

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

Interim       Final

Date of Report    October 29, 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: 25

## Facility Information

**Name of Facility:** Raphael Intensive Treatment Unit

**Physical Address:** 1114 Main Street

**City, State, Zip:** Latrobe, Pa. 15650

**Mailing Address (if different from above):**  
1119 Village Way

**City, State, Zip:** Latrobe, 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:** Michelle Sheffield

**Email:** michelle.sheffield@adelpjoi.org

**Telephone:** 724-53700370

### Facility PREA Compliance Manager

**Name:** Michelle Sheffield

**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:	15	
Current Population of Facility:	12	
Average daily population for the past 12 months:	13	
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 checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	12-18	
Average length of stay or time under supervision	180 days	
Facility security levels/resident custody levels	Residential Group Home/Intensive Supervision	
Number of residents admitted to facility during the past 12 months	18	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	18	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i> :	17	
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><b>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):</b></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: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	12	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	

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
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></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>	1
<p><b>Number of resident housing units:</b></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>	1
Number of single resident cells, rooms, or other enclosures:	3
Number of multiple occupancy cells, rooms, or other enclosures:	4
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 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 type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<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: <a href="#">Click or tap here to enter text.</a> )

## Investigations

### Criminal Investigations

<b>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:</b>	0
<b>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.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<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

<b>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?</b>	0
<b>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</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<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 Raphael Intensive Treatment Unit 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. Rapahel was initially audited during the second year of the first PREA cycle in June 2015 and was found to be in full compliance on July 28, 2015. The second Audit was conducted in May 2017, the first year of the second three year cycle and Raphael was found to be fully compliant on September 20, 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 14, 2020, I received a flash drive with the completed Pre-Audit Questionnaire and other 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 with a tour of the facility on Sunday, August 21, 2020. There was no new construction but cameras had been installed since the last Audit. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in 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 on all phones and is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. I requested a volunteer to show me how the phone worked. A young man volunteered and took me to the staff office where he said he would push the dedicated button and once he did that, staff would leave the room so he could talk in private. The phone call went directly to the Blackburn Center Hotline and a live person answered. 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 no allegations of sexual abuse or sexual harassment at Raphael in the past 12 months.

Residents at Raphael were present in the living unit during the tour. They were seated at small tables in the dining room and were preparing to eat dinner. Two boys were serving the meal. There were 12 residents and three staff in the dining room. Prior to the Covid restrictions, the residents would be transported to the main campus, where they would eat all their meals in the cafeteria and attend school at the Robert Ketterer Charter School, which was closed during the Audit.

There were postings next to the doorways leading to the second floor bedroom areas directing the opposite gender staff to announce themselves. Both male and female staff work in all 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, including weekends.

The Welcome/Admissions center, the Youth and Family Visitation Center and the gym/multipurpose building on the Main Campus were also toured because the students from Raphael utilize them. They all had postings for the upcoming Audit as well as PREA reporting posters.

All residents receive Physicals and Mental Health Screenings and treatment in the health building on the main campus. This building is owned by Adelphi but leased to PHN, who provides these services to not only the Adelphi residents but to the community. This is a private medical clinic. All health records are kept as part of the Electronic Health Record and have restricted access.

On Monday, June 22, prior to the start of interviews, I met with both the PREA Coordinator and the Compliance Caseworker to review the expectations for the Audit and to update the timeline, agenda and resident census.

Interviews of both Raphael staff and residents were conducted in a private conference room in the Administration building across from the school and in a private outside area (due to Covid restrictions) on the front porch of Raphael on June 22 through June 26, 2020.

The following staff and residents were interviewed:

Chief Operations Officer

Vice President of Residential Services

PREA Coordinator

Compliance Caseworker who is part of the Sexual Abuse Incident Review Team

Regional Program Director who conducts Random Unannounced Rounds

Unit Director/PREA Manager who monitors retaliation and conducts Unannounced Rounds

Clinical Coordinator who administers the Risk Assessment

Human Resources Director

Director of Nursing

Mental Health Therapist

Administrative staff who conducts Intake Education

Four contractors

There are no Volunteers

10 Residents

And 10 staff from all shifts

Staff are full time and work rotating first and second shifts with rotating days off. Third Shift staff work permanent midnights with rotating days off. Agency "fill-in" staff can be utilized to fill staff vacancies to meet ratio. A roster of the 12 staff was provided to me three days prior to the onsite portion of the Audit. Two staff were not available to be interviewed. The remaining 10 staff, including the Unit Director, Clinical Coordinator and third shift staff were interviewed. There are no Unions or bargaining units at Adelphi Village. I was provided with a Contractor Log of 5 agencies and 11 separate contractors who have interaction with residents. They were unavailable for interview. I interviewed 6 contractors from 4 businesses who have received PREA education, but are never alone with residents.

I was provided with a census of the 12 Raphael residents, three days prior to the onsite Audit. The census included all residents that identified as LGBTI (1), who disclosed a prior sexual abuse (3), who were disabled or non-English speaking (0) or who were identified as Sexually aggressive (12) or Sexually Vulnerable (6). There were no residents who had reported a sexual abuse that occurred at Adelphi. Of the 12 total residents, ten were interviewed. That represents 83% of the residents. Raphael is a sex offender treatment program, so all residents are identified as Sexually Aggressive due to their charges, but many have completed treatment in other programs before being transferred to Raphael. I interviewed the one LGBTI resident who identified as bi-sexual and the three residents who disclosed a prior sexual abuse.

I reviewed the files of 7 staff for required documentation including two hired within the past 12 months. There have been no promotions at Raphael within the last 12 months. I reviewed the electronic files of 11 residents: 9 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 10 active files were from those of the residents that were interviewed.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment as mentioned above: The Blackburn phone, "PREA Hotline". Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for the Blackburn Center were posted throughout the facility in both Spanish and English. 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 and visits (prior to Covid restrictions). Attorneys, Probation Officers and Caseworkers can call or visit at any time. 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 Excela Health Latrobe for Forensic Examinations, conducted by a SAFE/SANE, and an MOU with the Pennsylvania State Police, Greensburg, who conduct Criminal Investigations. Pa. Child Line also conducts investigations.

At the conclusion of the onsite portion of the Audit an Exit interview was held with the following staff on Friday, June 26, 2020: Adelphoi COO and Adelphoi Vice President of Residential services, by conference call, the PREA Coordinator, Compliance Caseworker, and Human Resources Director in person. The preliminary results of the Audit were discussed as were plans for corrective action.

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 to this facility aids in the supervision of the residents. The culture of sexual safety and awareness is ingrained in the facility.

There are Unit Directors/PREA Managers for each program. The Raphael Unit Director/PREA Manager was the director of another Unit during the last two Audits. She is committed to ensuring that her staff and residents follow procedure. Random unannounced rounds are conducted on all shifts and documented by both the Unit Director and her supervisor, the Regional Program Director. I observed a video recording of a random unannounced round that occurred on 5-27-20 at 6:30 AM. The Unit Director also monitors retaliation in her 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 Excela Health Latrobe for Forensic Medical Examinations for Residents conducted by SAFE/SANEs 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. However, during the pandemic time period, all education was being conducted in the individual units. There are informational postings throughout the facility to act as ongoing education for both residents and staff.

The Clinical Coordinator conducts the Risk Assessment within 72 hours of Intake. The initial Vulnerability Assessments, except for one out of the 11 resident files that were reviewed and the resultant medical follow ups were all done in a timely fashion. This information is contained in the Electronic Health Record which also includes the documentation of risk based housing. Two six month re-assessments were not conducted per Adelphi PREA policy and one was later than six months. The risk based housing documentation was insufficient or not completed in 4 of the 11 files checked. The PREA Coordinator reviewed these electronic records with me.

All 7 staff files that were reviewed were complete for both education/training, child abuse and criminal history clearances. Two of the staff were new hires and they had all required clearances prior to hire. Five staff who required rechecks had them in their files.

The medical contractors had documentation of education, but did not have their child abuse and criminal history clearances. They were obtained and provided for me within a day. Prior to the 45 day Interim report, a memo with a directive to the purchasing department was provided to me. It requires the purchasing department to obtain and maintain the required clearances for the contractors who have interaction with the residents prior to approving the contract. However, the facility did not have signed PREA education acknowledgements for some of these contractors. This will be part of the plan of correction.

Three standards as noted below have been exceeded. Three standards require corrective action. The remaining 37 Standards have been met. All policy and procedure meet the Standards.

The following standards have been exceeded:

Standard #313 Monitoring and Supervision:

The Pa. Department of Human Services requires a staff to resident ratio of 1:8 and 1:16. The posted staff schedules have a better ratio and the ratio that I observed on the tour was 1:4. There are always two staff on midnight shift. Random unannounced rounds are conducted on all shifts on a monthly basis. I was provided documentation of these rounds and saw a video recording of a round being conducted. Additionally, the facility has cameras, which provide for about 30 days of recordings. The Agency has implemented monthly camera audits, which require the Unit Director, the compliance caseworker, the Regional Program Director and the Vice President of Residential Services to Audit these recordings for all shifts on a monthly basis. The multi-resident rooms have motion sensors and there is guard tour system. 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 10 random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline". The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

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

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

The following three standards require 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.

On August 28, an updated contractor list for those contractors having interaction with residents was submitted along with signed PREA Education acknowledgement for those contractors. A protocol for obtaining and maintaining these signed acknowledgements was also submitted.

This documentation evidences compliance with the standard and successfully completes the corrective action.

This standard has been met.

Standard #341: Obtaining information from residents:

Both the Standard and the Adelphoi PREA Zero Tolerance policy require periodic re-assessments of the residents. The Adelphoi policy requires this to be done every 6 months, upon transfer, and if there is an incident. Two of the files reviewed did not have a six month re-assessment and a third file did not have a timely six month re-assessment.

Corrective Action:

The facility must provide 120 days of documentation to include any resident who requires a 6, 12, 18, or 24 month re-assessment.

On October 28, 2020, I received 5 resident VAIs with timely risk assessments done at admission, upon transfer and for two residents who required twelve month re-assessments.

The documentation evidences compliance with the standard.

This standard has been met.

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

In reviewing the files of 11 residents, (9 active and 2 discharges), the documentation of risk based housing decisions were not specific to each case in 3 of the files reviewed and was missing entirely from a 4<sup>th</sup> file. Risk based housing is being practiced, however it is not being appropriately documented.

Corrective Action:

120 days of admissions along with the documentation of risk based housing needs to be submitted to the Auditor.

On Oct. 28, 2020, specific and detailed documentation of risk based housing was submitted for 5 residents. This documentation evidences compliance with the standard. This standard has been met.

Upon review of all documentation submitted during the 120 day corrective action period, all standards have been met and this facility is fully PREA compliant effective 10-29-20.

## 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 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 served 310 residential youth.

Anchored by a 20 acre campus in Latrobe that includes a school building, administration building, three secure units, four sex offender treatment units, a Shelter, Medical/Mental Health clinic, a new Welcome/Admissions' Center, Youth and family Visiting center and a multi-purpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania.

The counselors, teachers, therapists, along with administration and supervisory staff, make up a workforce of nearly 670. There are 12 employees assigned exclusively to Raphael including the Supervisor/PREA Manager and the Clinical Coordinator.

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 22 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 62 of the 67 counties in Pa. and has children committed from West Virginia, and Ohio. Adelphoi Village is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village is accredited by JCAHO and licensed by the Pa. Department of Human Services under the 3800 Child Care Regulations.

This re-audit was conducted at Raphael Home, 1114 Main Street, Derry Township, Westmoreland County, Pa., about 10 minutes from the main campus in Latrobe. This Audit was conducted along with the Audit of the main campus units and one other local group home.

Raphael is a 15 bed, male, sexual offender treatment unit, with ages ranging from 12-18, and an average length of stay of about 5-6 months. There were 18 admissions in the past 12 months. On the date of the Audit, there were 12 residents in this unit including boys who "stepped down" or transferred from the Secure Sex Offender program on the main campus. Prior to the Covid restrictions, the Raphael residents were transported to the central Latrobe campus to attend the Robert Ketterer Charter School. They were transported to the school in a van by Adelphoi staff. They ate all meals on the main campus, except on weekends. Since mid-March, when Covid restrictions were enacted, these residents, and all other Adelphoi residents attend school in their Unit by utilizing "Zoom". They also eat all their meals in their units. Additional Covid precautionary measures include the restricting of all

visitors, including parents. Because of this phone calls to parents have been increased as has the use of "Skype".

These residents can either be 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, including evidence based programs such as ART, Aggression Replacement Training. Many see a psychiatrist for medication evaluations. The staff at Raphael receive additional and specialized training for supervision of this specialized population. There are no medical staff at Raphael. The residents receive their physical on the main campus in the new Health Services Building and a Master's Level Mental Health Caseworker on the main campus conducts Mental Health Evaluations, if a PHN employee is not available within 14 days.

Raphael is located in a residential neighborhood in the outskirts of the town of Latrobe, Pa, in Derry Township, Westmoreland County in Western Pa. This two story 6,287 square foot former funeral home is owned by Adelphoi and sits on about 1.5 acres with a driveway and a basketball hoop. It is a beautiful building sitting atop a small hill with a large front porch. Private homes surround it. Raphael was renovated in 2012. The main living floor was opened up to improve line of sight and supervision. Bedrooms were repositioned to improve supervision during sleeping hours. A motion map monitoring system was installed in the bedrooms and is activated and monitored by staff during sleeping hours. There is a "Guard Tour" system that is used during sleeping hours to record the 7 minute checks of the residents by midnight staff. This is uploaded by the supervisor to monitor supervision. Cameras were installed since the last Audit in the hallways and common areas.

When you enter the front door, a supervisor's office is to the left, a stairway directly ahead, and staff and a caseworker office to the left. The doors are locked and there are delayed panic bars on them from the inside. A hallway leads to a kitchen, pantry, living room, dining room, and a small deck to the side of the home. There is one first floor staff bathroom. There is another stairway in the rear of the home that leads down to the basement. The basement has food storage, mechanical, laundry rooms and a large recreation room that can be used for group counseling and a weight room. The second floor can be accessed by both a front and back stairway. The front stairs lead directly to the upstairs hallway and an open staff area. The bedrooms include: 2 Quads, 2 Doubles, and 3 Singles. They are configured around the open staff area, where there is a desk, so that midnight staff can monitor the motion mapping system in the multi-resident rooms. Directly across from the staff post are two bathrooms. The sinks are in the open area, one next to another and the single bathrooms with a toilet and shower stall are across from each other next to the sinks. This is a well-designed bathroom area that allows privacy for the boys but can be effectively monitored by staff. The bedrooms are sparsely furnished with wooden single and bunk beds. The third floor is only accessible to the IT staff. It is padlocked off and once contained a separate apartment prior to Adelphoi purchasing it.

The gym/multipurpose building, Youth and Family Visiting Center and the welcome Center on the Main Campus were also toured.

The School and the Vo-tech buildings were closed and had been sanitized due to Covid. No one was allowed access. I have toured both of these facilities during earlier Audits.

## 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:** 3  
**List of Standards Exceeded:** #313, #351, #383

### **Standards Met**

**Number of Standards Met:** 40

### **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 and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA Coordinator 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 PREA Managers who report to the PREA Coordinator, although there are only 22 programs at this time. Each Adelphoi program has a PREA Manager who reports to the PREA Coordinator. Additionally, the Regional Program Directors and the Compliance Caseworker are also trained as PREA Managers to effectively supervise and to fill in when necessary. The Unit Director, in the role as PREA Manager, is responsible for Monitoring Retaliation, for conducting Random Unannounced Rounds and participating in Sexual Abuse Incident Reviews. I interviewed the PREA Manager/Unit Director for Raphael. The Raphael PREA Manager was the Unit Director of a now closed program during the last two PREA Audits.

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 has participated in over 20 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

*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 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 Summary  
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 staff schedules by PREA Coordinator and PREA Manager

### Interviews:

Vice President of Residential Services  
PREA Coordinator  
Unit Director/PREA Manager  
Regional Program Director

The review of the Zero Tolerance Policy, Adelphoi policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. DHS Licensing and Inspection Summary. The Pa. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident. I reviewed documentation of yearly review of staffing by the PREA Coordinator 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/Unit 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 Raphael. There are always two staff on midnight shift according to both the schedules and the interview with the Unit Director. I was provided with randomly selected staff schedules with more than the required ratio. I also saw staff schedules posted

in the staff office 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 the dining room during the tour preparing to eat dinner and were being served by two residents. There were 12 residents and 3 staff present in the dining room.

Prior to the onsite, I was provided logs of unannounced rounds conducted by both the Unit Director and the Program Supervisor. I was provided with additional logs during the onsite. The Unit Director conducts them on all shifts and documents them. She never advises anyone that she will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Regional Program Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. I saw a video of an unannounced round being conducted by the Unit Director on Wednesday June 15, 2020 at 6:30 AM. The newly installed cameras have an approximately 30 day recording capacity. The Vice President of Residential Services described a Camera Audit that he implemented which requires the Unit Director to randomly review 2 ten minute recordings on all shifts on a monthly basis and to document and send this log to her supervisor, as well as the compliance caseworker and the VP of Residential Services. They too are required to review random footage. This is a best practice.

Raphael has 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 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/Unit Director  
10 Random staff  
10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It along with Adelphoi Village policy prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. 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 Audit. I was provided with the Gender Variant Search form that is completed during the Admission process which the resident signs and initials.

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. The residents stated that the female staff yells "female on the floor" or yells her name before coming up the stairs to the second floor bedroom unit. I saw posters reminding staff to knock and announce at the doorway leading up to the bedroom area.

All residents shower alone. The single bathrooms in the unit contain single showers with a curtain. All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.

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

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

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

### 115.316 (a)

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

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

#### 115.316 (b)

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

#### 115.316 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire  
Adelphoi Zero Tolerance Policy  
Spanish and English Reporting Posters  
Contracts with Translator

Interviews Conducted:

Adelphoi COO  
Ten Random Staff

During the tour, I saw all postings in Spanish and English. There were no residents at Raphael that had a physical or mental disability or who did not speak English. There is a contract with a translator that was provided. A student who did not speak English would probably not be admitted to Adelphoi, because they would not be able to participate in the required group and individual therapy. It is more likely that a parent would need the services of the translator. Although there are not any ESL residents, staff were able to state that they would use the services of the contracted translator or a bi-lingual staff to help a non- English speaking resident to make a report of sexual abuse.

The COO stated that all reasonable accommodations would be made for a resident with a disability. Adelphoi accepts residents with disabilities, both physical and mental on a case by case basis, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. There is the capacity, through the Educational program, for all residents to receive PREA Education. The PREA policy requires these accommodations. The COO also mentioned providing a Braille machine to a blind resident in the past at another Adelphoi facility. He receives a list of the residents with disabilities or who are ESL on a monthly basis from the PREA Coordinator.

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 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 PREA Coordinator keeps a spread sheet of each child with a disability by Unit and what accommodations have been made for this resident. This is then sent to the COO.

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 Summary  
Pre- Audit Questionnaire

Pa. Child Protective Services Law  
Adelphoi Zero Tolerance Policy  
Files of 7 staff including two new hires  
File of three Contractors

Interviews:

Human Resources Director

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

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

I checked the files of 7 staff, including two who had most recently been hired and they had all 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 all 5 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 requested the clearances of two Contractors who have interaction with children including the Dentist and a program that provides Health education. There were no clearances in these files, however, they were provided to me the same day.

In order to be compliant with this standard, the Purchasing Department who is responsible for obtaining these clearances, must obtain them prior to the contract being executed and must maintain them. Prior to the 45 day Interim report, a memo outlining this protocol was provided to me. This satisfies the requirement.

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

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

#### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed:

Pre- Audit Questionnaire  
Sexual Abuse Incident Review  
Facility Schematic

#### Interviews:

PREA Coordinator  
PREA Manager/Unit Director  
COO  
VP Residential Services

Both the tour of the facility and the interviews with the COO, PREA Coordinator and the Unit Director/PREA Manager confirm that there have been upgrades to technology as follows: Cameras were installed at Raphael since the last Audit. They were pointed out to me during the tour of the facility. Camera Installation in all units is part of the Adelphoi Capital Plan and is ongoing.

The campus itself has undergone a remarkable renovation which includes a family/visitation center, and a Welcome/Admissions' Center. Raphael residents utilize both these buildings. 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. During a Sexual Incident Review if a recommendation requiring a new camera or a renovation is made to help prevent future incidents, it is implemented. An example was an alleged incident that occurred in the stairwell of the school. When the SAIR team examined this area, they saw that a camera was needed to alleviate a blind spot. This did not involve any Raphael residents, but they do attend this school. Documentation of this recommendation and implementation 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

### Interviews:

PREA Manager/Unit Director  
Adelphoi Village Nurse  
10 Random Staff  
Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite

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

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

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 were no residents who reported a sexual abuse in the population at Raphael. There have been no allegations of sexual abuse at Raphael in the past 12 months.

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

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

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

#### 115.322 (a)

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

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

#### 115.322 (b)

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

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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

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.

There have been no incidents of sexual assault or sexual harassment at Raphael in the past 12 months. However, incidents at other Adelphoi facilities were handled according to policy and in a timely fashion.

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  
Ten 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 can be online training or staff meeting agenda items. The Unit Director/PREA Manager stated that her staff meetings always have a PREA item on the Agenda. I reviewed 7 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training. Human Resources keeps a signed acknowledgement in the staff file that they have received, read and understand the Adelphoi PREA Zero Tolerance Policy. The yearly trainings are kept electronically. The PREA Coordinator helped me access those files.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The ten 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 in a respectful and professional manner with all residents, including those who may identify as LGBTI. All staff could tell me they received initial training and annual refresher training.

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

While touring the Youth and Family Visitor Center, I met the Activities Director. She stated she had received PREA training and Mandated reporter training. She discussed her mandated reporter responsibilities.

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 Contracted Employees

#### Interviews:

Six Contracted Employees from Four Companies

There are currently no volunteers at Adelphoi Village. The contractors who have interaction with children( 5 Agencies, 11 separate contractors, the Dentist and Health Educators) were not available for interview. However, I did see their acknowledgement of PREA education. I conducted interviews of 6 contractors from four different companies, including the plumber and pharmacy tech. They were able to tell me that they received training and the extent of the training. They told me that they would report to an on-duty supervisor and the Facilities Director. I saw their signed contractor training

acknowledgements. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt and understanding of this policy. I saw these brochures and the sign in book during the facility tour.

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.

The facility submitted an updated contractor list for those contractors that have interaction with residents and the signed PREA Education Acknowledgements for these contractors on August 28, 2020. This documentation satisfies the plan for 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  
11 Resident Files (9 active and 2 discharges)

#### Interviews:

Staff person who performs Intake and 10 day Education as part of the Admission's process  
10 random residents  
PREA Manager

Adelphoi Village conducts all education in the Welcome/Admissions' Center at the main campus as part of the Intake process before the resident is placed in any Unit. 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. This staff person showed me the "PREA Computer room" where the residents view the video. There were PREA postings above the computer. If a resident is transferred after hours or admitted on a long holiday weekend, the video can be viewed at the individual unit. During the Covid restriction period, all Intakes were conducted at the individual Unit. I saw signed acknowledgement of education in all 11 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. All education was done in a timely fashion.

All residents could tell me that they received education upon admission and again at transfer. Therefore, many residents had PREA education several times. The ten residents interviewed could tell me how they could report and that there was a Zero tolerance policy for Sexual Abuse and Sexual harassment. 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. They stated there are posters in the Unit with this information. This standard has been met. There is no need for corrective action.

## **Standard 115.334: Specialized training: Investigations**

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

#### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

Yes  No  NA

#### 115.334 (b)

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

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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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

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. Staff can conduct "minimal facts" interviews to enable reporting and implementation of 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

*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 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 and there is an MOU with the Hospital. The residents at Raphael receive their

Medical and Mental Health Services at the PHN clinic, a community provider. However, there is always an Adelphoi nurse on call for emergencies and the Mental Health Caseworker can and does do assessments if PHN is not available.

I interviewed a full time Nurse and I also interviewed a Master's Level Mental Health Caseworker. Both have completed the online NIC PREA Training and the training for all staff at Adelphoi. They both received Mandated Reporter training and would report to Child Line and their immediate supervisor as well as document any allegation of abuse. The Mental Health Caseworker has received extensive training through her education and because she assesses and treats sex offenders. Both state that forensic examinations are not conducted at Adelphoi and that they both have received training on the protection of forensic evidence. They both received training regarding the sexual abuse of juvenile victims.

I 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.

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

*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
- Vulnerability Assessment Instrument
- Completed Vulnerability Assessment Instruments for 11 Residents (9 Active, 2 discharges)
- Gender Variant Search Form
- 5 VAs for plan of correction

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.

The staff who administer the instrument: the Clinical Coordinator takes into account the Intake packet, transfer summaries with VAs from other Adelphoi facilities which may include Psychiatric and psychological exams and any other information that may accompany the child. He uses the VAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions.

All completed VAs 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 11 residents with the PREA Coordinator. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. All but one had timely administration of the VAI. The one resident who transferred to Raphael from another Adelphoi facility did not have one conducted. Eight of the 11 files reviewed required 6 month re-assessments: two were not conducted and one was late. Any time a resident makes an allegation of sexual abuse or sexual harassment an additional Risk Assessment is conducted.

Ten residents were interviewed and all but one could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse at Adelphoi. Not all remembered being asked all these questions, but a check of their files showed that they had.

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

Corrective Action:

Documentation of 120 days of re-assessments conducted at 6, 12, 18 and 24 months must be submitted to the Auditor. The Auditor will randomly pick individual VAs to ensure timely compliance. On October 28, 2020, the facility submitted 5 VAs, one transfer, two admissions and two 12 month re-assessments. These were all completed in a timely manner.

This documentation satisfies the plan of correction.

This standard has been met.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (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

*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  
 Pa. Department of Human Services 3800 Child Care Regulations  
 Adelphoi Village Shower Policy  
 Vulnerability Assessments of 11 residents (9 active, 2 discharges), Electronic Health Record  
 5 VALs for plan of correction

#### Interviews:

PREA Coordinator  
PREA Manager/Unit Director  
Clinical Coordinator who conducts Risk Screening  
Bi-sexual resident.

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 sexually vulnerable or sexually 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 single bathrooms that have single shower stalls with curtains. Residents are also assigned seating in the cafeteria, school, van and in group based on the assessment.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every six months. 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 unit assignment would be done prior to Admission by Administration. The Unit Director would be responsible for a room assignment. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There was one resident who identified as LGBTI in the population. He stated he was bi-sexual and was not discriminated against in any way and did not receive specialty housing due to his 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 11 residents (9 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. In 3 of the 11 files the risk based housing was not specific to the residents and in one file it was not documented at all. Raphael is a sex offender treatment program, therefore, all residents are scored as sexually aggressive due to their charges. The multi-person rooms have motion sensors. I saw the room or rooms where vulnerable residents can be housed. These are either single rooms or ones closest to the staff post.

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

#### Corrective Action:

Logs of 120 days of Admissions including documentation of risk based housing must be submitted to the Auditor. The Auditor will randomly choose individual VAIs to review to ensure compliance.

On August 28, 2020, the facility provided 5 VAIs; one transfer, two admissions and two 12 month re-assessments. All five had specific and detailed risk based housing documentation.

This documentation satisfies the plan of correction.

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. Department of Human Services 3800 Child Care Regulations  
Resident Rights' Form  
MOU with the Blackburn Center

#### Interviews:

PREA Coordinator  
PREA Compliance Manager  
Vice President of Residential Services  
Director of the Blackburn Center, a PCAR (by phone, prior to Audit)  
Ten Random Staff  
Ten Random Residents

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

The primary reporting mechanism is to an outside agency 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. A resident demonstrated its use while on the tour. The residents can also call Child Line and the staff must call Child Line as mandated reporters.

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

Residents can also call home at least twice a week and some residents can call home every day based on levels according to resident interviews. Residents can receive visits from parents and grandparents once a week on the weekend and special accommodations can be made for parents who live far away. The parents can be provided with bus or train tickets, gas cards and hotel lodging if needed. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

Because of the Covid restrictions, visiting was restricted since mid-March, however outside visiting with an appointment was resuming on June 27, 2020. Phone calls, including Skype, were increased to one a day during this time period.

Residents have access to pens and pencils, because they "journal" as part of their treatment. Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation.

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. Department of Human Services Annual Licensing and Inspection Summary  
Child's Rights' Form  
Grievance Form  
Files of 11 residents (9 Active, 2 discharges)

#### Interviews Conducted:

PREA Manager/Unit Director

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 Summary 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 in the Facility
- 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
- Ten 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.

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. When a Victim reports an allegation to a staff person, he is offered Blackburn Services at the same time he is offered Medical and Mental Health Services. There is a form that documents this offer and the child signs, either accepting or refusing services.

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.

During the Covid restrictions, visiting was restricted but was to resume on June 27 with appointments and would be conducted outside. Because of these restrictions, phone calls including the extensive use of Skype were allowed every day.

Four residents stated they had talked to their Public Defender or lawyer during their stay. The remaining 6 said they had no need to, but could if they wanted to. One resident stated he talked to his lawyer through Skype.

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. I saw these postings when I toured the Unit and the Youth and Family Visiting Building on the Main Campus.

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified and it is also posted in the facility in the area where parents and guardians visit.

This standard has been met and requires no corrective action.

# 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**

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**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

**Interviews:**

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

There have been no allegations of sexual abuse or sexual harassment at Raphael in the past 12 months. 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. During the tour, the Activities Director stated, when asked, that she is a mandated reporter and described reporting to Pa. Child Line. 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 notification, they would contact a guardian. HCSIS is an acronym used by Pa. DHS for a mandated notification system of the above. A HCSIS report is made anytime there is a reportable incident.

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

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documents Reviewed:

Pre- Audit Questionnaire  
Adelphoi Village PREA Zero Tolerance policy

Interviews:

Vice President of Residential Services  
PREA Manager/ Unit Director  
Ten 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 10 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. Staff who were interviewed stated that they would remove the child from the threat or potential threat and implement a safety plan which could include a room or unit change and increased or one on one supervision. They stated that they would take these actions immediately.

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  
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. There have been no such incidents at Raphael in the past 12 months. However, I saw documentation of one report that was made within the past 12 months at another Agency facility 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 Raphael 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:

Ten 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 ten 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 Response posting in staff offices

Interviews:

COO  
Vice President of Residential Services

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Coordinated Response policy is posted in the staff office. I saw this posting while on the tour of the facility. 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 guide on who to call and 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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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:

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

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#### Documents Reviewed:

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

#### Interviews:

Unit Director/PREA Manager  
 VP of Residential Services  
 COO

There have been no allegations of sexual abuse or sexual harassment at Raphael within the last 12 months.

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. She states that anytime there is an incident, there is a Safety plan implemented that includes retaliation monitoring and she starts the documentation on the retaliation monitoring log. The plan would also include separation of the victim and perpetrator, which could be a room change, unit transfer, or an intervention at another facility. This could include changing a staff's work assignment or a suspension. She states that she 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 her immediately. She said she would do a status check daily if needed and would do so for length of stay, which may exceed the 90 day requirement in policy. She monitors behavioral changes in residents, including bullying, group dynamics, and interaction with staff. If a staff person were being retaliated against, she would monitor staff absenteeism, tardiness, changes in patterns.

The COO states that to prevent retaliation there is a plan that includes separation and monitoring. In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action.

Nine months ago, all Unit Directors including the Raphael Unit Director received PREA training for retaliation and the retaliation log was developed due to a PREA plan of correction at another Adelphoi facility.

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

There is no use of isolation. It is not permitted by Pa. DHS 3800 regulations or by Adelphoi Policy. This standard has been met. There is no need for corrective action.

## 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  
VP Residential Services

There have been no allegations of sexual abuse or sexual harassment at Raphael in the past 12 months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has an MOU.

The agency has provided investigation training for some staff to aid them in understanding investigations, but they do NOT conduct investigations. Staff conduct a "minimal facts" interview to aid in reporting and the implementation of a Safety Plan. By law, the facility may not conduct or interfere with an investigation. Reports are made to law enforcement and Pa. Child Line. Both the PREA Coordinator and the VP Residential Services state that the VP and the Compliance Caseworker contact both the Pa. State Police and Pa. DHS to stay abreast of the investigation. The PREA Manager states that the VP is responsible for reaching out to PSP and Pa. Child Line.

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

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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  
Sexual Abuse Incident Review Form

#### 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 as well as the required Safety Plan, which under the Pa. 3800 Child Care regulations describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The VP 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 and the outcome.

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

There were no incidents within the past twelve months that required staff discipline for sexual abuse or sexual harassment. However, during previous Audits at another Adelphoi facility, I reviewed documentation of a staff person being immediately terminated for an indicated sexual abuse incident. 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 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. He states that he was unaware of any incident involving a contractor. 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. Unfounded allegations become a therapy issue according to the Mental Health Caseworker. The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.

The Vice President of Residential Services states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents. Both the Nurse and the Mental Health Caseworker state that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed to Adelphoi for therapy and may be removed by the committing agency if they refuse to participate.

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

## 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 11 residents (9 active, 2 discharges)

### Interviews:

- Clinical Coordinator who administers Risk Assessment
- Unit Director
- Nurse
- Mental Health Caseworker
- Three 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 require the staff who administers the risk assessment to offer a Medical or Mental Health follow up to the resident. If they accept, an appointment is made at the PHN clinic. 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. I reviewed the files of 11 residents, 9 active and two discharges. There were signed declinations in all resident files.

In the current population, 3 residents were identified as having disclosed a previous sexual abuse and they were interviewed. Two residents declined follow up stating that they had already dealt with it and one stated he initially declined Mental Health follow up but after a couple months he requested it and is currently in treatment with a therapist at PHN. All residents in this program are identified as perpetrators and all are receiving treatment. They were offered and refused a Mental Health Assessment at PHN. The Mental Health Caseworker states that she sees a child well within the 14 days if PHN cannot see them right away.

All residents receive a physical within 72 hours of admission.

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

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

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

### 115.382 (a)

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

### 115.382 (b)

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

### 115.382 (c)

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

### 115.382 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre- Audit Questionnaire

Interviews:

Nursing Director  
Master’s Level Mental Health Caseworker  
Ten Random Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam that is conducted by a SAFE/SANE. As part of the response, staff would first protect the resident and then immediately notify medical. The Nursing Director stated that there is always an on-call Adelphoi Nurse. 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. All residents are offered STD testing at Admission or anytime that they request it during their stay. Interviews with the Nurse and the Mental Health Caseworker confirmed the policy. Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response. The staff who were interviewed discussed this as part of their First Responder Duties. 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:

Nursing Director  
Mental Health Caseworker

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

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

All residents are offered STD testing.

The Mental Health Caseworker stated that when made aware of a resident on resident abuser, she would do an assessment immediately.

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:

Supervisor/PREA Manager  
Compliance Caseworker who is a Member of the Sexual Incident Review Team

There have been no incidents of sexual abuse or sexual harassment at Raphael within the last 12 months. I interviewed the Compliance Caseworker who is responsible for scheduling monthly Sexual Abuse Incident Reviews. 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. Adelphoi conducts a review for every allegation. This is a best practice. The team is comprised of the Unit Director/PREA Manager, PREA Coordinator, Vice President, Program Director, Medical, Mental Health and the Facilities Director with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will prepare a report with a recommendation. The report is written by the Compliance Caseworker and the Unit Director where the incident occurred. This is then submitted to the PREA Coordinator. The recommendation would be followed or the reason for not doing so would be documented. One such review at another Adelphoi facility resulted in identifying areas where cameras should be deployed. The camera installation was completed and documentation of this was provided.

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

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

## Standard 115.387: Data collection

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

#### 115.387 (a)

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

#### 115.387 (b)

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

#### 115.387 (c)

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

#### 115.387 (d)

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

#### 115.387 (e)

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

#### 115.387 (f)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

*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 data is aggregated for Adelphoi Village as a whole and the Annual Report represents the entire Agency. Data is collected using information from reports and any other resources. The PREA Coordinator is responsible for compiling all data and writing the report. The PREA Manager is not responsible for this.

The DOJ has requested information in the past, 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  
Unit Director/PREA Manager

There is an Annual PREA Report for 2019 posted on the website. The PREA Coordinator states she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 22 group homes. The reports will compare data from year to year and will discuss the facility's efforts at prevention, detection, and response. Corrective action is immediate and ongoing as a result of any SAIRs. All data is reviewed at the end of the year to recognize any trends. All personal identifiers for both staff and residents are removed from reports. 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

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Documents Reviewed:

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

Interviews:

PREA Coordinator  
COO

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. It contains the PREA Re-Audit of Raphael from 2017 and from all other Adelphoi facilities conducted in 2017, 2018 and 2019. These final reports with all allegations and plans of correction 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. Only she and the Compliance Caseworker have access to this information. She states that she receives a data dump on an encrypted machine. The COO approves all reports before they are submitted to the CEO and the Board of Directors and 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

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## 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 has 22 programs 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 Raphael 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. The Auditor had access to all areas of the facility during the tour on June 21, 2020. The Cafeteria and school were not open due to Covid. They had been completely sanitized and were not open to anyone. I have toured them both during the past two 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 area outside of Raphael on the front porch due to Covid restrictions. 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

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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 PREA Final Audit reports and the 2019 Annual PREA report were posted on the website. This standard has been met. There is no need for corrective action.

## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

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

Maureen G. Raquet

October 29, 2020

**Auditor Signature**

**Date**

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

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