tell me that they received education upon admission and those that were transferred from other Adelphoi facilities receive it at transfer as well. Therefore, many residents had PREA education several times, not just at Adelphoi but at many placements. Seven residents could tell me about services offered outside of the facility at Family Services, but all were aware of the reporting hotline through Family Services.

During both this and the previous Audit, posters describing outside services are posted throughout the facility.

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

## Standard 115.334: Specialized training: Investigations

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

### 115.334 (a)

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

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

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

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

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

### 115.335 (a)

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

### 115.335 (b)

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

### 115.335 (c)

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

### 115.335 (d)

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

### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed

Adelphoi Village PREA Policy

Adelphoi Village Employee Training Curricula

NIC Specialized Medical Training Online Curricula

Certificates of Completion of NIC Medical Training

#### Interviews:

Adelphoi Agency Nurse

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

There are no Medical or Mental Health Staff at Hilltop. All medical and mental health services are provided in the community. The physicals and any routine medical needs are obtained at Primary Health Network (PHN) in Altoona. Mental Health needs, such as counseling, therapy, medication evals and assessments, are also provided by PHN.

I interviewed a full time Adelphoi Nurse. She is assigned to all Adelphoi residential facilities that are not on the main campus in Latrobe. She conducts Medication Administration training for the Hilltop staff. She also monitors the medication itself. She is on call for any emergency. She is present in the facility once a month.

She received Mandated Reporter training and would report to Child Line and her immediate supervisor as well as document any allegation of abuse. The Nurse received the PREA training that all employees do and also completed the NIC online course for Medical and Mental Health staff. She states that forensic examinations are not conducted at Adelphoi and that she received training on the protection of forensic evidence.

I received certificates of completion for the NIC PREA online course for all Adelphoi Nurses. They were also on the employee training log for having completed the education that all employees receive.

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

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.341 (a)

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

### 115.341 (b)

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

### 115.341 (c)

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

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

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

## Vulnerability Assessment Instrument

Completed Vulnerability Assessment Instruments for 10 Residents (8 Active, 2 discharges), including file of one discharged Transgender resident

Gender Variant Search Form

### Interviews:

PREA Coordinator

PREA Manager/Hilltop Unit Director who completes the Vulnerability Assessment

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

The staff who administers the instrument, the Hilltop Unit Director, takes into account the Intake or transfer packet, conversations with parents, probation officers and caseworkers, court reports, transfer summaries from other facilities and any previous Assessments that have been conducted. He uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.

All completed VAIs are part of the electronic health record and have restricted access. Only the Hilltop staff and administrative staff have access to these electronic files. All other staff must be granted access by the EHR administrator. All pertinent necessary information is recorded in a housing log and communicated to staff at staff meetings. I reviewed the electronic files of 10 residents (8 active and 2 discharged) with the Unit Director and the PREA Coordinator. I chose one file randomly from those admitted during the past 12 months and requested the file of the transgender admission. I reviewed the active files of those residents that were interviewed. All had timely administration of the VAI. Two of the 10 files reviewed required 6 month re-assessments per Adelphoi policy and all were conducted in a timely fashion. One resident had a re-assessment because he was the victim of a resident on resident sexual abuse and the PREA policy requires it. During the resident interviews, a resident stated to me that he was bi-sexual. Because he had not disclosed this during Intake, another risk assessment was conducted within a day of my notifying the director.

Ten residents were interviewed and all but one stated that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse at Hilltop. Two residents stated they had been asked all questions, except the one about disabilities. The EHR for the residents showed that all had been asked these questions at Intake and signed off on it. Several students stated they were asked these questions several times or upon transfer from another Adelphoi facility.

The file of the Transgender resident showed that she had received the Vulnerability Assessment at Intake and disclosed her sexual identification as a Transgender girl. A Gender Variant Search Form was completed and she stated that she could be searched by either sex. She scored as Vulnerable to Sexual Victimization due to a prior victimization and bullying in the past. She was placed in a room with other residents who did not meet the profile of those that had victimized/bullied her in the past. The resident signed off on this assessment.

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

## **Standard 115.342: Use of screening information**

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

#### **115.342 (a)**

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

#### 115.342 (b)

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

#### 115.342 (c)

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

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

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

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

**115.342 (i)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Adelphoi Village Shower Policy

Vulnerability Assessments of 10 residents (8 active, 2 discharges), Electronic Health Records, including the file of a discharged Transgender resident

Interviews:

PREA Coordinator

PREA Manager/Unit Director who also conducts Risk Screening

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

I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed the bedroom that was closest to the midnight staff post and the double bedroom that can become a single if needed. The bathrooms have single shower stalls with curtains. They are single bathrooms with a sink and a toilet and a door that closes. All residents shower alone.

I reviewed the files of 10 residents (8 active and 2 discharges). The resident files are part of the Electronic Health record and the PREA Coordinator and Unit Director helped me access them. All risk based housing decisions are recorded on the instrument itself. Many of these residents have stepped down from other treatment programs and are identified as Aggressive due to their charges. However, they have successfully completed treatment and are no longer considered aggressive. The Unit Director documents why and why not risk based housing is needed. The documentation is specific to each resident.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The Director who was interviewed stated that he would “touch base frequently”. The residents’ own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There was one resident who identified as bi-sexual during our interview. He had not disclosed this prior. However, there had been a Transgender admission in the past 12 months and I reviewed her file. The file of the Transgender resident showed that she had received the Vulnerability Assessment at Intake and disclosed her sexual identification as a Transgender girl. A Gender Variant Search Form was completed and she stated that she could be searched by either sex. She scored as Vulnerable to Sexual Victimization due to a prior victimization and bullying in the past. She was placed in a room with other residents who did not meet the profile of those that had victimized/bullied her in the past. The resident signed off on this assessment.

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

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

## REPORTING

### Standard 115.351: Resident reporting

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

##### 115.351 (a)

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

##### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the resident to remain anonymous upon request?  
 Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

### 115.351 (c)

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

### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy  
 Adelphoi Village Grievance Policy  
 Hilltop Telephone Policy  
 Hilltop Visiting Policy

Pa. Child Protective Services Law

Pa. Department of Human Services 3800 Child Care Regulations

Resident Rights' Form

MOU with Family Services of Altoona

Interviews:

PREA Coordinator

PREA Compliance Manager

Director of Family Services of Altoona, a PCAR (by phone, prior to Audit)

Eleven Staff (one by telephone)

Ten Random Residents

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

The primary reporting mechanism is to an outside agency, Family Service of Altoona. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I conducted a telephone interview with the Director of Family Services and she confirmed the services outlined in the MOU. This reporting method is posted throughout the home. The private "hotline" is located in the staff office, but every phone has a designated button that goes directly to Family Services. While on the tour, a resident volunteered to show me how to privately use this phone. The residents can also call Child Line and the staff must call Child Line as mandated reporters. During the tour, I observed that residents had access to pencils and paper. This is a Supervised Independent Living Program, so there is no restriction on writing implements.

The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS.

Residents can call home every day according to resident interviews. Residents can also receive visits from parents and grandparents once a week on the weekend and special accommodations can be made for parents who live far away. They are provided with bus or train tickets, gas cards and hotel lodging if needed. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. Several residents state that their Public Defenders visit them monthly or bi-monthly. When the residents are working or in the community, they have cell phones. There is no restriction on their use.

The allegation that was made in the past 15 months at Hilltop was reported by the resident telling a staff person. Both the resident and the staff person documented it. The Police and Pa. Child Line were called. All documentation was provided to me.

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

This standard has been exceeded. No corrective action is needed

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

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

#### 115.352 (b)

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

#### 115.352 (c)

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

#### 115.352 (d)

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

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

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

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

Adelphoi Village PREA Policy  
 Adelphoi Village Grievance Policy  
 Pa. Department of Human Services 3800 Child Care Regulations  
 Pa. Department of Human Service Licensing Annual Licensing and Inspection Summary  
 Child’s Rights’ Form  
 Grievance Form  
 Files of 10 residents (8 Active, 2 discharges)

#### Interviews Conducted:

PREA Manager/Unit Director

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

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

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

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

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

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

### 115.353 (a)

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

### 115.353 (b)

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

### 115.353 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

Adelphoi Village PREA Policy  
Visiting Policy  
Telephone Policy  
Spanish and English Posters for Family Services of Altoona in the Facility  
Resident Intake Brochures  
MOU with Family Services of Altoona  
Review of a previously reported and investigated Resident on Resident Sexual Abuse report

#### Interviews:

PREA Coordinator  
PREA Manager/Unit Director

Ten Random residents

Family Services of Altoona Director (by phone prior to onsite)

The PREA Policy outlines that the facility will provide residents with access to confidential emotional support services through Family Services of Altoona. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. The phones also have a designated button for Family Services.

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

The residents who were interviewed state that they can make and receive phone calls every day. Visiting by parents/grandparents/guardians is once a week and accommodations are made for those who live far away or can't afford to visit by providing bus and train tickets, gas cards and hotel arrangements. Not all residents receive visits, but all are entitled to them.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. All residents stated that they could see or call their lawyer if they wanted to. Several residents state that their Public Defenders visit monthly or bi-monthly.

Eight out of ten residents were able to tell me about the counseling services offered through Family Services. All residents knew of the reporting hotline.

The PREA Policy was complete and contained all necessary information. This standard has been met and does not require corrective action.

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Adelphoi Village website

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified. It is also posted in the facility in the area where parents and guardians visit. There were no third party reports within the past 12 months.

This standard has been met and requires no corrective action.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)

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

#### 115.361 (d)

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

#### 115.361 (e)

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

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

- Adelphoi Village PREA Policy
- Pa. Child Protective Services Law
- Training Logs
- Pa. Department of Human Services 3800 Residential Child Care Regulations
- File of a previously reported Resident on Resident sexual abuse

### Interviews:

- Adelphoi Village COO
- PREA Manager/ Hilltop Unit Director
- Eleven Staff (one by telephone)
- Nurse

The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The nurse who was interviewed is also a mandated reporter. She stated during her interview that they report to Pa. Child Line, their supervisor, and also would document any report.

The COO states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He stated that if there is an attorney of record, they would also be notified. If there was a court order prohibiting a parent from notification, they would contact a guardian. This information is contained on what is called a HCSIS report. This is an acronym for a Pa. DHS notification requirement that must be completed within 24 hours of the incident.

There have been no allegations of sexual abuse or sexual harassment within the past 12 months. A review of a previously reported resident on resident sexual abuses shows timely reports to the police, Pa. Child Line and to the appropriate parties mentioned above. A HCSIS report was completed regarding this notification and was part of the file.

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

## Standard 115.362: Agency protection duties

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

**115.362 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance policy

Interviews:

Adelphoi COO

PREA Manager/Hilltop Unit Director

Eleven staff (one by telephone)

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

After reviewing the policy and interviewing the 11 Hilltop staff, which included the PREA Manager and the COO, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. This would include a safety plan that could remove a child from their room, change their roommates or remove the child from the facility if need be.

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

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

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

### 115.363 (a)

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

### 115.363 (b)

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

### 115.363 (c)

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

### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interview:

Adelphoi COO

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

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

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

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

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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

#### 115.364 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Eleven Staff (one by telephone)

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

The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum. These duties are also posted in the staff office. When interviewed, the eleven staff were able to discuss their first responder duties although they have not had to practice them.

The policy also contains the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff. There are no staff that work in the facility that are not child care staff.

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

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Adelphoi Village PREA policy
- Sexual Abuse allegation from 15 months ago

Interviews:

- Hilltop Unit Director

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Coordinated Response policy is posted in the staff office. The report from the past 15 months showed that although the emergency response was not needed, the coordinated response of reporting and notifications was practiced and documented.

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

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

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

#### **115.366 (a)**

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

#### **115.366 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy  
Pa. Child Protective Services Law

Interviews:

Chief Operating Officer

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

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

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

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

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

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

### 115.367 (c)

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

### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy  
File of Sexual Abuse Allegation from 15 months ago  
Training Log and Curriculum for Retaliation Monitoring

#### Interviews:

Hilltop Unit Director/PREA Manager

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Hilltop is the Unit Director/PREA Manager. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone, they are to contact him immediately. He states that he puts the safety plan in place and communicates this to staff at a staff meeting. He would also do a status check weekly if

needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. He monitors behavioral changes in residents, including changes in behavior. He would check to see if other residents are stealing or destroying the victim's belongings. He would talk to other trusted residents to see if there is something going on within the group. He would monitor work performance of staff, including use of sick time and tardiness.

He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, unit, or program. Any such incident requires a Safety Plan. He gave me an example of a resident, who was the alleged perpetrator, who was moved to another agency facility. This occurred 15 months ago. Although both the victim and perpetrator were separated and there was a written safety plan, specific documentation regarding retaliation monitoring was not done. Since that incident in March 2018, the Audits of 5 other Adelphoi facilities have been completed. Retaliation Monitoring was part of the plan of correction for each of these Audits. The PREA Coordinator felt that this was an Agency wide issue and it required the re-training of all PREA Managers/Unit Directors. This training was completed in September 2018 and a log of participants including the Hilltop Unit Director/PREA Manager along with the training curriculum was submitted. I interviewed the Hilltop Unit Director specifically about this training. He states there is now a Retaliation Monitoring Form that he would use to document the monitoring of retaliation. When completed, it is submitted to the PREA Coordinator.

There is no need for corrective action. The actions taken subsequent to the March 2018 allegation and prior to this Audit show compliance with this standard.

This standard has been met.

## Standard 115.368: Post-allegation protective custody

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

#### 115.368 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Pennsylvania 3800 Child Care Regulations

Interviews:

Adelphoi COO

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

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

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

#### 115.371 (b)

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

#### 115.371 (c)

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

**115.371 (d)**

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

**115.371 (e)**

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

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.371 (g)**

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

**115.371 (h)**

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

**115.371 (i)**

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

**115.371 (j)**

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

### 115.371 (k)

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

### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village PREA Policy  
MOU with the Allegheny Township Police Department  
Pa. Child Protective Services Law  
File of Resident on Resident Sexual Abuse that occurred in 15 months ago

#### Interviews:

PREA Coordinator  
PREA Manager/Hilltop Unit Director

The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Allegheny Township Police Department, with whom the facility has an MOU. The agency has provided investigation training to some staff to aid them in understanding investigations, but they do NOT conduct investigations. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. The PREA Manager/Unit Director states that he has a very cooperative relationship with the Allegheny Township Police Department.

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

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

A review of the file of Sexual Abuse that occurred in the past 15 months shows that the Pa. Department of Human Services and the Allegheny Township Police Department were advised in a timely manner of the allegation.

During the past 12 months, there have been no allegations of sexual abuse or sexual harassment at Hilltop. The file that was provided to me was at my request for review from 15 months ago. The police investigated the allegation but the Blair County ADA declined to prosecute.

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

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

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

This standard has been met.

## Standard 115.373: Reporting to residents

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

### 115.373 (a)

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

### 115.373 (b)

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

### 115.373 (c)

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

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

#### 115.373 (d)

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

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Department of Human Services 3800 Child Care Regulations

Report of Sexual Abuse from 15 months ago

Training Log and Curriculum for Victim Notification

Sexual Abuse Incident Review Form

Interviews:

Hilltop Unit Director/PREA Manager

Adelphoi COO

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

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

I was provided with the file of a resident on resident founded sexual abuse that occurred in March 2018 (15 months before the Audit). There was no documentation that the victim was notified of the outcome of the case. Since that incident in March 2018, the Audits of 5 other Adelphoi facilities have been completed. Victim Notification was part of the plan of correction for each of these Audits. The PREA Coordinator felt that this was an Agency wide issue and it required the re-training of all PREA Managers/Unit Directors. This training was completed in September 2018 and a log of participants including the Hilltop Unit Director/PREA Manager along with the training curriculum was submitted. I interviewed the Hilltop Unit Director specifically about this training. He states that upon completion of the investigation, he would personally notify the victim of the outcome. He states that on the SAIR form there is a question about who notified the victim and when.

There is no need for corrective action. The actions taken subsequent to the March 2018 allegation and prior to this Audit show compliance with this standard.

This standard has been met.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

### 115.376 (a)

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

### 115.376 (b)

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

### 115.376 (c)

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

### 115.376 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services

Interviews:

Adelphoi COO

PREA Coordinator

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

The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.

This standard has been met and needs no corrective action.

## Standard 115.377: Corrective action for contractors and volunteers

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

### 115.377 (a)

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

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interviews:

Hilltop Unit Director/PREA Manager

There have been no incidents of this nature in the past twelve months. There were no volunteers at any Adelphoi facility, including Hilltop, at the time of the Audit.

Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Unit Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy until the investigation was completed. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement.

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

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

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

#### 115.378 (d)

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

#### 115.378 (e)

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

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Pa. Department of Human Services 3800 Child Care regulations.

Files of Resident on Resident Sexual Abuse Allegation from 15 months ago

#### Interviews:

Hilltop Unit Director/PREA Manager

Nurse

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

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

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

The Unit Director states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

The Agency Nurse who was interviewed states that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation.

A review of the resident on resident sexual abuse that occurred in March 2018 (15 months prior to the onsite) showed that the perpetrator was immediately removed from Hilltop and placed on intervention at another Agency facility as part of the plan of safety. He was ultimately discharged from Hilltop. There was no discipline noted.

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

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

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

#### 115.381 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

- Adelphoi Village PREA Policy
- Vulnerability Assessment Instrument
- Logs of all Admissions for the past 12 months
- Files of 10 residents (8 active, 2 discharges)
- Resident Tracking Log

### Interviews:

- Hilltop Unit Director
- Nurse

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. This is documented on the VAI, which is kept in the Electronic Health Record. If a resident refuses, there is a signed declination on the Risk Assessment. There are no Medical or Mental Health staff at Hilltop. Medical treatment, including physicals, is obtained in the community. Mental Health treatment/assessment is also received at a community provider located in Altoona, Pa.

In the current population, there were 2 residents who were identified as having disclosed a previous sexual abuse and were prior perpetrators and one of the discharged residents was a prior victim. All three residents refused medical or mental health follow up. One discharged resident reported a resident on resident sexual abuse and he was offered emergency follow up. He was also a prior perpetrator. He declined, but was already seeing a psychiatrist for medication management.

The resident tracking log was provided and reviewed. It showed that all residents who disclose or are identified as needing a follow up are offered one. Several of the residents were transfers from other Adelphoi facilities and had received counseling, therapy or an assessment prior to transfer. All residents receive a physical within 72 hours of admission.

The Nurse states that all residents are offered Medical and Mental Health follow up if identified and that they receive it at either at UPMC Altoona or at the Primary Health Network in Altoona.

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

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

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

#### 115.382 (a)

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

#### 115.382 (b)

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

#### 115.382 (c)

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

#### 115.382 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

MOU with UPMC Altoona

File of a resident on resident sexual abuse (from 15 months ago)

Interviews:

Nurse

Eleven Staff (one by telephone)

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

This is an all male facility and all residents are offered STD testing and follow up. An interview with the Nurse confirmed the policy.

Although there have been no incidents that have required emergency services, a review of a discharged resident's file who reported a resident on resident sexual abuse showed he had been offered medical and mental health services and he declined, but was receiving psychiatric services in the community.

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

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

### 115.383 (a)

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

### 115.383 (b)

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

### 115.383 (c)

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

### 115.383 (d)

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

### 115.383 (e)

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

### 115.383 (f)

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

### 115.383 (g)

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

### 115.383 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Adelphoi Nurse

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

The Nurse who was interviewed stated that the level of care that the residents receive is community level of care.

All residents are offered STD testing.

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

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

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

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

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

### 115.386 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village PREA Policy

Completed SAIR for the Sexual Abuse Allegation that occurred in March 2018

SAIR form

#### Interviews:

Hilltop Unit Director/PREA Manager

Quality Assurance Caseworker who is a Member of the Sexual Incident Review Team

Adelphoi/Hilltop conduct an SAIR for all PREA related incidents regardless of their outcome. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Unit Director/PREA Manager, PREA Coordinator, Quality Assurance Caseworker,

Vice President of Residential Services, Program Director, Medical, and Mental Health with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator. The recommendation would be followed or the reason for not doing so would be documented.

I interviewed the Quality Assurance CW, who is a permanent member of the SAIR team. She states that the team convenes and reviews all reports as well as diagrams of the physical plant that is looked at by the program supervisor. As a result of SAIR recommendation at Hilltop for the resident on resident sexual abuse allegation that occurred 15 months prior to the Audit, cameras are going to be installed in the facility. The recommendation was for mirrors in the upstairs hallway to enable staff a better view into the room. Due to the pending camera installation, the mirrors were not installed and this was noted.

The SAIR for the above mentioned incident did not occur within 30 days of the completion of the investigation. The PREA Coordinator submitted to me a new written protocol of tracking incidents and scheduling SAIRs. She schedules a SAIR meeting once a month. The PREA Manager/Unit Director needs to follow and track the investigation and schedule the SAIR within the appropriate time period. The Program Director, who supervises the Unit Director needs to monitor this timeline. I believe this protocol that has already been implemented satisfies the need for any corrective action.

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

## Standard 115.387: Data collection

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

#### 115.387 (a)

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

#### 115.387 (b)

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

#### 115.387 (c)

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

#### 115.387 (d)

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

#### 115.387 (e)

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

### 115.387 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village PREA Policy

Adelphoi Village PREA Annual Report 2018

#### Interviews:

Unit Director/PREA Manager

PREA Coordinator

The policy is in place that requires the collection of data that is utilized in the Annual report of Sexual Violence. The data is aggregated for Adelphoi Village as a whole and the Annual Report represents the entire Agency. Data is collected using information from reports and any other resources. There is a report for 2018 that is on the Agency website. The PREA Coordinator is responsible for compiling this report and it is approved by the COO.

The DOJ has requested information in the past, which has been provided, but not in the past 4 years.

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

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

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

#### 115.388 (b)

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

#### 115.388 (c)

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

#### 115.388 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

PREA Annual Report 2018

Adelphoi Village website

Interviews:

PREA Coordinator

Hilltop Unit Director/PREA Manager

Adelphoi COO

The most recent Annual report for 2018 is posted on the website. The PREA Coordinator states that she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 23 group homes. The reports will compare data from year to year and will discuss the efforts of the facility at prevention, detection, and response.

All personal identifiers are removed and noted.

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

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

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

## **Standard 115.389: Data storage, publication, and destruction**

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

#### **115.389 (a)**

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

#### **115.389 (b)**

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

### 115.389 (c)

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

### 115.389 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Adelphoi Village PREA policy  
Annual PREA Report 2018  
Adelphoi Village website

#### Interviews:

PREA Coordinator  
Hilltop Unit Director/PREA Manager

The Annual reports are for the Agency and not the individual Facility. There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The website contains the Annual PREA Report for the most recent year, 2018. It contains the initial Hilltop PREA Audit from 2016. The most recent PREA Audits for all Adelphoi facilities are posted. The policy states that all records will be retained for ten years.

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

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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Adelphoi Village has had all its facilities Audited in the first three year cycle and is now having re-Audits completed for 1/3 of its facilities each year as part of the second three year cycle.  
 Hilltop was first Audited in 2015. This is a re- audit being conducted in the third year of the second three year cycle.  
 The auditor had access to and toured all areas of the facility on June 17, 2019. All staff and residents were interviewed privately at the Williams facility, where the residents attend school, on 6-17, 18, 19, 20, 2019.  
 The Auditor was provided with all reports and documentation she requested and was able to view the resident’s electronic health records.  
 The dates of the upcoming Audit were posted in the facility on 5-6-19, six weeks prior to the onsite portion of the Audit, along with the Auditor’s contact information. There was no correspondence with the Auditor.  
 This standard has been met. There is no need for corrective action.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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The Agency posts all Facility Audits on the website within 14 days following the Final Report being submitted to them by the Auditor. The 2016 Hilltop Audit was posted in a timely fashion and verified by the Auditor. All other Agency PREA reports have also been posted in a timely fashion. The PREA Coordinator advises the Auditor of the posting and then the Auditor verifies and documents it.

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<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.

Maureen G. Raquet

July 19, 2019

**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.