

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report August 27, 2020

Auditor Information

Name: Maureen G. Raquet	Email: mraquet1764@comcast.net
Company Name: Raquet Justice Consultants LLC	
Mailing Address: P.O. Box 274	City, State, Zip: Saint Peters, Pa. 19470-0274
Telephone: 484-366-7457	Date of Facility Visit: June 21,22,23,24,25,26,2020

Agency Information

Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
Adelphoi Village		Click or tap here to enter text.	
Physical Address: 1119 Village Way		City, State, Zip: Latrobe, Pa. 15650	
Mailing Address: s/a		City, State, Zip: s/a	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.adelphoi.org			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Jennifer McClaren	
Email: Jennifer.mcclaren@adelphoi.org	Telephone: 724-804-7000
PREA Coordinator Reports to: Mark Mortimer, COO	Number of Compliance Managers who report to the PREA Coordinator: 28

Facility Information

Name of Facility: Adelphoi Main Campus

Physical Address: 1119 Village Way

City, State, Zip: Latrobe

Mailing Address (if different from above):
s/a

City, State, Zip: Pa. 15650

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.adelphoi.org

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Joint Commission on Accreditation of Health Care Organizations)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Pa. Department of Human Services Annual Licensing Inspection

Facility Administrator/Superintendent/Director

Name: Beth Latuch

Email: beth.latuch@adelpjoi.org

Telephone: 724-804-7000

Facility PREA Compliance Manager

Name: Beth Latuch

Email: s/a

Telephone: s/a

Facility Health Service Administrator N/A

Name: Heather Kountz

Email: heather.kountz@adelphoi.org

Telephone: 724-804-7000

Facility Characteristics

Designated Facility Capacity:	100	
Current Population of Facility:	83	
Average daily population for the past 12 months:	90	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	12-18	
Average length of stay or time under supervision	269 days	
Facility security levels/resident custody levels	Shelter/Residential/Secure	
Number of residents admitted to facility during the past 12 months	177	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	171	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	158	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	95	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	68	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	14
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single resident cells, rooms, or other enclosures:	80
Number of multiple occupancy cells, rooms, or other enclosures:	7
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Pa. Child Line) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Pa. DHS) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Audit of the Adelphoi Village Main Campus: Middle Creek I, II, III, Benet, Loyalhanna, Monastery Run and Vincent was conducted on June 21, 22, 23, 24, 25, 26, 2020 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This Audit was conducted as part of three facility Audits of the same agency, Adelphoi Village, during the same time period.

Adelphoi Village Main Campus was initially audited during the first year of the first PREA cycle in August 2014 and was found to be in full compliance on October 1, 2014. The second Audit was conducted in May 2017, the first year of the second three year cycle and the facility was found to be fully compliant on Nov. 1, 2017. This Audit is being conducted in the first year of the third three year cycle. Adelphoi Village has one third of its facilities Audited during each year of the three year PREA cycle. All Adelphoi facilities are Audited during each cycle.

Notice of the Audit in both Spanish and English was posted on May 11, 2020, and I received an email with pictures of the posting in the living units and common areas on this date. The facility was requested to keep these notices posted during this six week pre-audit period and they were still posted in all areas during the tour on June 21, 2020. There have been no communications received as a result of this posting in the Auditor's Post Office box.

On May 12, 2020, I received a flash drive with the completed Pre-Audit Questionnaire and the requested important documentation. During this six week period preceding the onsite portion of the Audit, through emails and phone calls with the PREA Coordinator and Compliance Caseworker, the uploaded information and important documentation was discussed, amended and clarified.

The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on June 12, 2020. A pre- Audit conference call was conducted on June 18, 2020 to review the Agenda and the expectations for the upcoming Audit.

The onsite portion of the Audit commenced on Sunday, June 21, 2020 with a tour of the facility that was conducted by the Compliance Caseworker and one of the Unit Directors for the Main Campus. The facility was clean and well maintained and has had new construction since the 2017 Audit, including a new Welcome/Admissions Center for Intakes and a new Youth and Family Center, a multi-purpose building, utilized for family visits. One Unit that had housed the Drug and Alcohol program during the 2017 Audit and most recently the Shelter program now houses a temporary Girl's Cohort (a 14 day quarantine for the Covid 19 Pandemic).

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 describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center. While on the tour, I saw the "PREA Hotline" that is located in all seven units and that is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. In four of the Units, I requested a volunteer to show me how the phone worked. In each case, the resident told me how they could use it privately and pushed the dedicated speed dial button. The call went to the Blackburn Center Hotline and a live person answered. I tried the Hotline in the other three Units and it

worked as described. During the pre-Audit time period, I contacted the Blackburn Center, a member of the Pennsylvania Coalition Against Rape, (PCAR) and spoke to the Director, who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She was unaware of any ongoing problems at Adelphoi. There have been three allegations of resident on resident sexual abuse or sexual harassment. Two sexual abuse allegations were unfounded and the sexual harassment allegation was unsubstantiated. During the pre-Audit time period, a staff on resident sexual abuse was alleged by the victim. This was immediately reported to the Pa. State Police and Pa. Child Line. The facility notified me of this incident and supplied all reports to me. During the onsite portion of the Audit, the Pa. Department of Human Services notified the facility that this allegation was unfounded.

There was one report of sexual abuse occurring at another Agency to Adelphoi staff. This was reported in a timely fashion to the other Agency and to Pa. Child Line. Documentation was provided.

In all these cases, policy, procedure and protocol were followed by Agency staff. In the three Sexual Abuse cases the Pa. State Police and Pa. Child Line were notified. The Unsubstantiated Sexual Harassment case was investigated by Adelphoi staff.

All residents were in their living units during the tour. Due to the Covid 19 Pandemic, the residents attend school through Zoom and eat all their meals on their Units. They use the gym and the family center for recreation on a scheduled basis to keep them separate from other units. They usually attend the Robert Ketterer School on the same campus, where they also eat all their meals. The three secure Units, Middle Creek I, II, III are all self contained. The residents live, eat and go to school in the unit. All of the Units, except Monastery Run now have cameras. During the last Audit, they were being installed in the non-secure Units. The cameras in all units record for about 30 days so therefore I was able to see a video of an unannounced round.

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

During the onsite portion of the Audit, I saw the residents in a group in each unit, either watching tv, playing basketball in the courtyard, in a "group", or playing video games. Ratio of 1:8 was always maintained or exceeded during the tour, which occurred on a Sunday afternoon. The three Middle Creek Units are classified as secure by the Pa. Department of Human Services. The secure ratio mandated by the Pennsylvania 3800 Child Care Regulations is 1:6 and 1:12 for secure programs. I observed staffing in excess of this ratio. During the tour of the Secure Units, I spoke to residents and staff and asked about PREA education and unannounced rounds. They were able to answer these questions and demonstrated an understanding of their education. Staff and residents state that they see the Supervisor at all hours and on weekends.

The votech building, School building and the Cafeteria have been closed since March due to the Covid restrictions. They had been sanitized and closed, so I chose not to tour them, because no one has access to them at this time. I have toured them during the two previous Audits. The gym/multipurpose building, welcome center and youth and family visiting center were toured because the students from the four non-secure units utilize them. These other buildings had PREA postings. The gym/multipurpose building can also be used for community functions.

All residents receive Physicals in the health building on the main campus. This building is owned by Adelphoi, but is leased by PHN, who not only provides Physical and mental health services to the Adelphoi residents, but also to the community. All health records are kept as part of the Electronic Health Record and have restricted access. Two of the on-campus units, Vincent and Middle Creek I, have their own therapist, because they treat sex offenders. This therapist can also see other Adelphoi residents if needed.

On Monday, June 22, 2020, the day after the tour, a short meeting was conducted with the PREA Coordinator and the Quality Compliance Caseworker. The expectations for the Audit and the timeline and agenda were reviewed and updated. Immediately after this meeting and for the four following days, interviews were conducted in the Administration building across from the school in the conference room for the staff and residents of the open residential programs. On one day, all interviews were held in a private room in the beautiful new Youth and Family Center. The residents of the secure units were interviewed within the secure units in private rooms. The following staff and residents were interviewed:

- Chief Operations Officer
- Vice President of Residential Services
- PREA Coordinator
- Unit Director who conducts Random Unannounced Rounds
- Unit Director/PREA Manager who conducts Unannounced Rounds
- Unit Director who monitors retaliation
- Compliance Caseworker who is a member of the Sexual Abuse Incident Review Team
- Human Resources Director
- Director of Nursing
- Clinical Coordinator who conducts Vulnerability Assessments
- Mental Health Therapist
- Administrative staff who conducts PREA Education at Intake
- Four Contractors
- There are no Volunteers
- 16 Residents, at least two from each living unit
- 12 staff from all living units and all shifts

Staff are full and part time and work rotating first and second shifts with rotating days off. Third Shift staff work permanent midnights with rotating days off. Agency "fill-in" staff can be utilized to fill staff vacancies to meet ratio. A roster of staff was provided to me prior to the onsite portion of the Audit and I selected and interviewed 12 staff from all shifts and all living units. The PREA Coordinator chose the midnight staff that I interviewed to prevent scheduling conflicts. There are no Unions or bargaining units at Adelphoi Village. There are currently 5 contracts and 11 contractors who have interaction with residents. These primarily medical contractors were unavailable for interview, however I did interview 6 contractors from 4 businesses that provide services to Adelphoi.

I was given a census for all seven living units three days prior to the onsite Audit. Due to the large number of residents in different housing units, I had to review the census in order to obtain an appropriate sample of residents for interview. At the time of the onsite, there were 83 residents in the seven programs, 66 males and 17 females. There were discharges, transfers, and admissions to all

these programs during the onsite Audit. The census included all residents that identified as LGBTI (16), who disclosed a prior sexual abuse (39), who were disabled or non-English speaking (4) or who were identified as Sexually aggressive (55) or Sexually Vulnerable (57). There was one resident who had reported a sexual abuse while at Adelphoi. Of the 83 total residents, sixteen (16), at least two from each program were interviewed. That represents 19% of the total population on the days of the Audit. Of the sixteen total interviews four were female, although they only made up 20% of the total population on the day of the Audit. There was one resident who reported a sexual abuse, that was later classified as an unsubstantiated resident on resident sexual harassment and he was interviewed. I interviewed 5 residents who identified as LGBTI. Nine of the residents that I interviewed had disclosed a previous sexual abuse. Ten of the residents interviewed were identified as sexually aggressive. Two residents, one who had a speech disability and one who was not English proficient were also interviewed. I reviewed the files of 7 staff for required documentation including four hired within the past 12 months and one promotion. I reviewed the electronic files of 9 residents: 7 active and two discharges. I was provided a census of all admissions for the past 12 months and randomly picked the discharged files from this list. The 7 active files were chosen from those of the residents interviewed.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: The Blackburn phone, "PREA Hotline". Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for the Blackburn Center were posted throughout the facility in both Spanish and English. This information is contained in resident handbooks given to the resident during Intake. The residents also watch an age appropriate video, "Safeguarding your Sexual Safety: A PREA Orientation Video" during the Intake process. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls. Due to Covid restrictions, visiting has been temporarily suspended. However, prior to these restrictions, the residents and staff report that there is weekly visiting. During this time period, the number of phone calls both in and out has been increased for all children and Skype calls were also used.

Attorneys, Probation Officers and Caseworkers can call or visit at any time, although these visits were also restricted due to the pandemic.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties. The majority of residents were aware of the Victim Advocate and Crisis Intervention Services offered by the Blackburn Center.

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

At the conclusion of the onsite portion of the Audit an Exit interview was held with the following staff on Friday June 26: Adelphoi COO and Adelphoi Vice President of Residential services by conference call and the PREA Coordinator, Compliance Caseworker, and Human Resources Director in person. The preliminary findings of the Audit and plans for corrective action were discussed.

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

There are Unit Directors/PREA Managers for each program on the Main Campus. Some of the Unit Directors/PREA Managers are new since the last Audit. They are committed to ensuring that their staff and residents follow procedure. Random unannounced rounds are conducted on all shifts and are documented. The Unit Directors also monitor retaliation in their role of PREA Manager. The PREA Coordinator and her management team have developed and implemented policy and procedure to

ensure compliance with the PREA Standards. There is now a Compliance Caseworker to assist the PREA Coordinator in her duties. This Caseworker participated in this Audit.

The staff and residents have demonstrated that they not only received but understand the education and training.

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

Reporting by the facility to both Pa. State Police and Child Line is done immediately for every allegation of sexual harassment and sexual abuse and it is documented according to policy and procedure.

Sexual Incident Reviews are conducted for all allegations not just those that are required by policy. Recommendations are made and are followed.

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

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

All staff and resident records that were reviewed were complete for all required documentation. The Dentist and a Medical Contractor did not have their child abuse and criminal History clearances. They were obtained and produced during the onsite. This has never been an issue in past Audits. Prior to the 45 day Interim Report, the Facility provided a memo that was a directive to the purchasing department that they must obtain and maintain these clearances for the contracted employees. However, the facility did not have signed PREA education acknowledgements for some of these contractors. This will be part of the plan of correction.

The following standard requires corrective action:

Standard #332 Volunteer and Contractor Training:

Not all contractor files contained signed PREA Education acknowledgements.

Corrective Action:

The facility will obtain signed Contractor acknowledgements for all contractors and will provide to these to the Auditor. A protocol will be implemented to ensure that this is ongoing.

Subsequent to the Interim report, an updated Contractor Log and signed PREA educational acknowledgements for these contractors were provided to the Auditor.

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

The following four standards have been exceeded:

Standard #313 Monitoring and Supervision

The Pa. DHS requires 1:8 and 1:16 ratio in the open residential units and 1:6, 1:12 on the secure units. Both on the staff schedules and during the tours, the staffing far exceeded these ratios. The random

unannounced rounds are conducted on all shifts monthly and must include a midnight shift, as well as a weekend day. All but one of the on-campus units have cameras and the footage is reviewed by all supervisors as part of a required "camera Audit". The resident rooms have a "Guard Tour" system and the SO units have motion detectors in the rooms. This standard has been exceeded.

Standard #351 Resident Reporting

Residents can report in writing, verbally, anonymously and through third parties. There is a "hotline" to the Blackburn Center, a PCAR, who accepts reports. It is a pre-programmed speed dial, which requires the push of a button to connect. There is a poster above the phone with Blackburn information. Pencil and paper are available as seen on the tour. There is a grievance form and procedure given to each resident. The residents have private and confidential access to attorneys, parents, guardians, probation officers and children and youth caseworkers through phone calls and family visits. Interviews with 16 random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline". The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

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

Four of the Units on the Main Campus provide sex offender treatment. The staff are given specialized training to deal with this population. These residents receive individual and group therapy on a weekly basis. Many residents see a psychiatrist for ongoing medication evaluations. Children are committed to this facility by their respective Juvenile Courts for sex offender treatment. This standard has been exceeded.

Standard #386 Sexual Abuse Incident Reviews

The Compliance Caseworker schedules the reviews on a monthly basis. 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. At Adelphoi, all alleged incidents are fully reviewed. This is a best practice. The team is comprised of the Unit Director/PREA Manager, PREA Coordinator, Vice President, Regional Program Director, Medical, Mental Health and the Facilities Director with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator. The Compliance Caseworker and the Unit Director write the report. The recommendation would be followed or the reason for not doing so would be documented.

The Sexual Abuse Incident Review Form has been edited and updated several times and includes documentation for Blackburn services, Medical and Mental Health services, resident notification and retaliation monitoring. It is an excellent information summary.

All other standards have been met and the policy contains all necessary information as required by the standards. This Facility is fully PREA compliant.

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 2019, Adelphoi Village served 310 youth.

Anchored by a 20 acre campus in Latrobe that includes a school building, administration building, three secure units, a Shelter, three sex offender treatment units, a Medical Building/Mental Health clinic, a multi-purpose recreational center, Welcome/Admissions' Center and Youth and Family Visiting Center, Adelphoi has program sites in 6 counties throughout Pennsylvania. The Drug and Alcohol Unit moved off the Main Campus in 2018, and the Shelter which had been previously located in Apollo, Pa. moved into that building. That building is temporarily being used to house female Intakes for 14 days as part of the Covid protocol prior to being admitted to their individual units.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 24 group homes/units, of which 5 are female and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, and Somerset Counties. Adelphoi contracts with 64 of the 67 counties in Pa. and infrequently has had children committed from West Virginia, Maryland, and Ohio. Adelphoi Village is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village is accredited by JCAHO

Expansion on the main campus is continuing with plans for a fourth Secure Unit, a girls' enhanced secure. Walking trails, a volleyball pit and picnic pavilions have already been added. The Welcome/Admissions' Center and the Youth and Family Center were new since the last Main Campus Audit.

The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 670. There are 95 employees assigned to the seven residential programs that make up the main campus.

This re-audit was conducted at the Adelphoi Village main campus in Latrobe. The Main Campus facility consists of seven programs: 6 male and one female. However, due to Covid restrictions, during this Audit, the Shelter, Monastery Run, a male facility was used to quarantine female Intakes for 14 days prior to allowing them to be admitted to their respective units. Therefore, at the time of the Audit, there were two female unit and five male unit on the main campus.

There are three secure units:

Middle Creek I, a male sex offender treatment unit

Middle Creek II (female)

Middle Creek III (male)

There are four open residential units:

Benet, a sex offender treatment unit

Loyalhanna, a sex offender treatment unit

Vincent, a sex offender treatment unit

Monastery Run, a short term shelter for delinquent and dependent males, currently being used as a 14 day quarantine for female admissions. This group of girls was called a cohort, because they were admitted together, remained on the unit for 14 days and then were discharged to their respective units

after being tested for Covid 19. The unit was then sanitized from top to bottom and a new “cohort” was admitted three days later. The same protocol was adopted for the non-secure male admissions at another facility off campus.

Residents are often transferred from program to program and from facility to facility within Adelphoi Village. Residents can be committed to a Secure Unit and be transferred to one of the residential units for continued treatment and sometimes can be transferred to a Supervised Independent Living Program. Conversely, a resident can be placed at the short term Shelter, Monastery Run, and then be committed to one of the residential programs. During this time period all new residents, except Secure admissions, were transferred from the temporary unit where they were housed for 14 days to their new programs. The Secure admissions were medically quarantined within their program.

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

The Main Campus programs, with ages ranging from 12-18, has an average length of stay of about 4-5 months. There were 242 admissions in 2019, 211 males and 31 females. This facility is licensed under the Pa. Department of Human Services 3800 regulations. On the date of the Audit there were 83 residents, 66 males and 17 females, who can be either dependent or delinquent and can be committed by their respective Juvenile Courts or transferred from another facility. Because this is a treatment facility, all residents receive individual therapy once a week and group therapy several times a week and this includes evidence based programs such as ART, Agression Replacement Training. Many see a psychiatrist for medication evaluations. All residents attend school, either at the Robert Ketterer Charter school on the campus or in the secure, self contained classrooms staffed by Charter School teachers. During the Pandemic, the physical school was closed, but all residents attended school by “Zoom”, while staying in their Units. The staff in the Sex Offender programs receive additional and specialized training for supervision of this specialized population.

The main campus is in Unity Township in Westmoreland County, Pa, outside the Boro of Latrobe and east of Pittsburgh. This campus was a Catholic Elementary School and Convent prior to its current use. The school has been expanded and is still used as such and the convent has been converted into a residential unit. The main campus consists of the Administration Building, a school with a large cafeteria, a multipurpose athletic center, a Medical/Mental Health building, leased to PHN, three secure units, four group homes, a Welcome/Admissions Center, and a Youth and Family Visitation Center. The school includes vo-tech classrooms and serves children from the community and the community group homes as well as the main campus units. Residential students are kept separate from the community children and eat in a separate cafeteria. Both the Cafeteria and School were closed and were not accessible to anyone due to Covid restrictions.

The three secure units are clustered together and are one story cinder block construction. Middle Creek I has 14 single bedrooms opening onto a large common space There are two bathrooms, with two toilet stalls and two sinks and a separate Shower room with three curtained shower stalls. The living area/day room has wooden furniture and two bathrooms with toilets with sinks. There is a classroom,

a library and a laundry area built into the one wall. There is also a dining area with small tables with attached stools. A central control room monitors all internal and external doors. Cameras monitor all hallways and common areas.

Middle Creek II, the female unit, has fourteen single rooms which lock from the outside. All have a door in the window and a frosted window to the outside. The configuration of all the secure units is the same. Middle Creek III has 15 single bed rooms with the same configuration as the other secure units. All three units have a small visiting area off the front door. The residents have access to a recreation yard and the athletic building. The doors are key card activated, and all the buildings are surrounded by both a high fence and concertina wire.

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

Benet has 6 single bedrooms, one quad and one triple. There are two bathrooms on the second floor with one shower and one toilet and sink. There is a staff and resident bathroom on the first floor. Benet underwent renovations in 2014 to improve supervision and line of sight by opening up the first floor.

They also have a computer “grid surveillance” system that monitors multi-child bedrooms. The sensors are motion activated which alert staff that a resident has moved from his bed. Benet has had a “Guard Tour” system installed since the last Audit, which provides for electronic documentation of midnight checks performed by staff. Cameras were installed during the last Audit.

Loyalhanna was constructed immediately prior to the 2017 Audit and was built from the ground up with security and lines of sight in mind. It is connected to Benet by a locked hallway. It has no basement.

The doorways all open to a common area. On the first floor there is a resident bathroom with a toilet /sink and a staff bathroom with a toilet/sink. The laundry area is part of the common central living area. There are 15 single bedrooms on the second floor and two bathrooms with a toilet/sink. There are 3 shower rooms each with a shower and sink. There are no corners or physical barriers. The flooring can be easily cleaned, but is soft and absorbs sounds. The stairwells are wide and have windows. By design, there is no basement. There is a “Guard Tour” system and cameras in the common areas and hallways.

Monastery Run is an older single two story building. It has 6 bedrooms on the second floor: a single, two doubles and three triples. There are 2 bathrooms with a single shower, toilet and sink on the second floor and two toilet/sink bathrooms on the main floor, one for staff and one for residents. It has a guard tour system and will have cameras installed as part of the Adelphoi Capital Budget plan for this year. Monastery Run was a male Drug and Alcohol program during the 2017 Audit. It has since moved off campus. In 2019, the male Shelter program, which was off campus in another County, was moved into this building. Currently, the Shelter is closed and Monastery Run is housing the girls’ “cohort” which was described above.

Vincent is part of the old convent. It has 15 single bedrooms on the second floor and a separate shower room with 4 individual shower stalls which were renovated in 2016 and a bathroom with three stalls and 2 sinks. The main floor has a living room, kitchen, offices and there is a basement for storage and recreation. There is a “Guard Tour” system and cameras were installed during the last Audit. There are mirrors in the stairwells that were installed as a recommendation from a previous Sexual Abuse Incident Review.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: #313, #351, #383, #386

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

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
Pre-Audit Questionnaire

Interviews Conducted:

PREA Coordinator
PREA Manager/ Unit Director

The review of the policy, 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 reports directly to the Agency COO. A compliance Caseworker works for the PREA Coordinator to assist her with her duties and participated in every aspect of this Audit. There are 28 total PREA Managers who report to the PREA Coordinator. Although there are only 22 programs, in addition to the Unit Directors, the Regional Program Directors and the Compliance Caseworker are also trained as PREA Managers to help them effectively supervise and to be able to fill in when needed, for example when a PM is on family leave.

Each of the seven programs on the main campus has a PREA Manager who reports to the PREA Coordinator. Although this is considered one facility for PREA purposes, these programs are different programmatically and have separate licenses from the Pa. Department of Human Services. The PREA Managers are responsible for Monitoring Retaliation, for conducting Random Unannounced Rounds and participating in Sexual Abuse Incident Reviews in this role. I interviewed the PREA Manager for Vincent.

The PREA Coordinator has been in this role since 2014 and has implemented all PREA policy and protocol. She revamps procedure on an ongoing basis. She participates in the Sexual Abuse Incident Reviews and writes the Annual Report. She receives, reviews and aggregates data from all programs to recognize trends and to implement corrective measures if need be. She has participated in over twenty PREA Audits.

The policy includes definitions as well as how to prevent, detect, report and respond to sexual abuse and sexual harassment.

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

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

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.) 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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Adelphoi does not contract with any other Agency for the care of its residents.
This standard has been met.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 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:

Pre-Audit Questionnaire
 Pa. Department of Human Services 3800 Child Care Regulations
 Pa. DHS Licensing and Inspection Summaries
 Posted Staff Schedules
 Randomly selected staff schedules that include the week of March 17, 2020
 PREA Zero Tolerance Policy
 Logs of Unannounced Rounds
 Video of an unannounced Round
 Documentation of yearly review of staffing

Interviews:

PREA Coordinator
 Unit Director/PREA Manager
 Vice President of Residential Services
 Unit Director of Middle Creek I who conducts UARs

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. DHS Licensing and Inspection Summaries. 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 and the Vice President of Residential Services that occurred on 12-11-19. The PREA Coordinator reviews staffing yearly or would review if there was an incident.

The PREA Manager/Director states that staffing is reviewed daily to ensure one on one supervision and other resident needs as outlined in safety plans are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16 for Benet, Loyalhanna, Monastery Run and Vincent. The ratio for Middle Creek I, II, and III is 1:6 and 1: 12 for Secure programs as mandated by the Pa. Department of Human Services 3800 Child Care Regulations.

I was provided with randomly selected staff schedules with more than the required ratio. I also saw staff schedules posted in the staff offices in the individual units during the tour. They are completed at least two weeks in advance by the Unit Director and are posted in the staff office. The use of voluntary and if needed mandatory overtime provides for any emergency staffing. "Fill-in staff" are regularly used to provide for additional staffing due to call outs/vacations and or medical appointment or transportation needs.

All residents were in their Units, watching tv, playing video games, participating in "group", and playing basketball during the tour on Sunday afternoon, June 21, 2020. Because it was a weekend, there were no administrative staff working, only direct care staff. I saw appropriate staff to resident ratio in each of the 7 programs.

Prior to the onsite, I was provided logs of unannounced rounds conducted by both the Unit Directors and the Regional Program Director. Each of the seven programs has its own log. I reviewed additional logs during the onsite. 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 Unit Director that I interviewed for the UARs developed a spread sheet for the Secure Units' UARs that requires 4 rounds monthly including a midnight shift and a weekend. He assigns a Unit Director to a month. That Unit Director can conduct the round whenever they wish and must submit the documentation by the end of the month. It is reviewed by the Regional Program Director and is submitted to the Compliance Caseworker. The Regional Program Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. The Vice President of Residential Services and the Compliance Caseworker also conduct random unannounced rounds. I saw a video of an unannounced round being conducted by a Unit Director on a secure unit on 6-15-20 at 4:10 AM.

Presently, all units except Monastery Run have cameras and varying recording capability, approximately 30 days. The cameras are motion activated, so some Units fill up the DVR before others. The Agency has developed a protocol for Auditing the recordings. Each Unit Director must Audit a number of minutes from each shift, each month, and document it. The Regional Program Director, the Compliance Caseworker and the Vice President of Residential Services also are required to Audit a number of minutes on each shift and record it. This is a best practice.

All but the secure units have a "Guard Tour" system used during sleeping hours, that require staff to scan a chip every six to seven minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor. There is also a motion sensor camera/ mapping system, only used in multi-resident rooms during sleeping hours in Benet to aid in the supervision of the sex offender population. Any resident moving from their bed triggers the sensor. An alarm and a camera are activated at the staff desk. This is a best practice to aid in the supervision of this specialized population and to protect other residents from sexual abuse and/or sexual harassment.

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire
Adelphoi Zero Tolerance Policy
Adelphoi Policy: Search Procedures
Adelphoi Policy: Shower Procedures
Adelphoi Gender Variant Search Preference Form
Staff Training Curriculum
Staff Training Logs

Interviews:

PREA Manager/Supervisor
12 Random staff
16 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It along with Adelphoi Village policy prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents

state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner. There were no Transgender or Intersex residents in the population during the tour, however during the last Audit there was a Transgender girl who was interviewed. She stated she was given a choice as to who would search her. I saw the completed Gender Variant Search Form. Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the doorway of the bedroom areas. In the 4 group homes, the knock and announce posters are at the bottom of the steps leading to the second floor bedroom area. Staff are required to announce before ascending. Fourteen of the sixteen residents interviewed stated that staff always announce and gave examples of "female on the floor", "male on floor". Two residents stated that the staff "mostly or sometimes" do it. The twelve staff state that the opposite gender staff always announce. Male and female staff work on all units.

Residents in all units shower alone. The bathrooms in the residential units contain single showers with a curtain. Same sex staff conduct showers. In the secure units, residents shower two at a time with an empty stall in between them and staff supervision. Transgender and Intersex residents shower alone, one at a time, on all units. During the last Audit, I saw documentation for a resident who identified as Transgender that she was to shower alone at a time separate from the other residents. During the tour, I saw residents on the girls' secure Unit showering. One girl was in the shower and a staff was sitting at a desk outside the shower area. The resident changed her clothes in the shower room. I could not see her from the common area until she exited the shower room.

Three residents who identified as Bisexual and one resident who identified as a Lesbian stated during their interviews, that they are not discriminated against in any way including housing. Their documented housing confirmed this.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite gender according to interviews of both staff and residents.

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:

Pre-Audit Questionnaire
 Adelphoi Zero Tolerance Policy
 Spanish and English Reporting Posters
 Contract with Translator
 Spreadsheet of Residents with Disabilities and who are ESL

Interviews Conducted:

Adelphoi COO
 Twelve Random Staff
 Resident who was not English proficient
 Resident who has a speech impediment

During the tour, I saw all postings in Spanish and English. There is a contract with a translator, Voiance, that was provided. A student who did not speak English would probably not be admitted to Adelphoi, because they would not be able to participate in the required group and individual therapy. It is more likely that a parent would need the services of the translator. All Staff who were interviewed stated that they would utilize a translator or a bi-lingual staff to make a report of sexual abuse for a non-English proficient resident.

The COO stated that all reasonable accommodations would be made for a resident with a disability. He stated that they have a special ESL tutor for the one current resident who is not English proficient. He mentioned a previous resident who was provided with a Braille Machine. Adelphoi accepts residents with disabilities, both physical and mental on a case by case basis, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. Adelphoi would

probably not accept a child who was completely deaf. There is the capacity, through the Educational program, for all residents to receive PREA Education. The PREA policy requires these accommodations.

The admissions' staff who conduct the pre-admission interviews of both the juvenile and the probation officer/caseworker notifies the PREA Coordinator of any child with a disability or a need for ESL prior to arrival. The PREA Coordinator documents the accommodations that may or may not be needed. In addition, the PREA Coordinator will contact each unit's PREA Manager on a monthly basis to see whether or not a resident has disclosed any disability not identified during the Admission's process. The spreadsheet that she keeps documents both physical and intellectual disabilities and non- English proficient residents.

I interviewed two of the four residents who were identified as ESL or having a disability. One resident, who was not English proficient, states that he has a one on one ESL teacher. The teacher is working on improving his English reading and writing. She will help him with anything he needs. He states that it is only necessary to ask staff and others to speak slowly or to repeat.

The resident identified as having a speech disability stated that he does not want or need any accommodations. He states that as a child at home, he had a speech therapist, but no longer needs one.

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 who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations
 Pa. Department of Human Services Licensing and Inspection Summaries
 Pre- Audit Questionnaire

Pa. Child Protective Services Law
Adelphoi Zero Tolerance Policy
Files of 7 staff including three new hires and one who had been recently promoted.
File of 3 Contractors who have interaction with residents
Internal Memo to Purchasing

Interviews:

Human Resources Director
PREA Coordinator

The Adelphoi Village Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The Adelphoi policy requires a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application and in interviews. There is Zero Tolerance for this behavior when seeking a promotion within Adelphoi Village. The Pa. Child Protective Services Law requires these clearances prior to employment and all employee files are inspected during the annual licensing inspection as well as those of contractors and volunteers by Pa. DHS. I was provided with the most recent Annual Licensing Inspection and there have been no citations for non-compliance in this area. I checked the files of 7 staff, including three who had most recently been hired, and one who had been promoted within the past 12 months. All had the required clearances. The policy and the interview with the HR staff state that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every two years by Adelphoi Village. I saw timely re-checks in the 3 employee files that require them. The Pa. CPSL and the PREA standards require 5 year re-checks, so the Adelphoi policy is more stringent. I reviewed the files of the contracted Dentist and an Agency that delivers health education to the resident. The facility did not have them, but they were obtained and provided to me the same day. This has not been an issue during past Audits. A change in protocol requires the purchasing department to obtain and maintain these clearances as part of the contract process. Prior to the 45 day report, an internal memo was provided to me that directs the purchasing department to obtain and maintain all contractors' clearances as part of the contracting process. I interviewed the PREA Coordinator regarding this protocol. This is sufficient and appropriate corrective action.

This standard has been met. There is no need for further 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

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:

Pre- Audit Questionnaire
Sexual Abuse Incident Reviews
Facility Schematic

Interviews:

PREA Coordinator
PREA Manager/Unit Director
COO
Vice President of Residential Services

Both the tour of the facility and the interviews with the COO, Vice President of Residential Services, PREA Coordinator and the Unit Director/PREA Manager confirm that there have been upgrades to technology as follows: Cameras were installed in Loyalhanna, Benet, and Vincent as were Bedroom Motion Sensors.

The campus itself has undergone a remarkable renovation which includes a family/visitation center, a welcome/admissions' center, and walking trails around the campus.

All new construction as well as technology was pointed out to me during the facility tour.

The COO states that resident safety and security is the primary objective for any renovation and/or technological upgrade. The Agency is in the process of planning and constructing a fourth Secure Unit.

He states that they will using the existing secure design template but has incorporated design changes for safety and security. This includes more windows in the control room for line of sight, camera placement, and other changes.

The Vice President of Residential Services discussed the cameras in all buildings, the camera placement, recording capability, remote viewing and the Camera Audit Protocol which requires each Unit Director, their supervisor and the Compliance Caseworker to audit monthly a number of minutes on each shift and to document and submit. He is required to do this as well.

The PREA Manager stated that during a Sexual Incident Review of a Sexual Harassment allegation it was recommended that a camera needed to be installed in the stairwell at the school to prevent future incidents. This was done. Documentation of these recommendations and implementations was provided.

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

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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:

- Pre-Audit Questionnaire
- Adelphoi Village Zero Tolerance Policy
- MOU with Excelsa Health Latrobe
- MOU with the Blackburn Center (a PCAR)
- MOU with the Pa. State Police Greensburg
- SAIRs for incidents of Sexual Abuse and Sexual Harassment
- Resident Blackburn Acknowledgement of Services

Interviews:

- PREA Manager/Unit Director
- Nursing Director
- 12 Random Staff
- Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite
- Resident who reported Sexual Abuse

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Excelsa Health Latrobe to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Pa. State Police and their responsibilities are outlined in the MOU. There is a MOU with the Blackburn Center, a member of the Pennsylvania Coalition Against Rape (PCAR), to provide a victim advocate and to provide crisis intervention, emotional support, information and referrals.

I spoke to the Director of the Blackburn Center prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU. She stated that a Victim Advocate always responds to the hospital for a forensic exam.

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

The Nurse confirmed SAFE/SANEs at Excelsa Health System.

There was one resident who reported a sexual abuse still in placement. He stated that it was actually not Sexual Abuse and that it did not require any medical intervention. He didn't remember the incident clearly. It was classified as an unsubstantiated resident on resident sexual harassment. None of the incidents that were reported required a forensic medical exam. There is a new form that the residents sign acknowledging that they were offered Blackburn services and they accept or refuse. The resident who was interviewed declined these services and it was noted on this form. This is also notated on the SAIR form.

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 the policy 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

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Documents Reviewed:

Pre-Audit Questionnaire
Adelphoi Village PREA Zero Tolerance Policy
Pennsylvania Child Protective Services Law (CPSL)
Adelphoi Village website
MOU with the Pa. State Police
Reports of Sexual Harassment and Sexual Abuse Allegations
SAIR reports

Interviews:

Vice President of Residential Services

I interviewed the Vice President of Residential Services and reviewed the PREA Policy and the MOU with the Pa. State Police. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Vice President states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Pa. State Police and Pa. Child Line. Adelphoi Village staff do not investigate any allegation but report all of them. The contact information for the PREA Coordinator at Adelphoi Village is on the website. I was provided with and reviewed reports for the following incidents: two allegations of resident on resident sexual abuse; both unfounded. There was one allegation of resident on resident sexual harassment which was unsubstantiated. During the pre-audit an allegation of staff on resident sexual abuse was reported. While onsite, Pa. Child Line advised the agency that this allegation was unfounded. The three Sexual Abuse incidents were reported to Pa. State Police and Pa. Child Line. There were incident reports and documentation of the timely reporting and outcome. There was also a report that was received from a resident regarding a sexual abuse that occurred at another facility. This was reported to Pa. Child Line and to the Director of the other facility within 72 hours and documented. The Sexual Harassment allegation was Unsubstantiated and reported to Pa. Department of Human Services. It did not rise to the level of a Criminal action. The reports provided to me demonstrate compliance with this standard.

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:

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

Interviews:

PREA Coordinator
PREA Manager
Twelve Random Staff

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every other 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 7 random staff files to ensure training that is appropriate. All staff reviewed had received initial and refresher training. The staff sign off acknowledging receipt and review of the PREA Zero Tolerance Policy at Orientation. This acknowledgement is kept by HR in the employee file. I saw this receipt in each of the seven files. The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agency's policies and procedures. It also includes a separate LGBTI training. The twelve random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner with all residents, including those who may identify as LGBTI. All staff could tell me they received initial training and annual refresher training, as well as reviewing PREA policy in 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.

During the tour of the facility, I asked random staff on the units if they had received PREA education and they acknowledged that they had. While conducting interviews in the new Youth and Family Visitation Center, I asked the Activity Coordinator if she had received PREA training and she said yes and described what and when she received it.

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:

Pre-Audit Questionnaire
Adelphoi Village Zero Tolerance Policy
PREA Brochure for Contractors
Training Logs
Signed Training Acknowledgement of six Contracted Employees
Contractor Log

Interviews:

Six Contracted Employees from four Contracted Agencies

There are currently no volunteers at Adelphoi Village. There are 5 Agencies that have contracts to provide services to the Adelphoi residents on the main campus. There are 11 separate contractors who work for these agencies. This includes the Dentist and the Health Contractors who have interaction with the residents. They were unavailable for interview.

I interviewed four contracted employees, including two plumbers, a Pharmacy employee, a Fire Suppression employee, and a husband and wife team who install blinds and window treatments. None have direct contact with the residents. They all had received the contractor pamphlet, signed off on it and could tell me who they would report to. They all stated that when in a unit they had an Adelphoi employee with them and that they would report to the Facilities' Director if they became aware of anything that violated the Zero Tolerance Policy. I saw the signed contractor training acknowledgements for each of the four contracted agencies.

The facility did not have signed PREA acknowledgements for all of the contracted employees. The Purchasing department is responsible for obtaining these signed acknowledgements for new contractors. A memo was submitted outlining a new protocol for the Purchasing department. This included obtaining educational acknowledgements.

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

Corrective Action:

The facility will obtain signed PREA acknowledgements for all contractors and submit them to the PREA Auditor.

Subsequent to the Interim report, the agency submitted an amended contractor log for the main campus and signed PREA Educational Acknowledgements for each of the contractors.

This documentation satisfies the plan of corrective action.

This standard has been met.

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 the comprehensive education referenced in 115.333(b)?
 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:

Pre-Audit Questionnaire
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
9 Resident Files (7 active and 2 discharges)

Interviews:

Staff person who performs Intake and 10 day Education as part of the Admissions process
16 random residents
PREA Manager

Adelphoi Village conducts all education at the main campus as part of the Admission process before the resident is placed in any Unit, except the Secure programs. I interviewed an Admission's staff. As part of Intake, the new resident views the PREA video, "Safeguarding Your Sexual Safety: A PREA Orientation Video, describing sexual abuse and sexual harassment and how to report, including a hotline. The staff person states that after the video, she asks the residents if they have any questions and she tells them about the Blackburn Center. She has them sign an acknowledgement. She showed me the room where the video is viewed and the PREA Posting above the computer. This is in the new Welcome/Admissions' Center. The entire Intake process takes place here and PREA education is part of it.

If a resident is transferred after hours on a long holiday weekend the video can be viewed at the individual unit. Since the middle of March 2020, due to the Covid restrictions, all Intakes were taking place on the Units. The Intake process will return to the Welcome Center when the restrictions allow it. I saw signed acknowledgement of timely education in all 7 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. This documentation is contained in the Electronic Health Record. The PREA Coordinator and Compliance Caseworker assisted me in accessing it. All education was done in a timely fashion. There are reporting posters and PREA informational posters in Spanish and English throughout the facility including the gym and Visitor Center.

All residents who were interviewed could tell me that they received education upon admission and again at transfer. Therefore, many residents had PREA education several times. Groups that are

conducted sometimes include PREA information according to one resident during the interview. Most residents could also tell me about services offered outside of the facility at the Blackburn Center. 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

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. There are no investigators at this facility. The Supervisors of each program take an Investigator's course to facilitate investigations with the police and Pa. Child Line. By law the staff cannot conduct nor interfere with an investigation. They can conduct a minimal facts interview for reporting purposes and to implement a Safety Plan. Administrative investigations are conducted after the fact as part of the Sexual Abuse Incident Review.

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

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any

full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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:

Pre-Audit Questionnaire

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

Interviews:

Nurse
Master's Level Mental Health Caseworker

This facility does not perform any forensic medical examinations. These are conducted at Excelsa Health Latrobe by SAFE/SANEs and there is an MOU with the Hospital. I interviewed the Nursing Director and I also interviewed a Master's Level Mental Health Caseworker. Both have completed the online NIC PREA Training and the PREA training for all staff at Adelphoi. They both received Mandated Reporter training and would report to Child Line and their immediate supervisor as well as document any allegation of abuse. The Mental Health Caseworker has received extensive training through her education and because she assesses and treats sex offenders. Both state that forensic examinations are not conducted at Adelphoi and that they both have received training on the protection of forensic evidence. They both received training regarding the sexual abuse of juvenile victims.

I reviewed a log of completion for the NIC PREA online course for all Medical and Mental Health employees. They were also on the employee training log for having completed the education that all employees receive. There are two Mental Health Caseworkers assigned to two different Sex Offender treatment Units on the Main Campus. However, they can and do offer services to the other programs both on and off the Main Campus.

The Nursing Director states that there are currently 2 full time nurses, 1 part time nurse, a part time school nurse and a fill in nurse. They are all RNs. They conduct sick calls and are on-call nurses. All physicals and Mental health services are received at the Medical/Mental Health Clinic leased by PHN on the Main Campus.

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: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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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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:

- Pre-Audit Questionnaire
- Adelphoi Village PREA Zero Tolerance Policy
- Vulnerability Assessment Instrument
- Completed Vulnerability Assessment Instruments for 9 Residents (7 Active, 2 discharges)
- Gender Variant Search Form

Interviews:

- PREA Coordinator
- PREA Manager
- Clinical Coordinator who completes Vulnerability Assessment

The Vulnerability Assessment Instrument is a commonly used one from New Zealand 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. It has been adapted for use at Adelphoi.

The staff who administer the instrument are the Clinical Coordinators from each individual program. I interviewed the Clinical Coordinator from Benet and she takes into account the Intake packet, conversations with parents, probation officers and caseworkers, court reports, transfer summaries from other facilities which may include Psychiatric and psychological exams and any other information that may accompany the child. She uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident, but primarily asks the questions directly from the instrument, because it requires a response.

All completed VAIs are part of the electronic health record and have restricted access. Only the staff from each program and administrative staff have access to these electronic files. All other staff must be granted access by the EHR administrator.

I reviewed the electronic files of 9 residents, including two discharges with the PREA Coordinator and the Compliance Caseworker. I chose two files randomly from those admitted during the past 12 months and randomly reviewed the active files of seven residents that were interviewed. All had timely administration of the VAI. Six of the 9 files reviewed required 6 month re-assessments and were conducted in a timely fashion. Any time a resident makes an allegation of sexual abuse or sexual harassment an additional Risk Assessment is conducted. These were provided to me for the residents who reported.

Sixteen residents were interviewed and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse at Adelphoi. Not all remembered being asked all these questions, but a check of their files showed that they had. Five of the six residents who had six month re-assessment remembered being asked those questions again. One resident says he is asked every 3-4 months. Another resident stated he is asked this all the time in PTSD group.

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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) 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? (N/A if the facility *never* places residents in isolation for any reason.)
 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:

Pre-Audit Questionnaire
 Adelphoi Village PREA Zero Tolerance Policy
 Pa. Department of Human Services 3800 Child Care Regulations
 Adelphoi Village Shower Policy
 Vulnerability Assessments of 9 residents (7 active, 2 discharges), Electronic Health Record

Interviews:

PREA Coordinator
 PREA Manager/Unit Director
 Clinical Coordinator who conducts Risk Screening
 Five residents who identified as LGBTI

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

I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed these single rooms and also the bathrooms that have single shower stalls with curtains. There are single bathrooms with a sink and a toilet and a door that closes in all but the secure units.

Residents are also assigned seating in the cafeteria based on the assessment, the classroom, in the van, and where they sit on the couches in the common areas and in what order they line up.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The residents' own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were 16 residents who identified as LGBTI in the population; four residents identified as bi-sexual and one resident identified as a Lesbian. I interviewed all four and they stated they were not discriminated against in any way and did not receive specialty housing due to this identification. There were no Transgender or Intersex residents in the current population, nor have there been for the past 12 months.

I reviewed the files of 9 residents (7 active and 2 discharges). The resident files were part of the Electronic Health record. All risk based housing recommendations are recorded on the instrument itself. The Main Campus has four sex offender programs and because of their charges, all residents are identified as sexually aggressive. I saw the room or rooms in each unit where aggressive and/ or vulnerable residents can be housed. In the secure units, they also have assigned seating in the classrooms, dining area and on the sofas/couches. The residents in the other programs have assigned seating in the cafeteria and in the classrooms of the on-campus charter school.

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

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

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:

Pre-Audit Questionnaire
Adelphoi Village PREA Zero Tolerance Policy
Adelphoi Village Grievance Policy
Telephone Policy
Visiting Policy
Pa.Child Protective Services Law
Pa. Bureau of Human Services 3800 Child Care Regulations
Resident Rights' Form
MOU with the Blackburn Center
SAIR Reports of Sexual Abuse and Sexual Harassment Incidents

Interviews:

PREA Coordinator
PREA Compliance Manager
Vice President of Residential Services
Director of the Blackburn Center, a PCAR (by phone, prior to Audit)
Twelve Random Staff
Sixteen Random Residents
Resident who reported Sexual Harassment

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

at least two ways a report could be made and most were able to tell me many ways a report could be made.

The primary reporting mechanism is to an outside agency the Blackburn Center. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility, anonymously if requested. Prior to the onsite I did a telephone interview with the Director of the Blackburn Center and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the staff offices. It has a designated button that goes directly to the Blackburn Center. I tested these phones randomly in three buildings while on the tour. In the other 4 units, residents volunteered and showed me how the Speed Dial to Blackburn works. The residents can also call Child Line and the staff must call Child Line as mandated reporters. The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS.

Residents can call home at least twice a week and some residents can call home every day based on levels according to resident interviews. Prior to the Covid restrictions, residents could receive visits from parents and grandparents once a week on the weekend and special accommodations can be made for parents who live far away. The parents can be provided with bus or train tickets, gas cards and hotel lodging if needed. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirmed they received them prior to the pandemic. During the Covid restrictions, because visitation was restricted, both the staff and residents stated they could receive and make more phone calls including Skype calls. I saw some family visits outside in a picnic pavilion while on the onsite. Limited family visitation was resuming on June 27, 2020. I spoke to the acting director of Pa. DHS and she stated that all visiting to facilities under the Pa. 3800 regulations was restricted even to professional visitors. She stated that her staff would only enter a facility to investigate a child abuse. This restriction would be relaxed as Pa. entered the different phases of reopening.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues. The residents in all but the secure units have access to writing implements in their rooms because they journal as part of their treatment. The PREA Manager stated that they were flexible pencils for safety reasons. While on the tour, I saw writing implements on the unit.

The one allegation of resident on resident sexual abuse was reported by the perpetrator to his therapist. The other allegation of resident on resident sexual abuse was reported by the victim to another resident who reported it to staff. The staff on resident unfounded sexual abuse was reported by the resident verbally to staff. The allegation of sexual harassment was reported by the victim by way of a note that he gave to another resident and asked that resident to deliver it to a specific staff person. When I interviewed the resident regarding the resident on resident sexual harassment, he could not recall having written a note, although it was provided to me as part of the record. He was unable to recollect much about this incident.

All four incidents were reported immediately and then documented.

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

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:

Pre-Audit Questionnaire
 Adelphoi Village PREA Policy
 Adelphoi Village Grievance Policy
 Pa. Department of Human Services 3800 Child Care Regulations
 Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summaries
 Child's Rights' Form
 Grievance Form
 Files of 9 residents (7 Active, 2 discharges)

Interviews Conducted:

PREA Manager/Unit Director

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

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

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

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

Standard 115.353: Resident access to outside confidential support services 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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:

Pre-Audit Questionnaire
 Adelphoi Village PREA Policy
 Visiting Policy
 Telephone Policy
 Spanish and English Posters for the Blackburn Center
 Resident Handbooks
 MOU with the Blackburn Center, a member of the Pa. Coalition Against Rape (PCAR)
 Blackburn Acknowledgement Form

Interviews:

PREA Coordinator
 PREA Manager/Unit Director
 Sixteen Random residents
 Blackburn Center Director (by phone prior to onsite)

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

telephone prior to the Audit to confirm the services offered in the MOU. Blackburn Center always provides a Victim Advocate that will meet the Victim at the Hospital if need be. When a Victim reports an allegation to a staff person, he/she is offered Blackburn Services at the same time he/she is offered Medical and Mental Health Services. There is a form that documents this offer and the child signs, either accepting or refusing services. Most residents were able to tell me about the counseling services offered through Blackburn because they stated they had used them before or a family member had. The residents who were interviewed state that they can make and receive phone calls at least once a week, but depending on level, every day. Visiting by parents/grandparents/guardians is once a week and accommodations are made for those who live far away or can't afford to visit by providing bus and train tickets, gas cards and hotel arrangements.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient.

Due to the Covid 19 pandemic restrictions, there have been no visits, but they will be resuming June 27 and will be outside and by appointment. However, telephone calls to parents, guardians, etc have been increased to daily and Skype calls have been utilized as frequently as possible.

Six of the residents stated that they had received calls or visits from their Public Defender/lawyer.

Those who had not received calls or visits stated that they had no need to call, but could if they wanted to. Several residents receive monthly visits from their Probation Office or Caseworker.

This standard has been met and requires no 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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
Adelphoi Village website

There are Spanish and English Reporting Posters throughout the facility and in each visiting area. The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified and it is also posted in the facility in the area where parents and guardians visit. I saw these postings in the individual Units and also in the new Youth and Family Visiting Center.

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 an 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? Yes No
- 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:

Pre-Audit Questionnaire
 Adelphoi Village PREA Policy
 Pa. Child Protective Services Law
 Training Logs
 Pa. Department of Human Services 3800 Residential Child Care Regulations
 Documentation of Sexual Abuse and Harassment Allegations

Interviews:

Adelphoi Village Vice President of Residential Services
PREA Manager/Unit Director Vincent
Twelve Random Staff
Nurse
Mental Health Caseworker

There have been four allegations of Sexual Abuse or Sexual Harassment at the programs on the main campus in the past 12 months. Three were Unfounded and one was Unsubstantiated. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also would document any report.

The Unit Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Supervisor states that if there is an attorney of record they would also be notified and if there was a court order prohibiting a parent from being notified, they would contact a guardian. I reviewed copies of this HCSIS report for these incidents. HCSIS is an acronym used by Pa. DHS for a mandated notification system of the above. All reports were made in a timely fashion.

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

Standard 115.362: Agency protection duties

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:

Pre- Audit Questionnaire
Adelphoi Village PREA Zero Tolerance policy

Interviews:

Vice President of Residential Services
PREA Manager/ Unit Director
Twelve Random staff

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

After reviewing the policy and interviewing the 12 random staff, the PREA Manager and Vice President of Residential Services, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. The staff who were interviewed stated they would act immediately or as soon as possible and separate that child from the threat or perceived threat and implement a safety plan that could include a room change, or unit change for either resident. Increased supervision would also be included in the Safety plan.

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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Documentation of report to other Agency
Log of all reports to other Agencies

Interviews:

Adelphoi COO
Vice President of Residential Services

The policy clearly states that if a resident reports a sexual abuse that occurred at another facility to an Adelphoi Village staff person, it will be reported to Child Line and documented. The Vice President of Residential Services or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours. I saw documentation of the one report that was made within the past 12 months, as well as a log of all such reports since 2014. The notification to the other facility was completed the same day.

If a report is made at another facility regarding an allegation against Adelphoi staff, it will be reported to the Vice President of Residential Services who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, caseworkers, will also be notified within 24 hours. There were no reports from other facilities regarding sexual abuse at Adelphoi in the past 12 months.

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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
Employee Training Curricula
Postings in Staff Offices

Interviews:

Twelve Random Staff

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

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

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

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

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Pre-Audit Questionnaire
Adelphoi Village PREA policy
Coordinated plan posting in staff offices

Interviews:

COO
Vice President of Residential Services

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The incidents that were reported were reported after the fact. The Coordinated Response policy is posted in the staff office. The Vice President of Residential services stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice. He stated that there is a Sexual Abuse Checklist that is a step by step coordinated response of who to contact in what order.

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

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Documents Reviewed:

Pre-Audit Questionnaire
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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? 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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
Sexual Abuse Incident Review Report
Retaliation Monitoring Form
Documentation of Retaliation Monitoring for Allegations

Interviews:

PREA Manager/Unit Director for Monastery Run

There was one Unsubstantiated incident of a resident reporting sexual harassment against another resident. There were two Unfounded Resident on Resident Sexual Abuse Allegations. In one case, the incident was reported nearly 6 months after the alleged incident and the victim had been discharged, so there was no retaliation monitoring. In another case, the resident was removed by his probation officer immediately. In the third case, retaliation monitoring did take place for several months until the resident was discharged. All this was documented. There was one unfounded Staff on Resident Sexual Abuse allegation. A retaliation log was started, however the resident was discharged and transferred to another facility the day after the report. Her retaliation monitoring continued at the Adelphoi program where she was transferred. The safety plan for a resident may include room changes or increased supervision and it always includes monitoring for retaliation.

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation is the Unit Director/PREA Manager. He states that anytime there is an incident, there is a "Red Flag Meeting" where the staff discuss the safety of the resident, this would include retaliation. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact him immediately. He would also do a status check weekly if needed and would do so for length of stay, which may exceed the 90 day requirement in policy. He monitors behavioral changes in residents, including changes in behavior,

such as withdrawing from the group, depression or self harm. He would monitor staff absenteeism, work performances and any mistreatment by other staff. He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, unit, or program. Any such incident requires a Safety Plan. In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action. All Unit Directors received training regarding retaliation monitoring within the past 12 months as part of a plan of correction from another PREA Audit. Part of the training included the introduction of a monitoring log and editing the SAIR form to include documentation of retaliation. After reviewing policy and documentation and interviewing the Unit Director, I believe this standard has been met. There is no need for corrective action.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Pre- Audit Questionnaire
Adelphoi Village PREA Policy

Interviews:

Vice President of Adelphoi Residential Services

This standard does not apply. There is no use of isolation. It is prohibited by the Adelphoi policy and the Pa. 3800 Child Care Regulations.

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
MOU with the Pa. State Police
Pa. Child Protective Services Law

Interviews:

PREA Coordinator
PREA Manager/Unit Director

There have been two unfounded reports of resident on resident sexual abuse, both investigated by the Pa. State Police. There has been one unsubstantiated resident on resident sexual harassment report within the past twelve months, that did not rise to a criminal level. Pa. Department of Human Services was notified. The unfounded staff on resident sexual abuse was investigated by the Pa. State Police and Pa. DHS. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has an MOU.

The agency has provided investigation training for some staff to aid them in understanding investigations, but they do NOT conduct investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the PREA Manager/Unit Director state that they have good communication with the Pa. State Police. The Vice President of Residential Services and the Compliance Caseworker are tasked with contacting the Pa. State Police and Pa. Child Line to be kept abreast of the situation. While

I was onsite, the Compliance Caseworker contacted Pa. DHS and was advised that the Staff on Resident Sexual Abuse that had just been reported was Unfounded. The Police had not yet contacted the Agency.

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

All reports of the above allegations were provided to the Auditor. Pa. Child Line and the Pa. State Police were contacted as required.

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

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

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy

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

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

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre- Audit Questionnaire
Adelphoi Village PREA Policy
Pa. Department of Human Services 3800 Child Care Regulations
Documentation of Notification

Interviews:

Vice President of Residential Services

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

is documented on the HCSIS form. HCSIS is a report required by the Pa. DHS that documents notification of involved parties of both the incident and the steps taken to protect the victim. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved the facility would notify the resident and parent and would document the notification.

The sexual incident review report documents the notification of the resident as to the status of the investigation. I saw documented notifications of residents on the Sexual Abuse Incident Review.

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

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

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:

- Pre- Audit Questionnaire
- Adelphoi Village PREA Policy
- Pa. Child Protective Services Law
- Termination Report

There were no incidents within the past twelve months that required staff discipline for sexual abuse or sexual harassment. However, one staff was terminated after the administrative review of an Unfounded Staff on Resident Sexual Abuse. The Pa. State Police and Pa. Child Line unfounded the allegation, but the Adelphoi Administrative Review found that the staff had violated Adelphoi policy regarding boundary issues. Although suspended throughout the investigation, he was ultimately terminated. A termination report was provided to the Auditor. 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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy
Pa. Child Protective Services Law

Interviews:

Vice President of Residential Services

There have been no incidents of this nature in the past twelve months. There were no volunteers at Adelphoi at the time of the Audit. Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Vice President of Residential Services states that he has not had to experience this but would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. He also states he would contact the contractor or volunteer's agency and, if necessary, licensing agency.

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)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

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

Interviews:

Vice President of Residential Services
 Nurse
 Mental Health Caseworker

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

Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL. There is no indication based on staff and resident interviews as well as file review that any residents were disciplined for reporting the unfounded reports. These unfounded allegations become a therapy issue.

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

The Vice President of Residential Services states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed by regulation and

he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

Both the Nurse and the Mental Health Caseworker state that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed to Adelphoi for therapy and may be removed by the committing agency if they refuse to participate.

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

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:

- Pre-Audit Questionnaire
- Adelphoi Village PREA Policy
- Vulnerability Assessment Instrument
- Logs of all Admissions for 6-1-19 thru 6-1-20
- Secondary Medical Documentation kept electronically
- Files of 9 residents (7 active, 2 discharges)

Interviews:

- Clinical Coordinator who administers Risk Assessment
- Unit Director
- Nurse
- Mental Health Caseworker
- 9 Residents who disclosed Prior Sexual Abuse

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. The policy and practice requires the staff who administers the risk assessment to notify Medical and/or Mental Health of the need for a follow up. This is documented on the VAI, which is kept in the Electronic Health Record. If a resident refuses, there is a signed declination on the Risk Assessment.

In the current population, 39 residents were identified as having disclosed a previous sexual abuse and 9 were interviewed. Five declined Medical or Mental Health follow up, and the 4 other residents stated they did see a counselor within 14 days and are currently in treatment. The file of the one resident who stated he refused Mental Health Treatment showed that he accepted and received it within 14 days. The 55 residents in the four sex offender treatment programs were identified as perpetrators and all are receiving treatment and received an assessment in a timely manner.

The 7 active files and the files of the two discharged residents show either documented refusals or treatment received within 14 days.

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

All residents receive a physical within 72 hours of admission.

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

Standard 115.382: Access to emergency medical and mental health services

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

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Documents Reviewed:

Pre- Audit Questionnaire

Adelphoi Village PREA Policy
MOU with Excelsa Health Latrobe
Documentation of Sexual Abuse and Sexual Harassment allegations

Interviews:

- Nurse
- Master's Level Mental Health Caseworker
- Twelve Random Staff
- Resident who reported a sexual abuse

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

Six of these programs are male and one program is female and all residents are offered STD testing and follow up at admission and at any time throughout their stay. A female resident would be offered all legal pregnancy related services at an outside Medical Agency. The Mental Health Caseworker stated she would coordinate these appointments. Interviews with the Nurse and the Mental Health Caseworker confirmed the policy.

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

One resident who reported an incident of sexual abuse that became an unsubstantiated sexual harassment was offered Medical and Mental Health services as well as Blackburn services. He declined all services and he signed off on this. I was provided with documentation of this. There was no need for a forensic examination.

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

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

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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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:

Pre-Audit Questionnaire
Adelphoi Village PREA Policy

Interviews:

Nurse
Mental Health Caseworker
Resident who reported a sexual abuse

Adelphoi Village is a residential treatment facility and four of the programs on the main campus are for juvenile sex offenders. Residents are committed here by their respective Juvenile Courts for treatment. All residents receive individual and group therapy weekly. Residents also participate in cognitive groups. Many residents see a psychiatrist for regular medication evaluations. Staff receive specialized training to supervise this population. There are two Masters' Level Mental Health Therapists assigned to two separate Main Campus Units: Middle Creek I and Vincent.

The two Medical staff who were interviewed both stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.

All residents are offered STD testing. All female residents are offered pregnancy testing and would be offered immediate pregnancy related services if needed at an outside clinic. The MH Caseworker would coordinate these appointments.

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

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre- Audit Questionnaire
Adelphoi Village PREA Policy
Sexual Abuse Incident Review Reports

Interviews:

Vice President of Residential Services
Unit Director/PREA Coordinator
Compliance Caseworker who is a Member of the Sexual Incident Review Team

There has been one incident within the past twelve months that has required an incident review but all incidents are reviewed. This is a best practice. The Compliance Caseworker schedules the reviews on a monthly basis. 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, Vice President, Regional Program Director, Medical, Mental Health and the Facilities Director with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. In some cases, the team will review pictures or a video of the physical plant during the review so that the whole team can examine that area. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator. The Compliance Caseworker and the Unit Director write the report. The recommendation would be followed or the reason for not doing so would be documented. One such review resulted in identifying an area in the school stairwell where a camera should be deployed. The camera installation was completed and documented.

The Sexual Abuse Incident Review Form has been edited and updated several times and includes documentation for Blackburn services, Medical and Mental Health services, resident notification and retaliation monitoring. It is an excellent information summary.

This standard has been exceeded. 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

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:

Pre- Audit Questionnaire
 Adelphoi Village PREA Policy
 Adelphoi Village PREA Annual Report 2019

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 PREA Coordinator is responsible for collecting data and aggregating it. The PREA Managers are not responsible for this. Data is collected using information from reports and any other resources. The Sexual Abuse Incident reports are a primary source of data for any incident.

Data from the risk assessments are also collected and reviewed, although not used in the Annual report. The PREA Coordinator stated that she looks at overrides by supervisors on the VAs to improve training of staff to better prevent incidents from happening. The DOJ has requested information in the past, which included an onsite survey in 2018, but not in 2019.

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

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:

Pre- Audit Questionnaire
Adelphoi Village PREA Policy
PREA Annual Report 2019
Adelphoi Village website

Interviews:

PREA Coordinator
Supervisor/PREA Manager

There is an Annual PREA Report for 2019 posted on the website. The PREA Final Audit reports for each facility are posted on the site in their entirety. The PREA Coordinator states she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 22 programs. The reports will compare data from year to year and will discuss the facilities efforts at prevention, detection, and response. Corrective action is immediate and ongoing through the SAIR process and is compiled at the end of the year for the report. All personal identifiers for residents and staff would be removed and noted. This standard has been met. No corrective action is needed.

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

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:

- Pre-Audit Questionnaire
- Adelphoi Village PREA policy
- Annual PREA Report 2019
- Adelphoi Village website

Interviews:

- PREA Coordinator
- COO

The Annual report is for the Agency is posted on the website. 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 an Annual PREA Report for 2019. The website contains the PREA Re-Audit of the Main Campus from 2017 and from all other Adelphoi facilities conducted in 2017, 2018 and 2019. These reports, that note all allegations and outcomes as well as the plans for corrective action, are posted in their entirety. The policy states that all records will be retained for ten years. The PREA Coordinator keeps all records and reports securely. She states that she receives a data dump on an encrypted machine. Only she and the Compliance Caseworker have access to this information. The COO approves all reports and they are submitted to the CEO and the Board of Directors before being published on the website.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Adelphoi Village currently operates 22 programs that are licensed by the Pa. Department of Human Services. Adelphoi has had PREA Audits of all its facilities starting in 2014 during the first year of the first PREA cycle. All facilities were re-audited during the second cycle. This Audit of the Main Campus is the third Audit of this facility being conducted in the first year of the third year cycle.

Adelphoi ensures that at least one third of its facilities are Audited in each year of the cycle. All Final Reports are posted on the Agency website until replaced by a new Audit report.

The Auditor had access to all areas of the facility during the tour on June 21, 2020. Due to Covid restrictions, some buildings had been closed and completely sanitized in March and could not be accessed. No staff or residents have used these buildings since this time. I toured these buildings: the school, cafeteria, and vo-tech during previous Audits.

The Auditor was provided with all requested documentation and was aided by the PREA Coordinator and the Compliance Caseworker in her review of the Electronic Health Records. The Auditor was able to view the recording of the Random Unannounced Round she selected.

The Audit was posted on 5-11-20 and pictures of the posting were sent to the Auditor by email on this date. They were still posted and observed by the Auditor during the tour on June 21, 2020. The Auditor did not receive any mail or communication as a result of this posting.

The Auditor conducted private interviews of both staff and residents in a private conference room in the Administration building with the door closed and in a private room with the door closed in the Secure Units.

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. The review period is for prior audits completed during the past

three years PRECEDING THIS AGENCY AUDIT. 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

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.

The Final PREA Report for each Adelphoi Facility is posted on the website within 14 days of its receipt. All Final Reports remain posted on the website until replaced by a current Audit report. The Auditor is advised when the report has been posted and then visits the website to verify this. Prior to this Audit, the Auditor verified that 12 separate Facility reports were posted on the website as was the 2019 Annual PREA report. This standard has been met. There is no need for corrective action.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Maureen G. Raquet

August 27, 2020

Auditor Signature

Date

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

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