

# PREA Facility Audit Report: Final

**Name of Facility:** Adelphoi Village Susan's Place and Marker Home Intensive Supervision Units

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/21/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b>	<b>Date of Signature:</b> 11/21/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prebish, John
<b>Email:</b>	jprebishjr@gmail.com
<b>Start Date of On-Site Audit:</b>	06/17/2021
<b>End Date of On-Site Audit:</b>	07/01/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Adelphoi Village Susan's Place and Marker Home Intensive Supervision Units
<b>Facility physical address:</b>	1119 Village Way, Latrobe, Pennsylvania - 15650
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Bethany Rodgers
<b>Email Address:</b>	bethany.rodgers@adelphoi.org
<b>Telephone Number:</b>	724-804-7157

Superintendent/Director/Administrator	
<b>Name:</b>	Chad Hamill
<b>Email Address:</b>	chad.hamill
<b>Telephone Number:</b>	724-807-0070

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Amanda Slezak
Email Address:	amanda.slezak@adelphoi.org
Telephone Number:	724-804-7057

Facility Characteristics	
Designed facility capacity:	28
Current population of facility:	26
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	12-18
Facility security levels/resident custody levels:	Open residential
Number of staff currently employed at the facility who may have contact with residents:	24
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Adelphoi Village Residential Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1119 Village Way, Latrobe, Pennsylvania - 15650
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Jennifer McClaren	<b>Email Address:</b>	jennifer.mcclaren@adelphoi.org

## AUDIT FINDINGS

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

In January 2021 I began contact with Jennifer McClaren, who serves as the PREA Coordinator for Adelphoi Village, Inc. to establish a timeline for a couple of audits they were completed in 2021. Susan's and Markers House was the 2nd of a series of audits and scheduled for June 2021. Once we established the timeline, we entered into an agreement for services. In late April 2021, the online audit system was opened and the agency began submitting information for the audit.

Susan's and Markers Houses are located in Latrobe, Pennsylvania on a corner lot, with the side of Susan's facing the rear of Markers allowing for one program operation at the site with the same staff and one Unit Director. This is an all-female residential program operated under the Adelphoi Village, Inc. non-profit agency operating multiple juvenile residential and secure units throughout west/central Pennsylvania. Susan's went into service July 2012, and Markers a few months later in February 2013.

The audit was set for June 17-18, 2021 however due to a COVID -19 quarantine issue at Markers, I was unable to access that unit until July 1, 2021, to tour that unit as well as interview residents and remaining staff. The contract was completed with Prebish Consulting Services, LLC, PREA Auditor John Prebish, a single auditor contracted with the agency. The facilities are located in Latrobe, Pennsylvania east of Pittsburgh. Latrobe is also the home to Adelphoi Village corporate office and Charter School a few miles from these Units. This is a non-secure juvenile residential facility holding all-female residents. Jennifer McClaren the agency-wide PREA coordinator became my primary point of contact along with Bethany Rodgers, their agency Compliance Counselor and certified PREA Investigator was onsite at the facility and also provided any follow-up information and worked with me from start to finish.

The parent company, Adelphoi Village, Inc. a non-profit agency has been in business since 1971 and operates residential sites throughout western and central Pennsylvania specializing in a multitude of juvenile assistance programs. Their website lists all their residential facilities including the vast array of youth-based programs they offer. Susan's and Markers houses are two 2-story residential-style homes with a large basement for recreation as well as large living areas used for group work and downtime for the residents. The residents attend school at the Adelphoi Main Campus Charter School that offers an alternative school program located only a short distance from the facility. Adelphoi Village treats the teachers as contractors and has them complete contractor PREA training that was noted during an interview with a teacher.

Prior to the audit I worked with the PREA Coordinator to establish a timeline, sent her postings announcing the audit. The audit notice was sent in late April and posted throughout the facility. I received a time-stamped photo and also noticed them when onsite for the audit. The audit did include a confidentiality statement for the residents indicating that all correspondence is confidential and would not be disclosed unless required by law. It also included specific legal exceptions for breaking confidentiality including but not limited to immediate danger to the resident, allegations of suspected abuse, or legal reasons where information would be subpoenaed. During the audit period and following the audit, I did not receive any correspondence from residents.

A: Pre-Audit Phase: (All necessary items were received via the online audit system and via email to this auditor)

- 1) Pre-audit questionnaire
- 2) Agency/Facility PREA-related policy
- 3) A complete employee roster including the following:
  - a. Agency Director
  - b. PREA Coordinator and Compliance Manager(s)
  - c. Specialized staff (medical, mental health, training, intake staff, first responders, investigators, HR staff)
  - d. Contractors/Volunteers (if any)
  - e. Any SAFE/SANE staff or agency they rely on for this site (Agency relies on outside agencies/hospitals)
  - f. Staff member monitoring any retaliation issues that would occur (Unit Director)
- 4) A complete list of residents at the facility including:
  - a. Those Identifying as LGBTI
  - b. Those in Segregation (Note: the facility does not use isolation, no one identified)

- c. Those reporting any sexual abuse or victimization upon admission
- d. Any with disabilities
- 4) Any grievances and incidents filed in the last 12 months (none filed)
- 5) Any sexual abuse/harassment incidents reported including alleged, substantiated, unsubstantiated, and/or unfounded over the last year and investigated related to them.
  - a. This includes but is not limited to hotline calls, those reported to staff, 3rd party reporting, etc.
  - b. The number of criminal and administrative investigations that were complete or still being processed.
- 6) Multiple documents including policies and procedures for the facility including, but not limited to the following:
  - a. Zero-tolerance policy
  - b. Employee Training
  - c. Resident education and screening
  - d. Facility layout
  - e. Operations policies and PREA-related policies
  - f. Staffing policy

Over the past several months I worked with Jennifer the PREA Coordinator and Bethany, the agency's Compliance Counselor, and discussed the Pre-audit Questionnaire that they were able to complete on the online portal. One of the biggest challenges was avoiding a quarantine issue with residents related to the COVID-19 issues. As noted earlier, we did have an issue with the Markers unit and delayed 2-weeks. This was their first audit using the online system.

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

The agency utilized Excela Health through Latrobe Hospital located approximately 5 to 10 minutes from these residential units. The hospital offers complete sexual assault trauma assistance through their emergency department. According to the emergency department, their services are under agreement with Adelphoi for these units and are offered to anyone entering the hospital without question. They indicated that the PA State Police would be called for every incident and if unavailable the Latrobe Police Department until PSP Troopers/Criminal Investigators were available.

To establish a base for the audit, I reviewed the documentation provided in the pre-audit, the agency's policies, HR policies, and procedures manual is corporate-wide for all their facilities. According to the PREA Coordinator, she along with facility management will review the PREA policies annually making adjustments based on various factors including incidents, operational concerns, recommendations arising from staff, or investigations. The facility blueprint along with the alternative schools was also provided for my review. I had the opportunity to review the Relias Training Program that the agency uses for all employees and contractors. I am very familiar with Relias and its training programs from previous audits of Adelphoi as well as my previous Correctional Career. They are a corporate entity that provides various training programs via contract to agencies across the US. I have experienced their materials in my previous correctional employment and through previous PREA Audits at Adelphoi and other adult correctional facilities. I was provided with training materials of all classes offered to the Adelphoi line and specialized staff as well as rosters of completed training from the previous year for the Susan's/Markers house staff.

**B: On-site Audit:**

As mentioned earlier, the onsite portion of the audit took place on June 17th, 18th, and July 1st, 2021. I arrived at the facility and was met for a facility walk-through. All residents were present in the facility in a group day room. After introductions, I was provided access to a secure office to store my items and would later use it to interview all residents and staff. Susan's was located close to the street with front and rear access via a parking lot and secure door. I accessed the front door that brought me into a living room/dining room area with an open floorplan. to the right was the staff area including the supervisor's office, staff office, and a conference area for staff meetings. To the rear of the living/dining room was a large kitchen area and pantry area for storage. Further back was a nurse's office, general office, bathrooms, and the resident laundry. I did note that the view of the area was easy and open allowing for full staff coverage of the residents in this area. Upstairs was the living area for all the residents with 2 sets of stairs leading to the first floor. In the bedroom area, all rooms were off of one common hallway. There were six (6) rooms and two full residential bathrooms each with a toilet, sink, and tub/shower unit. Each room was set up for 2 to 3 residents and their housing was determined via their vulnerability assessment. Lastly, there was a central

secure storage unit. Staff was positioned throughout the hallway with a full view of every room and resident. Back downstairs, was a secure door to the basement. This was a very large area that had a group therapy room, the therapist's office, and secure storage for the house.

On July 1, 2021, I arrived at Markers unit right next door to Susan's. The houses sit with the rear of Markers facing the side of Susan's with a small yard in between and a parking lot shared between the two in that same area. Markers house was closer to the street with only street parking in the front. Markers house is also a 2-story house with brick casing on the exterior. The house was set up with the main entrance in the front off a porch and also an identified entrance to the right of the house, near the parking lot into a secure stairwell/vestibule. Entering from that right side leads into a hallway with staff offices on both sides including the unit directs, supervisors, therapists, and a common conference room. Continuing to the left side of the house past the offices was a large kitchen and dining area and directly off of that was a very large sunken living room where the residents were watching TV. Back into the hallway was a set of stairs leading to the 2nd floor where the bedroom areas were. At the top of the stairs, there is a residential-style bathroom and 2 bedrooms to the left. To the right were 3 more bedrooms and a residential bathroom. The bathrooms were single-person use, with a toilet and sink. One had a tub/shower unit and the other just a shower unit. Staff posts were positioned throughout the hallway to assure coverage. To the far right of the building was the 2nd secured stairwell leading back to the offices and the entrance I used. The resident rooms were multi-person and they had one single room that can be used for either Susan's or Markers as needed for classification. As with Susan's House, Markers had a full basement. To the far right is a very large group activity room and secure storage to the far right. There were 2 stairwells leading to the activity room, one from the main floor kitchen and one from the rear secure stairwell.

The facility is a youthful residential program where residents have movement throughout under observation and control of Adelphoi Staff. It is not considered a secure program thus restraints, and isolation is not used. It was noted that staff was positioned throughout and with residents as they transitioned to various areas of the house. The house, minus schooling is self-contained for programming, recreation, laundry, and meals services.

Following the walkthrough of each facility on those specific days, I met with Bethany Rodgers the agency's Compliance Caseworker, and Chad Hamill the facilities Unit Director to discuss staff and resident interviews. I was given a secure and private office to conduct all my interviews and secure my belongings. Susan's unit had 11 female residents and 5 were chosen to be interviewed as part of that program. The remaining were interviewed at Markers at the later date. Of those five, two were identified as bisexual and another identified as transgender. Of the five, all had reported past abuse prior to placement. I was able to interview Adelphoi Management and key staff at the corporate office a few miles away. There were no residents identified with disabilities or cognitive issues at either unit. At Markers house on July 1st, there were also 11 residents. I selected 6 residents to interview with 3 identifying a bisexual, and one that reported previous abuse prior to placement. Each resident was randomly selected from the staff rosters provided, and each was willing to speak, pleasant, and appeared honest and sincere in their responses. All were fully aware of the PREA standards and how they applied to the facility. No one indicated that they are separated because of how they identify, and no one had any concerns to address.

It should be noted that all of the residents in this program were selected by Adelphoi for their program needs and were not mandated to be placed in the program, giving the agency to be selective with those residents here. If they do not have the ability to meet the individual's needs, they will not accept them.

Chad was able to explain how they complete vulnerability assessments, resident intakes, and PREA Education for all residents entering the program. He was able to explain his process of seeing every resident on the day of admission into the program and periodic reviews of vulnerability information that occur on a regular basis plus when an adjustment would be made to the resident including program and housing changes or an incident that would warrant an adjustment.

As noted above, I was able to go to the main campus and interview the PREA Coordinator, new Director of Nursing, Vice President for Residential Services, Bethany, one of several PREA Certified Investigators employed by Adelphia, the HR Director, a School Teacher from the Alternative School, and additional random staff assigned as floaters who move between some of their facilities. During this time I was able to review staff files with the HR Director looking at criminal background information and PREA education. Bethany was able to review resident files with me via their corporate-wide computer software system that tracked all information including PREA Education, Vulnerability assessment information from intake to present. These files included program involvement, historic information on the resident, as well as PREA education and incidents if any. We were able to do this again in July when completing the follow-up for Markers house.

#### Reports:

It should be noted that there were no Grievances filed over the past 12 months and no PREA complaints filed at the facility. I was able to review data from previous years as well as all documentation used in the completion of a PREA incident/Investigation by the agency. Their incident reports, management, and incident team review information for all their facilities are kept by the PREA Coordinator and maintained on a secure server/software system.

#### C: Post Audit

Following the on-site review, I was able to review all the documentation I gathered, my notes and make requests to Bethany and Jennifer for additional documentation needed. I was able to triangulate the basis of the standards with Adelphoi policies and documentation with what I could see and discuss with residents and staff during the on-site portion of the audit. The Susan's/Markers House and the corporate structure of education, policies, and operations worked well, assuring the standards were met through their operations. I was able to align

each standard with both policy and operations to see both how staff were aware and educated as well of that inline staff, first responders, and upper-level staff. Documentation (both in paper and digital) was organized, complete, and detailed. Especially that of residents' vulnerability, education, and services provided. It was all up to date and detailed in their database.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Susan's and Markers Houses are 2-separate houses sitting side by side in Latrobe, Pennsylvania under one program with the same staff. They are both 2-story residential homes put into service 7-months apart in July 2012 and February 2013. They house juvenile female clients under court order from various court systems throughout Pennsylvania. Susan's house has 14 beds and Markers has 15. During the audit, Susan's housed 12 and Markers had 11 residents.

Susan's was located close to the street with front and rear access via a parking lot and secure door. I accessed the front door that brought me into a living room/dining room area with an open floorplan. To the right was the staff area including the supervisor's office, staff office, and a conference area for staff meetings. To the rear of the living/dining room was a large kitchen area and pantry area for storage.

Further back was a nurse's office, general office, bathrooms, and the resident laundry. I did note that the view of the area was easy and open allowing for full staff coverage of the residents in this area. Upstairs was the living area for all the residents with 2 sets of stairs leading to the first floor. In the bedroom area, all rooms were off of one common hallway. There were six (6) rooms and two full residential bathrooms each with a toilet, sink, and tub/shower unit. Each room was set up for 2 to 3 residents and their housing was determined via their vulnerability assessment. Lastly, there was a central secure storage unit. Staff was positioned throughout the hallway with a full view of every room and resident. Back downstairs, was a secure door to the basement. This was a very large area that had a group therapy room, the therapist's office, and secure storage for the house.

Both houses sit side by side. Markers facing the side of Susan's with a small yard in between and a parking lot shared between the two in that same area. Markers house was closer to the street with only street parking in the front. Markers house is also a 2-story house with brick casing on the exterior. The house was set up with the main entrance in the front off a porch and also an identified entrance to the right of the house, near the parking lot into a secure stairwell/vestibule. Entering from that right side leads into a hallway with staff offices on both sides including the unit directs, supervisors, therapists, and a common conference room. Continuing to the left side of the house past the offices was a large kitchen and dining area and directly off of that was a very large sunken living room where the residents were watching TV. Back into the hallway was a set of stairs leading to the 2nd floor where the bedroom areas were. At the top of the stairs, there is a residential-style bathroom and 2 bedrooms to the left. To the right were 3 more bedrooms and a residential bathroom. The bathrooms were single-person use, with a toilet and sink. One had a tub/shower unit and the other just a shower unit. Staff posts were positioned throughout the hallway to assure coverage. To the far right of the building was the 2nd secured stairwell leading back to the offices and the entrance I used. The resident rooms were multi-person and they had one single room that can be used for either Susan's or Markers as needed for classification. As with Susan's House, Markers had a full basement. To the right, there's a very large group activity room and secure storage to the far right. There were 2 stairwells leading to the activity room, one from the main floor kitchen and one from the rear secure stairwell.

The houses sit in a neighborhood grid as mentioned in the borough of Latrobe, PA. It is centrally located within a short distance of the Adelphoi Corporate office and Charter School. The houses sit directly across the street from a Sheetz Convenience store. Being so close to the downtown and corporate office, it is very convenient for the agency to move the residents back and forth to school, special activities, and programming.

Neither facility had CCTV monitoring but it is budgeted as part of the agency's annual review and recommended upgrades. With the pandemic shutdowns, this project has been delayed.

These houses and programs are licensed through the Pennsylvania Department of Human Services for Dependent and Delinquent children between the ages of 13 and 18. The license allows for 29 girls, but presently is holding 22. They presently have 25 full-time staff members with floaters assisting in numbers as needed. They are supported by their main campus in Latrobe, PA, and management personnel that works between the main campus and this program.

It was noted throughout the houses and in group rooms that PREA Related information was laminated hanging on walls or bulletin boards for the residents should they need it. Both residents and staff spoke of the data that was available throughout as well as the ability to call ChildLine or the Blackburn center as needed via speed dial buttons on all phones in the facility. I did note during my time there that staff was readily available to residents and always within sight and sound of all residents no matter in living quarters or program areas of the facility. The same was true with downstairs recreation or dining, residents were in constant view of staff.

Residents spoke of programs, specifically therapy and counseling sessions they would have at the facility along with group meetings and counseling. Accordingly many shared their work with Adelphoi staff to get their lives in order to eventually leave the program and return home or advance therein to independent living. They all had goals and visions of a future life as they moved forward.

**AUDIT FINDINGS****Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

Standards Exceeded: 3

115.317, 115.341, 115.381

Standards met: 40

115.311, 115.312, 115.313, 115.315, 115.316, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.342, 115.351, 115.552, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.382, 115.384, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

Standards not met: 0

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1484 362">To review this standard I reviewed the Aldephoi Village, Inc. PREA Policy, Agency Organizational charts, Human Resources documentation, spoke with the PREA Coordinator, Unit Director, PREA Compliance Manager/Investigator, line staff, and residents.</p> <p data-bbox="240 398 1493 658">This Auditor reviewed the Agency-wide comprehensive PREA Policy that mandates a zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between residents and with employees/volunteers/contractors. The policy breaks down education for staff and residents and trains personnel on prevention related to sexual abuse, harassment, and mandated reporting. The policy addresses staff reporting, resident reports as well as 3rd party reporting. It identifies the Unit Director or designee's response to allegations of abuse or harassment. It identifies the posting of signage, criminal history and background checks (which are done every 2 years), intake screen process, and staffing minimums to assure compliance. The agency policy along with Human Resources documentation and handouts to new employees address zero tolerance and mandate criminal history and background checks on all employees, volunteers, and contractors.</p> <p data-bbox="240 689 1484 913">Under the Policy, it outlines the responses necessary to address allegations and reporting as part of the responses including an Administrative review team made of program managers as well as the PREA Coordinator, unit directors, and other personnel while describing the role and timelines associated with the process. This is also seen through the agency's organizational chart showing the flow of personnel responsible for this review and timely action in any case. It spells out the use of a victim's services center such as the Blackburn Center for those and crisis intervention personnel as well as the mandated involvement of the Pennsylvania Department of Human Services (PA DHS) for mandated reporting and local law enforcement. The PREA chapter also includes a copy of the reporting form used for PA Childline for all staff/personnel.</p> <p data-bbox="240 945 1481 1106">The PREA Coordinator (PC) along with PREA compliance personnel are spelled out in the policy and are charged with the education/training/compliance toward all residents/staff/contractors. This is also spelled out through job descriptions provided via HR. They are given time to establish and assure training is completed for all personnel and proper screening of staff. Each facility along with the PREA coordinator will monitor and implement plans for staffing to meet the national PREA standards as well as those mandatory minimum standards required by the Pennsylvania Department of Human Services.</p> <p data-bbox="240 1115 1493 1308">Each facility's PREA compliance manager along with the PREA coordinator will annually or more frequently review that specific facility's "Operational Vulnerability Assessment", automated data that is kept on the facility keeps. The PC is the agency-wide Director of Quality Assurance and addresses all 19 residential facilities. The PREA Coordinator has 20+ years of service and falls directly under the Chief Operating Officer of the Agency. The PREA Compliance Manager is also the Unit Director with an extensive background in juvenile detention/residential services. They both showed extensive knowledge of the PREA standards specifically the Zero-Tolerance policy. This was noted while on-site during our interview time together.</p> <p data-bbox="240 1339 360 1366"><b>Summation</b></p> <p data-bbox="240 1397 1474 1590">Evidence provided in the pre-audit shows a well-written zero-tolerance policy and documentation on hand both in the policy and in human resource documentation provided. During the onsite audit, signage was visible throughout the facility. While conducting interviews, all personnel could actively articulate the policy and quote specifics back to me. Residents as well showed an understanding and were able to describe aspects of it and indicated their knowledge of posting and receiving information related thereto. Files showed training records for staff and intake documentation showed resident education as well.</p> <p data-bbox="240 1621 1474 1680">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.311 and all aspects therein. There is no corrective action required.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 344">In a review of this standard, I spoke with the PREA Coordinator, PREA Compliance Manager, and agency Vice President, as well as a review of their PREA Policy.</p> <p data-bbox="229 344 1509 501">Susans and Marker's Houses located adjacent to one another are used to hold youthful Females under court order from various counties in Pennsylvania. They work directly with the courts and representatives such as Juvenile Probation and the Counties Protective Services/Children and Youth Services. This was discussed with various managers during our meeting. Both are under the direct operation of Adelphoi Village, Inc. and does not contract with other agencies for housing.</p> <p data-bbox="229 501 1509 568"><b>Summation</b></p> <p data-bbox="229 568 1509 680">Through discussion with management and the PREA Questionnaire, none of the residents being held at Adelphoi specifically Alliance are under contract with any agency, but instead under placement via court order from various county agencies/Judges.</p> <p data-bbox="229 680 1509 777">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.312 and all aspects therein. There is no corrective action required.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1474 432">In my review of this standard, I had the opportunity to review the Pre-Audit materials, PREA Policy, last staffing plan review, their unannounced rounds log and form used, the planned location of CCTV monitoring cameras/systems, Procedures manual, discussions with the PREA Coordinator, Unit Director who makes unannounced rounds, The VP of Residential Services (responsible for staff plan review), review of various documents, interviews with staff and residents, and review of PA Department of Health Standards/requirements for staffing.</p> <p data-bbox="240 461 1490 555">This Auditor reviewed the agency-wide PREA Policy along with the agency-wide "PREA Staffing Policy" indicating mandatory 1:8 ratio for waking hours and the required 1:16 ratio for night hours. It adds additional staffing in all their secure facilities to 1:6 and 1:12.</p> <p data-bbox="240 584 1485 712">According to the VP the agency-wide staffing plan was developed to meet Pennsylvania state mandates before PREA was introduced and it is part of agency policy. It is reviewed annually and updated as needed. This was noted in their policy as well. I was provided a copy of the staffing review for the facilities and agency during the Pre-audit and had the opportunity to discuss it with the PREA Coordinator and Unit Director.</p> <p data-bbox="240 741 1493 938">The facility does not have CCTV in place at this point and relies on complete staff coverage for resident management. According to the unit director, a complete CCTV system is planned and was delayed due to the COVID pandemic. There are other technology-based items like electronic round checks through a guard-tour system that uses sensors placed in specific locations in the facilities that record staff rounds in a computer program. Once the CCTV system is installed, it will be monitored from both the supervisor's office at the facility and the cooperate office in Latrobe, PA. According to plans in place, the system is scheduled to be installed in the following months.</p> <p data-bbox="240 967 1490 1095">This Auditor reviewed Pennsylvania Department of Human Services (PA DHS) standards for Juvenile Confinement Facilities, verifying mandated standards that the agency uses (it is noteworthy that the agency refers to these standards in their policy). The PREA Coordinator indicated that the Facility was NOT under any type of findings of inadequacy or oversight from a third party. This Auditor's research gave the same results for this as well.</p> <p data-bbox="240 1124 1481 1254">In discussions with the Unit Director, he indicated that there is at least one supervisor per shift in the facility. This was noted during my interviews with staff and mid-level managers. Policy dictated that supervisors assumed an on-call status every couple of weeks should an exigent circumstance arise they will be called in to assure facility staffing numbers were within minimum standards. When this occurred, the issue was documented in the supervisor's office.</p> <p data-bbox="240 1283 1490 1512">The staffing plan is referred to in the PREA Policy and outlines the reporting of exigent circumstances, showing that documentation is required in the form of an incident report and logged in the supervisor's office should this occur. The unit director explained that if there is a call-off and staffing would be affected, they would mandate staff to stay from the earlier shift and give the opportunity for other staff to report in to cover for overtime. It was noted that under such issues, staff would be held to maintain the minimum standards. The agency did not have any exigent circumstances over the past year, relying on staff from other facilities they have nearby, fill-in employees, supervisors, or mandating of other staff to fill the required staffing needs.</p> <p data-bbox="240 1541 1414 1603">During the walk-around and throughout the 2-day audit, I noticed that they had staff available at all times. I posed the questions to some of the staff, and all indicated they hadn't seen any issues with it.</p> <p data-bbox="240 1632 1474 1760">The agency and facility along with their Staffing Policy and PA DHS Standard require that: 1) establish mandatory minimum staffing requirements within the overall agency policy to work for that specific facility and; 2) assure that a staff schedule is posted within 2 weeks to meet requirements. Adelphoi policy mandates that the schedule is posted a minimum of 30-days out to assure proper staffing.</p> <p data-bbox="240 1789 1485 1986">During staff interviews on staffing and how issues are handled if they are short. Some indicated that they are not short-staffed stating that staff is held from the previous shift stating that the supervisors make sure there is an adequate number in place and will call in fill-ins or mandate staff. During some of these interviews staff members were able to give more detail indicating that staff is held over and if replacements could be called in, they are permitted to leave once the mandatory staff level is met. In both cases, all staff was aware of the on-call procedure for supervisors to come in should someone have a reason to leave to fill the spot until someone could be brought in.</p> <p data-bbox="240 2016 1359 2078">Any deviation in staffing is recorded in the facility incidents and the Unit Director is notified. Through a review of documentation and noted earlier, there are no incidents of exigent circumstances happening.</p> <p data-bbox="240 2107 1490 2134">The agency-wide PREA Policy also dictates that a review of the staffing plan, patterns, and the use of the CCTV (if deployed)</p>

by the PREA Coordinator and Facility Director every 12 months or as deemed necessary. According to the PREA Coordinator and in the review of the documentation provided during the pre-audit phase, the last staffing analysis occurred with the VP and PREA Coordinator on 5/18/21.

The PREA Coordinator discussed the Vulnerability report that she generates and how she gathers the data. She provided me with a copy of their "Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior".

This document along with PREA data is compiled for use in resident placement and programming. During the onsite audit, I was able to review the compiled data on the computer of the residents at Alliance House and make notes for my records as part of the resident record review. They use this data to look at potential staffing needs and patterns as well

The agency-wide PREA Policy outlines unannounced rounds in the facility by upper management personnel, and when speaking to the Unit Director and PREA Coordinator they confirmed that unannounced rounds of the bedroom area, day areas, and basement area of the houses. I was able to verify this through round sheets sent during the Pre-audit phase.

The logs showed that the rounds were unannounced, and at various times/days throughout a variety of months over the past year. In speaking to the unit director, he explained that he will do round checks at random when of shift and also come in. He stated that he will change his pattern/time to avoid a pattern and avoid informing staff of his plan.

#### Summation

Adelphoi has agency-wide policies for PREA and PREA Staffing that are adapted to all of their residential facilities. They break down specifics to meet not only PREA standards but federal and state standards specifically under PA DHS mandating minimum staffing standards and have a protocol in place to monitor and adjust for variations if necessary. Their managers and supervisors are available along with forced overtime if necessary, to address any issue. The documentation reviewed along with the interviews and my walkthrough gave me the needed information as required for the standard.

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

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>In a review of this standard, I looked at the PREA Policy, Agency-wide Procedure Manual (specific to cross-gender searches), pre-audit information provided, screening information, HR documentation, interviews with Compliance Case Manager, PREA Coordinator, Staff, and residents.</p> <p>The operations manual and PREA Policy spell out steps "should" a search if an individual be required for supervisors and management and that of additional documentation and complete management approval prior to any search in one of their "secure facilities". Accordingly, Sysans/Marker's House does not conduct pat searches or any type of body search by staff.</p> <p>The PREA Policy spelled only "same-gender personnel" are permitted to conduct body searches and ALL searches must be approved by a supervisor. A "search authorization form" is used for all searches performed and the agency requires 2 same-gender personnel present when they are completed. All residents indicated during our interviews that they are not strip-searched and only pat searched by males and females were never present. Staff interviews gave the same results, indicating that only men conduct pat searches.</p> <p>As noted during the interviews with staff, management, and the residents no one is physically searched by touching. Residents indicated that they are "wanded" with a hand-held metal detector and sometimes have to turn their pockets inside-out for security purposes. All staff indicated that they do not touch the residents for any searches. The Unit Director state if they have a resident go AWOL from the facility the police when returning them would have searched them prior to receiving them back into custody.</p> <p>The agency has residential-type bathrooms with showers and closing doors for all residents to use. They are per policy one person at a time bathrooms. This was discussed with both staff and residents who confirmed this procedure. The Auditor reviewed the Procedure manual and PREA Policy spelling out that no cross-gender observation is permitted under any circumstances.</p> <p>During my tour of the facility, it was noted that the bathrooms are in the residential bedroom area of the residents. Like a home bathroom, the consisted of a tub/shower, sink, and toilet. There is a solid door and it is required to be closed when the bathroom is in use. It was also noted and confirmed with staff and residents that they are not permitted to move from a bedroom to bathroom or vise versa unless fully clothed.</p> <p>The Auditor read in the agency-wide PREA policy that all male employees (female facility) are required to announce themselves before entering the housing area and the dayroom areas of the facility. This was confirmed to occur when speaking with all the residents and staff.</p> <p>This Auditor reviewed the agency-wide PREA Policy and Procedure Manual that prohibits searching to determine gender as well as providing direction related to a medical exam. When looking at the training curriculum it explains in detail the practice is prohibited, including examples therein. Throughout my interviews with staff and residents, they all confirmed that this never would occur.</p> <p>Outlined in the PREA Policy and Training curriculum provide the standard components used to determine genital status, "questioning the resident, medical file/documentation/and steps for a medical exam if necessary". I also noted that the PREA Policy offers those of transgender and intersex the ability of a gender-specific staff member to make the search less intrusive.</p> <p><b>Summation</b></p> <p>Staff members including the PREA Coordinator, Unit Director, and staff were able to verbalize the components of this standard. In discussions with residents, they could clearly that pat searches are not performed unless approved by management under specific circumstances. It was noted that no searches were conducted and confirmed by residents and staff. It is not worthy that during each resident's review, they conduct assessments and ask sexual preference-related questions in relation to PREA.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.315 and all aspects therein. There is no corrective action required.</p>

115.316	<p><b>Residents with disabilities and residents who are limited English proficient</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This auditor reviewed the pre-audit information including the PRES Policy, Procedure Manual, PA DHS Standards, Facility postings while on-site, ADA Requirements, intake and screening documentation, spoke with the PREA Coordinator, the Compliance Counselor, Unit Director, Staff, and Residents.</p> <p>The Auditor found that the agency-wide PREA policy and Procedure Manual both have criteria to address ADA issues providing equal opportunity and assistance to address the issues outlined in the standard. Reference in both the PREA Policy and Procedure manual to initial intake screening and the review of all residents for vulnerability in specific areas including their intake screening documentation, literacy screening, low functioning screening, and medical file review/screening. Screening information was reviewed via their computer system for verification.</p> <p>According to the PREA Policy, residents are not used in interpreting for another resident who may have a language/reading barrier. In my discussions with staff indicated that if necessary the corporate office would bring someone in from an outside agency or use a staff member. In speaking with residents about this they felt that someone would come in and they had never seen this done.</p> <p>The Auditor determined through review of the procedure manual that a multitude of testing is offered to each resident should it be deemed necessary for clinical support (psychiatric, MH/MR, abusive history, etc.). This is explained throughout the PREA policy and Procedures manual. The agency offers services for all areas discussed in the standards. Over the pasts, 12 months services related to hearing, blind, language barriers, or handicap issues were not needed. This was also noted through interviews and file reviews. Staff could explain that residents would not be used if barriers like ESL would occur.</p> <p><b>Summation</b></p> <p>Throughout discussion with management personnel, they have indicated the ability to have specific interpreters available and approved for use (background checks, etc.) whenever needed. They have articulated the procedures with staff for assessment of low functioning or reading/writing barriers and procedures to assist them are in place. The auditor compared the policy and procedure to those questions asked of staff and management and was able to ascertain the components were met. They do offer screen and support for psychiatric, learning disabilities, and other concerns and disabilities for residents. This was also vocalized when interviewing residents to assistance provided to them.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.316 and all aspects therein. There is no corrective action required.</p>
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115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 210 454 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1468 365">To look at this standard, I reviewed the pre-audit information, the PREA policy, Procedure manual, HR Documentation including employee discipline, background investigations, and conflict resolution. I also interviewed the PREA Coordinator, Compliance Coordinator, HR Director, VP, and reviewed staff files.</p> <p data-bbox="242 396 1484 555">The Auditor first reviewed agency-wide Human Resources information in both the PREA Policy and Procedure Manual along with the provided Human Resources policy attachments. The agency's policies discuss specifically the "promotion, hiring, and contracting (contractors)". The PREA Policy, pg. 26 explains the hiring procedure and that Adelphoi "shall not" hire anyone that falls under the components of this standard. The policy lists hire, promote, and contractor therein as outlined in the PREA standard.</p> <p data-bbox="242 586 1476 745">The PREA policy and HR policy mandate ALL new employees will have criminal history checks through the Pennsylvania State Police, Child History Clearance, and PA DHS checks (PA Childline). This also includes FBI clearance and arrest records. This was noted when reviewing personnel files. It is done on all new hires, contractors, and volunteers entering the facility. The agency will consult any child abuse registry (PA Megan's Law), and any previous institutions that the individual may have been an employee or contracted with.</p> <p data-bbox="242 777 1492 972">"Criminal Record Checks" performed through the Pennsylvania State Police were present in all staff files reviewed as well as updated checks on existing employees within the 5-year lookback per standard, but they conduct these checks every 2-years above the standard requirements. When meeting with the HR department representative, she spoke on the process used after an individual applies for employment before any interview is conducted the review the State Police information along with contacting PA DHS and examining other reporting agencies. All agencies that the individual previously worked at are contacted as well. The Policy also shows that a 2nd check is completed every 2-years within the 5-year standard mandate.</p> <p data-bbox="242 1003 1476 1128">The Auditor while reviewing the PREA policy and procedure manual discovered the interview criteria for all personnel with direct questions related to the standard concerning any related issues. This is also part of the application process when a potential employee will complete their initial application. Those existing employees according to the Procedure Manual and HR Policy are mandated to notify of any allegation and/or conviction in relation to this standard and other criminal violations.</p> <p data-bbox="242 1160 1492 1285">The Auditor also reviewed Pennsylvania law related to working with children and noted that it is mandated under the law to report. Omissions are also regarded as violations and include up to and including termination. The agency is also mandated under Pennsylvania law and DHS standards to report all violations and terminations of employees for violations under this standard. PA DHS Childline requires reporting and maintains records of all violations to avoid future hiring.</p> <p data-bbox="242 1317 1436 1411">During the pre-audit, I was provided documentation for the contractors working at the agency (Dental, D &amp; A, healthcare workers) that on occasion enter the facility. the documentation provided the contractors with necessary requirements of PREA and included their signoff on the material.</p> <p data-bbox="242 1442 359 1471">Summation</p> <p data-bbox="242 1503 1468 1697">The Auditor was able to correlate the standard components that were written within the standards, and a detailed hiring procedure was provided by the Human Resource Department for Adelphoi Village. That data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law. The agency's pro-active approaches to interviews, quick background checks including the FBI check, and mandating they are done every 2-years have shown their desire to assure safety for residents, and their compliance with the standards.</p> <p data-bbox="242 1729 1492 1787">Based on available evidence and analysis at the facility this auditor has determined that the facility has exceeded compliance with standard 115.317 and all aspects therein. There is no corrective action required.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 344">For this standard, I reviewed the pre-audit information, PREA policy, and spoke with the PREA Coordinator, Compliance Counselor, Unit Director, and VP of Residential Services.</p> <p data-bbox="229 344 1509 636">Susans/Markers House is located in Latrobe Pennsylvania. Susan's was opened in July 2012 and Marker's 7-months later in February 2013 and there have not been any upgrades since their last PREA Audit. As noted these homes sit on a corner in the Borough of Latrobe with a shared yard and parking between them. Staff also work at both programs and residents are transferred between them when necessary. Both buildings are slated for CCTV additions in the coming months. This was noted in discussions with the Compliance Counselor and the Unit Director. According to the PREA Coordinator, this is also something that is part of their review of the facility's vulnerability assessment. The agency uses all available data including their vulnerability report in making necessary upgrades or additions. As discussed, the system offers monitoring throughout the facility in all common areas as well as hallways outside the bedrooms.</p> <p data-bbox="229 636 1509 703">Summation</p> <p data-bbox="229 703 1509 860">Through a visual walkthrough of the facility and interviews with management, it is apparent that the agency through a vulnerability review placed cameras in areas to maximize the protection of residents for both sexual abuse/harassment and from any type of assault. While doing the walk through the Unit Director pointed out all the camera locations. It was noted that placement is obvious to cover not only blind spots, but common areas to assure safety.</p> <p data-bbox="229 860 1509 943">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.318 and all aspects therein. There is no corrective action required.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 365">To complete this standard I reviewed the pre-audit questionnaire, agency PREA Policy, Procedure Manual, spoke with the Unit Director, Compliance Counselor, PREA Coordinator, VP, Greensburg PSP Barracks (contract with PSP for all criminal investigations), and reviewed the Excelsa Health, Latrobe Hospital Sexual Assault/SAFE/SANE Program.</p> <p data-bbox="240 398 1485 689">The Auditor discussed investigations with the Vice President, the Compliance Manager who is a certified PREA Investigator, and the PREA Coordinator. They indicated that Adelphoi Village, Inc. handles the administrative end of investigations, this is noted in their PREA Policy and has a section located in their Procedures Manual. Both the PREA Policy and Procedure Manual established a standard for evidence protocol allowing the Auditor to determine the Agency provided information and training to their first responders to secure the scene and physical evidence. The staff training policy for "first responders" addresses proper methods as well (scene security, clothing, no washing, etc.). During interviews with staff (all levels) they could explain these steps back to the Auditor when asked. Most staff could give examples of what they would do in preserving the evidence...from bagging items to not allowing residents to wash, change, etc. All were aware of their responsibility in assuring the scene was kept secure.</p> <p data-bbox="240 723 1493 913">The Pennsylvania State Police Greensburg, PA Barracks handle all criminal investigations at Susans/Marker's house. Although the State police ultimately are responsible, the agency has secured a written contract to include reporting under the PREA Standards. Adelphoi has a policy in place called their Sexual Abuse Incident Review (SAIR) that is comprised of agency-wide PREA Coordinator, Program Directors, and selected management personnel trained in PREA investigation to handle administrative investigations working hand in hand with State Police Investigators. A copy of their contract was provided.</p> <p data-bbox="240 947 1485 1104">According to PSP investigators, they are trained under the Department's standards of investigation and would comply with currently acceptable rules of evidence including those published by the DOJ Violence Against Women, and adolescents. The State Police indicated that they would have a trooper available 24/7 to respond and would have an investigator arrive very shortly thereafter to carry the investigation. Their Barracks is staff 24/7 and would ask for assistance from the local police department to assure the quickest response possible.</p> <p data-bbox="240 1137 1477 1227">The agency-wide PREA Policy indicates that ALL residents are offered a forensic medical examination outside the facility at a local hospital, specifically at the Latrobe Hospital that is only a few minutes from the facility. The policy does indicate that the services would be offered free of charge to anyone.</p> <p data-bbox="240 1261 1481 1417">Latrobe Hospital is approximately 8-10 minutes from the facility and offers a SANE Program available to anyone within the county via their emergency department. These services are offered 24 hours a day, 7 days a week, and free of any charges for exams or associated services. Adelphoi works via contract with the Blackburn Center in Greensburg, PA for victims' services and they also coordinate hospital care and assure exams are in place and completed. Latrobe Hospital will provide any necessary sexual assault exams and make referrals for aftercare and counseling as needed.</p> <p data-bbox="240 1451 1485 1675">The Auditor was provided with a contract for the Blackburn Center, a non-provider Victims Services center located in Greensburg, PA, a short distance from Latrobe, PA. The contract was exercised between the agencies on May 1, 2018, and provides sexual abuse support and reporting to Adelphoi Village, specifically in this case to Susan's/Marker's House. They agree to provide services and reporting to police and mandated agencies along with providing 24/7 access for victims' advocates and emotional support. Even with a direct call to PA Childline in place for residents to report, Blackburn's phone number is also toll-free and they offer hotline services as well. They have crisis counseling related to sexual abuse available too. According to the contract, it has an auto-renewal clause in place and will automatically renew on May 1st each year.</p> <p data-bbox="240 1709 1441 1798">Under the sections of the contract and through my discussions, Blackburn has agreed to provide a victim's advocate to medical appointments, Court appearances, and during forensic medical exams. As indicated earlier, they would provide these services on a 24/7 basis whenever needed.</p> <p data-bbox="240 1832 1473 2000">When this Auditor reviewed the contracts with the state police and the Blackburn Center, each agency and Adelphoi outline steps to follow in the contracts. PREA Policy dictates the steps a first responder will take to secure the scene and preserve evidence. The State Police contract addresses all crime-related incidents at the facility and spells out the steps of the facility's duties and that of the state police. It spells out crime scene investigation, security, and security of any victims. It includes a section on notification of the agency of the steps of an investigation and the findings.</p> <p data-bbox="240 2033 360 2056"><b>Summation</b></p> <p data-bbox="240 2089 1493 2145">The information reviewed and discussions with the state police, Excelsa/Latrobe Hospital, and the Blackburn Center along with management interviews, allowed the Auditor to see the procedure and steps should a criminal investigation be needed. I</p>

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

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

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1433 362">In my evaluation of this standard I looked at the pre-audit information, PREA Policy, Procedures Manual, Sexual Investigation Review Forms, the contract with the State Police, interviewed the Unit Director, PREA Coordinator, VP for residential services, and the Compliance Counselor.</p> <p data-bbox="242 398 1394 456">Over the past year, the agency has not had any PREA allegations filed and no investigations were completed at the Susan's/Marker's Houses.</p> <p data-bbox="242 488 1481 546">In my review of previous investigations, the agency assured all data was included including if and when referrals were made for criminal investigations with the police.</p> <p data-bbox="242 577 1481 636">According to the agency-wide PREA policy, Adelphoi Village addresses the requirements of investigations and outlines the duties of those PREA -Certified investigators on staff, the protocol to follow, and the timelines associated with the standards.</p> <p data-bbox="242 645 1465 770">It was also noted that the agency requires local police authorities, in this case, the State Police in Greensburg to complete all criminal investigations referred to them. I was able to review this in the PREA Policy and noted it is placed on the agency's website. I was able to discuss the same with management and the Compliance Counselor who is a certified Investigator for the agency and has been involved and conducted several investigations.</p> <p data-bbox="242 860 357 887">Summation</p> <p data-bbox="242 918 1487 1043">The auditor was able to align the PREA policy, police contract, and the articulation of the interviews with the components of the standard. The State Police contract meets the requirements for criminal investigations while the agency fulfills that of the needs for the administrative end. the agency has a comprehensive policy on criminal and administrative investigations. Management staff could easily explain the policy as well as the process.</p> <p data-bbox="242 1075 1474 1133">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.322 and all aspects therein. There is no corrective action required.</p>

115.331	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I reviewed the pre-audit information, the agency-wide procedure manual, PREA policy, Relias Training information, annual PREA handout, discussions with the Compliance Counselor, PREA Coordinator, and staff at the facility.</p> <p>The Auditor was advised through the PREA Coordinator that Adelphoi Village, Inc. has entered a contract with Relias, Inc. for a multitude of staff-related training including:</p> <ol style="list-style-type: none"> <li>1) "PREA: Dynamics of sexual abuse In Corrections", a 2-hour interactive online program covering the PREA Standards</li> <li>2) "Recognizing child abuse", a 3-hour similar program</li> <li>3) "PREA annual refresher course for 2-hours for all employees.</li> <li>4) "PREA: Staff roles, responsibilities, and reporting", a 2-hour program.</li> <li>5) New Employee Orientation – 3 hours done in-house by the agency staff.</li> </ol> <p>The Auditor reviewed Relias PREA training programs on their website and was able to review details of each class outline. I was provided with up-to-date training logs for all staff. The documentation reflected classes mandated for all new employees and those of updates for their annual training. I was provided with certificate copies for all staff at the facility. These programs are developed to meet standard 115.331 (a) needs.</p> <p>The documentation was provided as part of the Relias system and included staff names, dates, and the time spent in the class and completing the program. The track training electronically and complete most of it through Relias Learning. Training is provided on a 2-year minimum in compliance with their policy and this standard. The training allows for both male and female staff to receive the same training covering the needs for supervision of both male and female clients. The agency provides handouts and postings for staff during off years of required training.</p> <p>The Relias system also provides notifications to the management of dates staff are due to receive updated training to assure deadlines for recertification are met. The agency requires all staff to participate, test, and complete the training as well as signing off on completion.</p> <p>In speaking with staff, they all could explain the training they received and the elements of the online programs, the agency's zero-tolerance policy, and the annual handout information they receive.</p> <p><b>Summation</b></p> <p>The Auditor was able to review the documentation that shows that employees must meet training needs before working directly with staff (required). During interviews with staff and management, it was articulated that they were not able to be alone initially even after receiving training until they spent x-number of hours with a senior employee or supervisor. The training curriculum developed by Relias Learning meets the standard, and the facility staff on the job training with senior staff also met the training needs. All staff could tell me what training they had and describe elements of the training.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.331 and all aspects therein. There is no corrective action required.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1273 331">I completed this review by looking at the pre-audit data, agency-wide PREA policy, PREA handouts for contractors/volunteers, discussions with the PREA Coordinator, VP, and Compliance Counselor.</p> <p data-bbox="240 362 1485 622">The facility uses a few (3) outside services that are labeled as contractors for the facility. These outside agencies such as dental services, counseling, and Teachers would fall within this category and would receive training. I was provided with samples of the documents used for all contractors, as well as initialed and signed copies of existing contracted individuals. The information provided includes information on the zero-tolerance policy and the dynamics of working with youthful clients in this setting. Under the agency's policies, the staff remains with the residents when working with the contractors. This would also apply to school hours. The documentation discussed earlier requires a signature along with initials on each section of the PREA data they review and agree to. The agency and corporate office maintain copies of the same along with criminal history background information on all contractors and volunteers.</p> <p data-bbox="240 654 360 680">Summation</p> <p data-bbox="240 712 1493 806">The Auditor was able to connect the agency's PREA policy, view documentation, and see the training standards. Through my discussions with Management staff, they could explain the process and how it related to the standard. They could give examples and provide data that showed their knowledge and understanding.</p> <p data-bbox="240 837 1473 898">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.332 and all aspects therein. There is no corrective action required.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">I was able to review the pre-audit data, PREA Policy, agency-wide PREA Video, PREA handouts, postings throughout the facility, discussions with the PREA Coordinator, Compliance Manager, Unit Director, Therapist, Staff, and Residents.</p> <p data-bbox="240 360 1481 488">The Auditor reviewed the agency-wide PREA Policy that indicated that all residents will receive PREA related training during their initial intake process, resident files/intake screen documents, PREA video, and discussed the standard with staff and residents. Policy mandates all screening is to occur immediately upon entry into one of their programs such as the Alliance house.</p> <p data-bbox="240 517 1490 680">During resident interviews, they all indicated they did watch the video on PREA when they arrived at the facility. When asked to be specific, most stated the same day I came in, a few stated the thought they completed it "a day or two" after coming in and interviewed by staff and read the PREA Policy. When discussing the PREA training and video, all residents stated they could understand the content and indicated that it covered the facility's zero-tolerance policy, ways to report, and what happens should they report.</p> <p data-bbox="240 710 1490 904">The agency-wide PREA policy spelled out that all information related to their right to be free from sexual abuse/harassment be provided to the residents in a clear form for age-appropriate residents to understand within 10-days of commitment to the facility but as soon as possible. The policy covers their right to be free from retaliation for reporting. Residents indicated that they met with staff members in the 10-day period and were asked questions and provided with more documents on what they termed as "PREA". In a review of resident documentation, it was noted that residents scoring high for specific criteria were offered follow-up usually within the next week.</p> <p data-bbox="240 934 1466 1097">I discussed the video with the PREA Coordinator as well as intake staff. They document and review the Resident PREA Form with the residents and have them sign that they received the necessary documentation. During resident interviews, they were able to verify this as well as explain back to me they reviewed the zero-tolerance policy, they had the right to be free from sexual abuse/harassment and retaliation. When reviewing resident files on their computer management system, I was able to see the dates the residents receive their initial PREA education and when a follow-up occurred.</p> <p data-bbox="240 1126 1477 1254">I reviewed the electronic resident records with Bethany, the Compliance Caseworker. I could see the dates the information was completed that coincided with the resident's accounts during their interviews. According to a few residents they receive the PREA intake training multiple times if they are moved from facility to facility under Adelphia Village. Management explained that they treat every transfer as a new placement and go through the full intake process.</p> <p data-bbox="240 1283 1485 1411">Intake staff member indicated that information is provided in both English and Spanish through documentation, the agency-wide PREA Policy also indicates this. If the agency would accept someone who is blind or deaf, they would make necessary information available one on one for the resident. They however can be completely selective with residents they will accept at this specific facility and would not hold someone who is hearing impaired transferred in.</p> <p data-bbox="240 1440 1498 1536">They do not have any visually impaired or deaf individuals currently. They were not sure that they would have any placed due to their selection process, however, they indicate through policy that they have the ability to address their needs. They list the video that could be heard and the intake documents read to the individual.</p> <p data-bbox="240 1565 1485 1729">I discussed the issue of those with learning disabilities with both the Unit Director and Therapist. They explained that staff would meet with all residents after their intake and would readdress the requirements of the PREA standard. They were able to explain the steps of the initial PREA intake requirements back to me. She spoke of working with individuals when needed to explain the rights that they have and the steps available under the PREA policy. It is noteworthy that the facility did not have anyone that fell into this category during my audit.</p> <p data-bbox="240 1758 1474 1886">The agency-wide PREA policy outlines requirements for the facility to assure proper records related to the education of the residents. This was listed and discussed with the Compliance Manager and PREA Coordinator. I was provided with copies of the PREA Screening information from all residents while reviewing files. This information is included in their vulnerability report as well.</p> <p data-bbox="240 1915 1426 2011">During the facility tour, I noted multiple posting in the facility when residents would have ample opportunity to see. The posting included the zero-tolerance policy and included their right to be free from any sexual abuse/harassment/and retaliation for reporting such incidents. Residents also indicated when interviewed they were aware of the information.</p> <p data-bbox="240 2040 1469 2136">The residents interviewed all explained that they saw the PREA Video, received intake screenings, and PREA information upon their admission to the Susan's/Marker's House. All were done according to the residents and noted in their electronic records the same day or the very next day. Residents that were transferred into this program from another house all</p>

indicated they received the PREA education and screening each time they entered into a new program, and all stated it was the same day of their transfer.

#### Summation

The Auditors were able to take the documentation along with staff and resident interviews and align them to meet the standard. Residents are receiving the required educational materials immediately or the very next day of their admission well within the 10-day requirement. Although they have not had any dealing with residents with disabilities, the policy information meets the components of the standard for compliance.

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

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1452 365">To complete the review of this standard, I looked at the pre-audit date, PREA policy, their training documentation for investigators, Procedure manual, staff training files, interview with the PREA Coordinator, and the Compliance Counselor who is a certified investigator.</p> <p data-bbox="240 398 1484 524">Being a corporate agency with multiple sites, they have multiple certified PREA Investigators on staff throughout the agency. They maintain training information/certification all through their HR department. Accordingly, they have handled the administrative end of the investigation and do not have the ability to conduct criminal investigations. The policy detailed the components of the standards, as did the discussion with Bethany who also serves on the investigative committee.</p> <p data-bbox="240 557 1476 683">Adelphoi Village, Inc. has 26 trained investigators working throughout their agency (4 work with Susan's/Marker's) and they will handle the administrative end of investigations in conjunction with the unit director and state police. All the investigators have received the PREA certified training that is offered by the DOJ. The training does include how to work with youthful individuals in a confinement facility, and proper warnings as required by Pennsylvania law and the PREA standards.</p> <p data-bbox="240 716 1398 775">The agency does maintain investigators' training certification with their employee files and any updated training they complete. I was provided copies of training information to review.</p> <p data-bbox="240 808 360 835">Summation</p> <p data-bbox="240 869 1449 1057">The Auditors review of documentation along with the interview with the Compliance Counselor gave a clear picture of the agency's standard for investigative training. Through their own certified investigators, State Police, and the documented policies, the facility follows this standard. The facility is under the umbrella of the Agency will conduct the administrative portion of the investigations through their investigators and the investigative committee that does involve management employees with investigative certification. The local State Police Barracks through their contract fulfills the criminal investigative portions of this standard.</p> <p data-bbox="240 1090 1473 1149">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.334 and all aspects therein. There is no corrective action required.</p>

115.335	<p><b>Specialized training: Medical and mental health care</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>To find compliance with this standard I reviewed the pre-audit data, their PREA Policy, provided training documentation, procedural manual, interviews with the Compliance Counselor, Therapist, PREA Coordinator, and the Director of Nursing.</p> <p>The PREA policy outlines that all full and part-time medical, and mental health personnel are trained to meet PREA standards. This was discussed during my interviews at the facility and with the Director of Nursing at the corporate office. Although the medical staff is available at the main campus and via contracted physicians, there is no medical staff on-site at Susan's/Marker's. Through my interview with the Director of Nursing, she explained the medical and mental health training that is received via Relias Training, Inc. She said that medical staff receives the same training as all employees, including Zero-tolerance, first responder, etc. The agency spells out specific training designed for Medical and Mental Health personnel that is given via their main office in Latrobe, Pennsylvania. Alliance House only employees a Therapist dealing with mental health issues and requirements of this standard. Accordingly, all forensic medical examinations occur through the Latrobe Hospital Emergency Department.</p> <p>The agency does mandate all medical and mental health staff they employ, and contract receives the same training as all other personnel utilizing the online Relias training program. The facility contractors in this capacity would also be trained in the same manner as indicated in the PREA policy. I spoke to Susan's house therapist who has completed mandatory training through Relias Learning covering required topics to meet standard requirements. this was noted on the training documentation I reviewed. Under this standard, she is identified as a medical professional.</p> <p>Summation</p> <p>The auditor's review of the documentation on medical/mental health staff training and the interviews with key staff linked the components of this standard together to meet this standard. In my interview with the Director of Nursing, she was able to explain her training in relation to this standard, as well as articulate her understanding of the duty to preserve evidence, detect signs of abuse, whom to report to, and how to handle juvenile victims. She indicated that she is a mandated reporter and have various certification prior to working for Adelphoi that were PREA related specifically in dealing with juveniles. This was also noted in discussions with the unit Therapist as well.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.335 and all aspects therein. There is no corrective action required.</p>
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115.341	<b>Obtaining information from residents</b>
	<p data-bbox="240 147 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1433 398">I was able to review the pre-audit information, the agency-wide PREA policy section on screening for risk of sexual victimization and abusiveness, see the intake screening form, review the vulnerability assessment on several residents, review the procedural manual, speak to the Compliance Counselor, PREA Coordinator, Unit Director, and intake staff at Alliance.</p> <p data-bbox="240 434 1433 560">The residents interviewed all indicated their reviews took place within the first 24 hours of their being sent to the facility. According to intake staff, all clients receive their vulnerability assessment as soon as possible but within 24-hours of commitment to the facility. This is done in conjunction with their PREA Education. I reviewed several resident files with Bethany the Compliance Counselor on their automated computer system.</p> <p data-bbox="240 595 1481 1079">During the on-site audit, no new residents were entering the facility, but I was able to have the Unit Director and Supervisor walk me through the process. Residents are interviewed for risk assessments for victimization and sexually aggressive behavior. Information is obtained through resident assessment data showed the questions asked to residents plus their review and any recommended services such as mental health assessments. The objective screening includes questions on previous sexual abuse or victimization. At this point, they are screened for sexual preference and status that they identify with (LGBTI). The Intake Screening documents used by the agency are kept confidential with the resident files. During this process, they document the resident height, body stature, and any disabilities. The Procedure Manual identifies this intake screening in-depth listing screening for learning disabilities, cognitive functions, IQ scoring, and identifies reassessment standards and timelines. Bethany explained that all residents are reassessed at 6-months (minimum) or through their therapy for changes in their status or issues that may be brought up. The agency database is very clear, offers notes on changes to a resident's status, and objectively scores them on a scale for vulnerability and aggressive behavior. Bed assignments, referrals, and treatment plans are built off of this data. It will also recommend follow-up mental health/medical visits including tracking if the resident accepted or rejected the services offered. The Therapist indicated if there was a concern with a resident or some type of incident a new assessment would be completed to establish new goals, address concerns, and assure the resident's safety.</p> <p data-bbox="240 1115 1481 1205">Residents interviewed were able to vocalize their experience with the process and confirmed the process as required via the standard. All indicated it was done within the first day or the next. Those that were transferred from other agencies within the Adelphoi Village program confirmed that it was redone when entering the new program/facility.</p> <p data-bbox="240 1240 1481 1299">The facility has intake staff trained both through their training standards and under PREA standards to specifically screen on those vulnerability issues.</p> <p data-bbox="240 1335 359 1361"><b>Summation</b></p> <p data-bbox="240 1397 1481 1783">The agency-wide PREA Policy and Procedure Manual was shown through the screening forms and articulated through the resident interviews and the intake instructions provided by a shift supervisor aligned the components of the standard. The PREA Coordinator provided examples of the vulnerability assessment that is utilized to gather data and identify any problem areas or concerns with residents. The data gives them the opportunity to have further evaluations and assessments or further training for the residents. This automated tracking provided valuable information is assuring not only resident safety but allows the agency to identify areas to focus on education and also staff training to better serve the residents. Upon review of each resident, all required information was immediately available without pulling paper files. The agency's assessment can be done on paper initially making a more comfortable question and answer session for the residents and loaded for scoring into the computer system after. Each file I looked at was extremely organized with ample data to assist in assuring the resident's safety and also establish a plan to address the residents' needs. If someone was reassessed, it was easy to see the flow of data and see where changes occur. The agency and Alliance house through the detailed information gathered to meet the needs of their residents have exceeded this standard.</p> <p data-bbox="240 1818 1481 1877">Based on available evidence and analysis at the facility this auditor has determined that the facility exceeded the requirement of this standard 115.341 and all aspects therein. There is no corrective action required.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1436 331">I was able to review the pre-audit data, agency-wide PREA Policy screening information section, screening/vulnerability assessment data from intake, speak with all the residents, unit director, PREA Coordinator, and Compliance Counselor.</p> <p data-bbox="242 360 1490 488">The PREA Coordinator verified that the information from the vulnerability assessment is used for housing, educational placement, work assignment, etc. I noted the information on each resident's assessment and within their files. Adelphoi Village does not isolate any residents in their community homes per policy and is not equipped to do so. If there is a concern with a resident, they will keep the individual separated, utilizing their classification system and supervision to provide safety.</p> <p data-bbox="242 495 1474 555">Many staff would refer to the use of a "treatment plan" being adjusted for the residents' safety, to assure proper monitoring, and use what they termed as "putting them on a hip", referring to assigning staff to one on one for that specific resident.</p> <p data-bbox="242 584 1490 745">The information gathered by the agency includes sexual orientation, previous victimization/abusiveness, disabilities, stature, appearance, previous placements, abuse, etc. Residents were able to confirm the wide variety of questions they were asked in achieving their placement status. The Unit Director and Compliance Caseworker explained how specifically at the Alliance facility they would use the information for multiple assignments including bed and room assignments, and programming designated for each individual.</p> <p data-bbox="242 775 1497 1037">Noted in the pre-audit and confirmed on-site, there was one resident who identified as transgender. During our interview, the resident explained that she identifies as a boy and there were no issues with placement in the program or housing. His views are known and respected. when questioned about housing, he stated there is no problem with that and he resides with all the other residents and was never isolated or looked at differently. I was also able to interview a couple that identified as bisexual. In questing on housing assignment or restrictions, they all stated they are with all the other girls, and no one is treated any differently. They felt as if they were treated equally as all the other girls at the houses. The policy indicates that all residents have the ability to shower, change, and use the bathroom without being viewed by anyone. All residents verified this during my interviews.</p> <p data-bbox="242 1066 1490 1227">During the tour of the facility, the auditor noted that the house has single bedrooms available and staff indicated how they are used should a resident require separation for a variety of reasons. The bathrooms in the house are residential-type single-person use facilities. House rules and policy dictate that bathrooms are one person at a time, with no exceptions. As indicated the facility does not isolate in this residential-type setting. This was listed in all policies/procedures and known by everyone interviewed.</p> <p data-bbox="242 1256 360 1283">Summation</p> <p data-bbox="242 1312 1484 1541">When looking at this standard, Adelphoi Village does not isolate in any of their residential-based programs and that was clearly indicated through the review of data and interviews. The Susan's/Marker's facility uses the screening information to assign housing and programming. They will also make recommendations for specific things like mental health counseling, etc. The information through review met the standard and was kept confidential and secure on their network and only accessible by selected personnel. The house offers privacy and single bedrooms if necessary, based on the resident's assessment. Through the interviews, data review, and tour of the facility this auditor was able to see how the facility met the components of the standard.</p> <p data-bbox="242 1570 1474 1630">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.342 and all aspects therein. There is no corrective action required.</p>

115.351	<b>Resident reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 365">To adequately address the standard I reviewed the pre-audit information, their agency-wide PREA policy, agreement with the Blackburn Center in Greensburg, PA, noted the postings provided and throughout the facility, reviewed the grievance forms, interviewed residents and staff, and spoke with the Compliance Manager, Unit Director, and PREA Coordinator.</p> <p data-bbox="242 396 1490 622">The agency-wide PREA Policy describes multiple ways for residents to privately report including via the hotline (through the Blackburn Center), directly to ChildLine (Pennsylvania's DHS reporting agency), through a 3rd party, via a grievance form through their grievance policy, or privately to a staff member. Residents during interviews at first reaction spoke of the phone offering 24/7 access to PA Childline and the Blackburn Center hotline. When pressed on the issue, they could provide various examples including telling your parents, telling a staff member, or filing a grievance and placing it in the box, or even giving it to a supervisor. During my interviews with them, most stated they would talk to the Unit Director, Therapist, or notify another staff member.</p> <p data-bbox="242 654 1490 846">The facility does provide ways to privately report retaliation as provided in their policy and articulated by residents who all again indicated they could call the PREA line, which is a direct dial number to the Blackburn Center, file a grievance, or call their parents or attorney. The PREA policy spells out the monitoring steps and private ways to report retaliation, neglect, or abuse and many of the residents felt that telling that individual would be kept confidential. I did discuss this with the Unit Director who would monitor retaliation and explained this is part of the policy and posted throughout. I did note the posting in a variety of locations throughout the facility.</p> <p data-bbox="242 878 1490 1104">The PREA policy includes the agency will have steps in play for a resident to report outside of the agency. The PREA Coordinator explained their main way to report is the hotline with the Blackburn Center and the residents have access to report through PA Childline operated by the PA Department of Human Services. Each system allows the residents to report anomalously as well. The residents have access to the phone and their address is posted available for residents to write to them if they choose. Their information is provided as well, and the resident could explain to me their ability to use it. All were aware of the Blackburn Center. Some could not tell me where to find the information (postings) but could tell me that staff has the information available for them but they could use the phone at any time to call.</p> <p data-bbox="242 1135 1422 1196">The facility does not have anyone nor do they hold for Civil Immigration Purposes. This was discussed with the PREA Coordinator and VP of Residential Services.</p> <p data-bbox="242 1227 1490 1355">The Auditor reviewed the agency-wide PREA Policy that states staff will accept reports of sexual abuse/harassment made verbally, written, anonymously, or from a 3rd party. During interviews with staff, all were able to articulate this including that they would first notify a supervisor or director then immediately place it in a written report as required for facility record. This was noted during the previous year's incident reports.</p> <p data-bbox="242 1386 1490 1545">The procedure manual and PREA policy both described the facility grievance system and the process for residents to use it and staff responses therein. Residents knew of the grievance system, although none had used it. They could explain the form and told me they would put them in the box, but most would just hand them to staff. Residents indicated that they are provided with grievances, request slips, and paper/pencils on a regular basis and would have the ability to write. Mail materials are provided to them as well should they want to report that way.</p> <p data-bbox="242 1576 1490 1736">In discussions with staff, they all indicated that they could confidentially report an incident to their supervisor on behalf of a resident or if a resident came to them wanting to report on behalf of another it would be kept confidential. The Facility Director could easily explain the process of a report being forwarded to him and they are beginning the investigation process being able to keep the process confidential. The residents were aware of the implied consent forms they signed at admission, and that confidentiality would be in place unless it was something that was mandated to be reported.</p> <p data-bbox="242 1767 360 1796"><b>Summation</b></p> <p data-bbox="242 1827 1490 2020">The documentation that was provided was verified by both staff and residents at the facility. They were able to articulate steps to report, and residents appeared comfortable in using the multiple methods to report. They did not appear to have any reluctance to report to any staff member if they needed to. Most said they would prefer to go to a staff member or the facility director. The same was true with staff, they could identify facility PREA reporting standards and all went on to explain their roles as "mandate reports" under PA DHS, and all understood how they were mandated to report in the facility and through PA Childline.</p> <p data-bbox="242 2051 1490 2112">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.351 and all aspects therein. There is no corrective action required.</p>

115.352	<p><b>Exhaustion of administrative remedies</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I was able to review the pre-audit information, the Adelphoi agency-wide PREA Policy regarding use of grievances, their grievance policy included a resident signed form on the grievance procedure, interviews with residents, the Unit Director, and Compliance Counselor.</p> <p>The Auditor through the pre-audit material and discussions with the Compliance Counselor determined that the facility is not exempt from this standard.</p> <p>The Auditor reviewed their use of the grievance system in the Agency-wide PREA Policy, "Client Grievance Procedure" which goes into more detail on the process. According to the PREA policy, staff shall accept all grievances and must act on the grievance immediately. The Client Grievance Procedure lists that anyone can file a grievance on their own behalf and any that is related to sexual abuse or harassment can have the assistance of a 3rd party. During interviews with residents, they could discuss the grievance system and know about it but like other facilities, no one stated they have used the system. The Compliance Counselor confirmed no grievances filed over the past year for any of their allegations. She explained that the policy has no limitation for residents, they can still report sexual abuse/harassment without using the grievance system and indicates that the grievance is not referred to the staff member who may be involved.</p> <p>As noted earlier, the grievance system has not been used in the past 12 months. We discussed the components related to timelines for filing and answering. The Client grievance policy and signature sheet confirmed a 48-hour turnaround with an official response within 5 days from Adelphoi Village, Inc. They do outline that a grievance will be completed within the 90-day requirements of the standard and incorporate the 70-day extension as noted in the standard.</p> <p>The Auditor notes that the PREA Policy and Client Grievance Policy (CGP) addresses 3rd party filing. These 3rd party filings can occur and the policy addresses that all are logged and that a resident can have it not acted on, but it becomes part of the grievance log. The Procedure manual outlines discipline and does include "bad faith". There was no data to review as indicated earlier, no grievances requests for relief have been filed by a resident or 3rd party.</p> <p>When meeting with residents, they all were aware of the Grievance Procedure, some indicated that they signed for the information when they went over their intake information. When questioned on 3rd party or filing on behalf of someone else, they all indicated they could do this and gave examples of parents, their Attorney, Probation Officer, and/or Childcare worker could do it for them.</p> <p>Summation</p> <p>The Auditor was able to evaluate the written procedure and compare it to interview information received as well as how it is handled agency-wide. The facility through the use of the Agency-wide PREA and Client Grievance Procedure falls within the components of this standard. The information was known by residents, and the documentation provided to the clients was easy to understand and met the standard requirements.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.352 and all aspects therein. There is no corrective action required.</p>
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115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 365">To look at this standard, I reviewed the pre-audit information including the PREA-Policy, the agency's agreement with the Blackburn Center, the posted information throughout the facility outlining their agreement with Blackburn, interviews with the residents, staff, Unit Director, Compliance Counselor, and PREA Coordinator.</p> <p data-bbox="242 396 1485 555">Adelphoi Village is an agreement with the Blackburn Center to provide confidential victims services, 24/7 hotline support, counseling, etc for their facilities. The Blackburn center is located in Greensburg, PA a short distance from the Alliance Facility. Their information is available at the facility posted for residents with addresses as well as the hotline for them to call. The contract spells out the victim's advocate as well. The Childline service also will provide such information and is available to residents.</p> <p data-bbox="242 586 1461 781">In speaking with facility staff all calls to the Blackburn Center through the hotline are confidential. The same is true for any letter sent to them by a resident. They stated that is a standard feature that they require with any contract they have. The phone call is a direct dial toll-free call and is available 24/7. Any mail going out is considered legal mail and not subject to any searches. The postings to the residents note that all contact is confidential whether it be call or mail. The PREA Coordinator indicated that they have other agencies that have the ability to provide support services to their facilities throughout the western part of Pennsylvania.</p> <p data-bbox="242 813 1493 1072">The residents understand that some things they do will be monitored. They explained that they are told that phone calls are not monitored, and they believe that their dealings with Blackburn would be kept confidential. The information provided to the residents does indicate that calls are NOT monitored and mail does not search. When speaking to the staff they indicated that specific calls such as hotline calls, and attorney calls are NOT monitored or recorded. I spoke with the residents on the consent forms they sign with the agency. The residents did understand that if staff had knowledge of sexual abuse/harassment they are mandated to report as part of their job and that such things would go above confidentiality requirements. Some could explain that this was only for the resident's safety and that both staff and those working for Blackburn were mandated, reporters.</p> <p data-bbox="242 1104 1461 1263">The memorandum with the Blackburn Center covers emotional support counseling services in the contract. In discussions with the PREA Coordinator, she indicated they have additional contracts with victim-type agencies that are available to the facility that provides for counseling and victims advocate. I did note in postings throughout the facility there were toll-free numbers available for the residents to call for assistance. The numbers were for victim's advocate/counseling/support services.</p> <p data-bbox="242 1294 1497 1422">The agency-wide PREA policy indicates that residents will have full access to their attorneys and/or legal representatives, in many cases their Probation/Parole officer. Residents when questioned indicated that they can call their attorney any time and that they are confidential calls. The facility staff confirmed that they have allowed the residents calls to their attorneys and they do give them privacy in doing so.</p> <p data-bbox="242 1453 1394 1514">The same is true regarding their parents or guardians. Residents expressed that they have not had any issues with contacting or seeing their parents.</p> <p data-bbox="242 1545 360 1574"><b>Summation</b></p> <p data-bbox="242 1606 1477 1700">The auditor was able to view the policy, see signage and informational posters about the facility for residents, and compare with the interview information. Management could explain the services and contract in place with ease. There were multiple postings and contact numbers available and the residents all knew how to access them.</p> <p data-bbox="242 1731 1469 1789">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.353 and all aspects therein. There is no corrective action required.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 331">I reviewed the pre-audit information including the PREA Policy, review the agency's website, looked at posting in the facility, as well as talked with residents, the PREA Coordinator, and Compliance Counselor.</p> <p data-bbox="244 365 1485 524">The Auditor reviewed the PREA Policy section that refers to 3rd party reporting that indicates fellow residents, family members, staff members, attorneys, or other advocates may assist or report on behalf of a resident any incident of sexual abuse/harassment. The policy also indicates the grievance system could be used as well as verbal reporting to staff, or 3rd party reporting could occur via the hotline, or directly to PA DHS. The agency website <a href="http://www.adelphoi.org/prea/">www.adelphoi.org/prea/</a> also provides a directory of agencies that someone could report to. It also lists specific police departments for area-specific facilities.</p> <p data-bbox="244 557 1406 618">It is noteworthy that when speaking to residents, they all indicated that someone outside including parents, Probation Officers, or family members could file on their behalf.</p> <p data-bbox="244 651 360 678">Summation</p> <p data-bbox="244 712 1465 801">The agency provides sufficient information to meet this standard through information in policy and on their website. During interviews, residents were aware of the postings and their right to report on behalf of another and also that someone including family could report on their behalf.</p> <p data-bbox="244 835 1469 893">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.354 and all aspects therein. There is no corrective action required.</p>

115.361	<p><b>Staff and agency reporting duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I took a look at the pre-audit information, PREA Policy, Chapter 64 of Procedures Manual for staff regarding PREA Reporting, Relias Training Curriculum, Human Resources documentation on mandated reporting and the Child Protective Services Act, interviewed the PREA Coordinator, VP for Residential Services, Compliance Counselor, and line staff at the facility.</p> <p>The agency-wide HR Policies list that all employees immediately report any incident of sexual abuse, harassment, including knowledge, suspicion, or information. During staff interviews, they could articulate their responsibilities in reporting, and doing so immediately. They all could tell me what their requirements were as a mandated reporter under Pennsylvania law and the standards. Management staff could articulate steps that are taken when reports are made and discussed the confidentiality in the report, as did the staff. They explained the Human Resources and Investigative response to monitoring for 90 days to assure that no victim is retaliated against and monitor staff and resident involvement. All staff under PA DHS are classified as mandated reports and HR policy indicates to the employee that they are a mandated reporter must follow this steps:1) immediately report to PA Childline (800)-932-0313; 2) immediately notify supervisor or person in charge; 3) form CYS 47 (PA state form) must be submitted within 48 hours. All employees, no matter title are mandated under this including medical and mental health.</p> <p>The Compliance Counselor explained how management would be designated to notify the resident's parents/guardians, welfare agencies if applicable, and/or juvenile court. They confirmed that the PREA policy indicates that all allegations will be reported to local law enforcement, in this case, the State Police for review. This was also articulated during staff interviews with lower line staff and shift supervisors. Various examples were asked, and all lead to the same responses with mandated reporting. The VP expanded on the retaliation issue on how a manager is assigned to work directly with the resident over the 90-day period and report directly to the Program Director and Human Resources.</p> <p>Summation</p> <p>The Auditor triangulated the information of the standard with the written PREA policy and the information gathered from interviews with staff and residents to confirm the facility is in compliance with this standard. There are steps built in that both management and line staff could discuss and give feedback on.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.361 and all aspects therein. There is no corrective action required.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1414 331">To review this standard I looked at the PREA Policy, pre-audit information, spoke with line staff, management, PREA Coordinator, and Compliance Counselor.</p> <p data-bbox="240 360 1485 488">The agency-wide PREA Policy indicates that "when Adelphoi Village learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident in accordance with Adelphoi Village Policies: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment and Responding to Reports of Sexual Abuse and/or Sexual Harassment".</p> <p data-bbox="240 517 1493 748">Staff interviewed were able to vocalize their understanding of protecting the resident and all through their responses were confident in their role as a guardian, per se, to assure the safety of the residents. In speaking to residents, they all felt comfortable that the staff and agency would take care of them if they needed it. They could give examples of how staff would move them if need and that they could either go to a single room or even to another program house. Their responses seemed genuine some stating they would do whatever was needed to assure the resident's safety. In speaking with residents and reviewing the incidents filed this year, there were no indications that staff failed in their duties and responsibilities related to this standard</p> <p data-bbox="240 777 360 804"><b>Summation</b></p> <p data-bbox="240 833 1474 994">The Auditor was able to show through the data provided and interviews with both staff and residents that the facility's response is within the components of the standard. Staff interviewed were able to vocalize this procedure of the facility and as a mandated reported under PA DHS as well as part of their PREA and initial facility training. Through document review and interviews, there is substantial information to show that the facility meets this standard. Over the past year, there were no incidents falling within this standard.</p> <p data-bbox="240 1023 1469 1084">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.362 and all aspects therein. There is no corrective action required.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1461 331">I looked at the PREA policy, pre-audit information as well as speaking with the PREA Coordinator, Compliance Counselor, and VP of Residential Services.</p> <p data-bbox="240 362 1469 524">The agency's policy spells out: "Upon receiving an allegation that a resident was sexually abused while confined to another facility, the Program Director that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred. Allegations of sexual abuse and/or sexual harassment shall also be reported in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse and Responding to Reports of Sexual Abuse and/or Sexual Harassment, and all Pennsylvania child abuse regulations".</p> <p data-bbox="240 555 1361 582">Adelphoi Village corporate policy provides for the Agency Director or their designee to follow the following steps:</p> <p data-bbox="240 613 1477 672">"b. Notification to the facility head or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.</p> <p data-bbox="240 703 1461 730">c. The facility shall document that it has provided such notification. This information shall be documented as incident data.</p> <p data-bbox="240 761 1449 819">d. The facility head or agency office that received such notification from Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards.</p> <p data-bbox="240 851 1485 909">e. Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards when notification is received from another facility."</p> <p data-bbox="240 940 1474 1102">During my discussions with the VP and PREA Coordinator, they both explained the elements of the policy and how the process would unfold in their system. They could easily explain the above process for both addressing an issue and reporting an issue to another facility. They discussed the operations of multiple facilities and reporting that occurs internally between agency homes as well as how they report to other facilities/agencies that they may receive from or transfer residents to.</p> <p data-bbox="240 1133 360 1160">Summation</p> <p data-bbox="240 1191 1477 1285">The Auditors evaluation of the overall policy and information provided from the management interviews pulls the information together for the facility to meet the basis of this standard. Although they report not having any incidents in the past year, I was provided with detailed steps of the procedure.</p> <p data-bbox="240 1317 1469 1375">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.363 and all aspects therein. There is no corrective action required.</p>

115.364	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I was able to review the pre-audit information, PREA policy, HR Policy for all Adelphoi Employees, Employee training documents related to first responder duties, Procedure Manual, as well as interviews with security and non-security staff, Unit Director, Director of Nursing, PREA Coordinator, and Compliance Coordinator.</p> <p>The PREA policy explains that "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with Adelphoi Village Policies: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment, Responding to Reports of Sexual Abuse and/or Sexual Harassment and DHS Child Abuse Regulations" The policy also instructs the employee to separate the alleged abuser and victim, preserve and protect the crime scene, calls for the collection of physical evidence (clothing, not washing or brushing teeth, going to the bathroom, drinking or eating.</p> <p>The Policy gives direct statements to the employee specifically, "The Employee Shall:", including the above information including contacting emergency medical, immediate notification of supervisor or Facility Director, securing the scene, notify the authorities, and notifying additional staff to assist with the incident. Staff interviewed were able to recite the specific criteria that make up the components of the standard. They appeared well trained in this area and also understood how to respond. All explained the process they are required to take including notification to PA ChildLine as mandated under the law.</p> <p>The agency policies state that all individuals working with residents are trained in first responder duties. When interviewing, I was able to speak with the Director of Nursing and the Compliance Counselor on this topic, and they both could explain the duties of a first responder if at a facility with residents. They could provide feedback, in detail as to the steps they would follow, specifically, those in the policy the are part of this standard.</p> <p>Summation</p> <p>The Auditor feels the policy criteria and the information feedback from all staff interviews knowing their roles as the first responder was clearly understood by all and they could when asked to give specific detail to respond to a sexual assault in the facility, this meeting this standard. Of the incidents that occurred during the previous 12-months at the facility, none fell within the criteria of "first-responder" requirements.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.364 and all aspects therein. There is no corrective action required.</p>
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115.365	<b>Coordinated response</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">The Auditor reviewed the agency-wide PREA Policy that outlines the following: "The Employee Shall:", and also includes contacting emergency medical, immediate notification of supervisor or Facility Director, seal the scene, notify the authorities, and notify additional staff to assist with the incident. I reviewed the HR PREA policy and spoke with the Unit Director (PREA Compliance Manager), Compliance Counselor, and facility staff.</p> <p data-bbox="240 434 1445 488">In the PREA Policy under the letter "F, #5 Coordinated Response", the agency spells out each specific step from the first responder, PREA Compliance Manager, Unit Director, and agency management requirements in the situation.</p> <p data-bbox="240 555 488 582">Additional steps include:</p> <ol data-bbox="240 613 1485 1075" style="list-style-type: none"> <li>1) Reference and complete the Alleged Abuse Sexual Assault Checklist and execute the checklist.</li> <li>2) Request victims not to take any actions that could destroy physical evidence (including washing, brushing their teeth, changing their clothes, urinating, defecating, drinking, or eating).</li> <li>3) Report the incident to appropriate outside authorities and investigators.</li> <li>4) Communicate with other staff members as necessary to ensure optimal coordination and confidentiality of interventions.</li> <li>5) The flow of communication is as follows:       <ol data-bbox="240 931 1075 1075" style="list-style-type: none"> <li>a. Unit supervisor</li> <li>b. Unit supervisor will communicate to program director</li> <li>c. Program director will communicate to the vice president of residential services</li> </ol> </li> </ol> <p data-bbox="240 1160 1485 1258">The PREA Policy coordinated response was discussed with various staff and management during my interviews. They all were able to explain the steps, specifically related to their duties and responsibilities. Line staff knew who they were required to notify and what their mandated requirements were under the law.</p> <p data-bbox="240 1285 360 1312">Summation</p> <p data-bbox="240 1344 1485 1442">The Auditor found evidence in the policies and through staff interviews to show staff knowledge of the PREA policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and were easily articulated among staff interviews.</p> <p data-bbox="240 1469 1469 1523">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.365 and all aspects therein. There is no corrective action required.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 365">I interviewed the PREA Coordinator and VP for Residential Services to complete this standard. Adelphoi Village does not have any collective bargaining units working at any of their facilities throughout their agency including the Susan's/Marker's house, thus the standard is not applicable to the agency.</p> <p data-bbox="244 398 360 425">Summation</p> <p data-bbox="244 454 1469 515">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.366 and all aspects therein. There is no corrective action required.</p>

115.367	<p><b>Agency protection against retaliation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I reviewed the pre-audit information, PREA Policy, HR PREA policy for all employees, interviewed the Unit Director who monitors retaliation, and the PREA Coordinator.</p> <p>The agency-wide PREA Policy indicates that "Adelphoi Village shall ensure all residents and/or staff who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation in accordance with Adelphoi Village Policies. Unit supervisor/compliance managers will be designated as the monitors for possible retaliation and will report all suspicion of retaliation to the program director". The unit supervisor by agency definition, in this case, is Susan's/Marker's House Unit Director. In discussions, she could verify this status as the monitor for the facility.</p> <p>The agency policy describes multiple methods of assuring protections and to assure there is no fear of retaliation among residents and any reporting staff. The Facility Director explained the policy and steps that were in place under the policy for his program.</p> <p>The Auditor reviewed the agency-wide Human Resources PREA policy, section 4 provides for 90 days of monitoring by the Human Resource Department and the Unit Director for any retaliation from the report of sexual abuse/harassment by staff or residents. I also interviewed both the Facility Director and PREA Coordinator regarding this standard. The Director indicated via policy that she is charged with monitoring for 90-days as stated in their PREA Policy and completes monitoring in various ways including meeting with the resident.</p> <p>The Unit Director explained the process he uses and the log forms were provided for my review. When questioned on if a complaint was lodged against him, he explained that policy would allow someone else at the house or agency to complete the monitoring and log. He would be removed from any of that to assure adherence to the policy and make sure the policy was followed.</p> <p>Summation</p> <p>The Auditor found that the agency-wide PREA policy and HR policy provide the necessary detail for the standard as did the Director's knowledge on how to properly assure someone is free from retaliation thus meeting the standard. I was able to review the document used for monitoring and given examples of the process used in monitoring. The Unit Director explained the 90-days required by the standard and indicated that in a case, the monitoring could be indefinite to assure the resident's safety.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.367 and all aspects therein. There is no corrective action required.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1401 331">In a review of this standard, I looked at the pre-audit information provided, interviewed the Unit Director, Compliance Counselor, staff, and residents.</p> <p data-bbox="240 362 1481 555">The agency information received indicates that they do not isolate any residents at either Susan's or Marker's House. I interviewed the Unit Director and Compliance Counselor who indicated they do not use isolation. It was also noted that they could if necessary conduct one-to-one staff monitoring for individuals if there was a concern. Staff referred to this as "Staff Hip", meaning that would assign a staff member to one on one monitoring with that individual resident. As a residential setting, the house is open for resident movement...there are not locking "cells" as in a secure environment. It was noted while observing the facility that there were no isolation areas.</p> <p data-bbox="240 586 360 613"><b>Summation</b></p> <p data-bbox="240 645 1490 770">It is this auditors' findings that the facility meets the requirements of this standard. First, the standard is built to assure that a resident is not punished for being a victim or making a report, and second to assure that the resident received necessary programs (i.e. medical, educational, need-based programming). The agency is able to meet the components of this standard by not isolating at all.</p> <p data-bbox="240 801 1474 862">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.368 and all aspects therein. There is no corrective action required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1442 365">I looked at the PREA Policy, pre-audit information, the Agency Procedures Manual, contract with the Pennsylvania State Police, review of investigative packets from the previous year, spoke with the PREA Coordinator, and the Compliance Counselor who is a trained PREA Investigator.</p> <p data-bbox="240 398 1481 656">The Auditor reviewed the agency-wide PREA Policy that offers criteria for investigations at the facility indicating that they will investigate all incidents promptly, thoroughly, and objectively, referring to law enforcement when necessary. It indicates the use of county child and youth services, PA Child Line, and the local law enforcement agency, in this case, the PA State Police Greensburg Barracks. In my interview with Bethany, the Compliance Counselor and one of the agency-certified investigators, she discussed the agency's investigative response and review committee. She explained that the agency investigators will immediately organize to begin an investigation if an allegation is made. They would immediately notify the State Police of the allegation and investigation and be given full access to the facility including staff and resident interviews. Bethany was very versed in the investigative process used by Adelphoi Village, Inc.</p> <p data-bbox="240 689 1458 781">The Auditor observed in the agency-wide PREA Policy that ANY allegation provide will be investigated and deemed as founded or unfounded, no matter how it was received by the facility. The PREA Coordinator when questioned was able to vocalize this was agency-wide policy.</p> <p data-bbox="240 815 1481 938">The agency has 26 certified PREA investigators agency-wide that are part of their investigative team. The memorandum with the State Police for criminal investigations does not specify "PREA Certified", however, it does spell out their investigative nature and procedures. In speaking with the state police they advised that all their staff are trained to deal with both adult and youthful cases including interviewing techniques for such issues.</p> <p data-bbox="240 972 1458 1097">Agency-wide PREA policy specifies that staff is trained in the perseveration of evidence including physical and DNA. This was articulated during staff interviews with those trained as first responders. They could articulate how to keep clothing secure, not clean up the area, and assure the victim did not wash. The state police have a statewide procedure for the proper collection, identification, and chain of custody on evidence collection and storage.</p> <p data-bbox="240 1131 1493 1223">The state police are responsible under a memorandum of understanding to take the lead in all investigations until deemed not criminal. Accordingly, they will enter the scene, secure evidence, and interview the victim, perpetrator, and any witnesses to the alleged incident.</p> <p data-bbox="240 1256 1485 1348">The state police criminal investigator advised that they will complete all investigations they begin. Although some may take longer than others depending on the circumstances, evidence and statements given. The same appeared true for the facility and its administrative investigations.</p> <p data-bbox="240 1382 1481 1507">Because the police complete the criminal investigation in the process, they then take the lead according to the PREA Coordinator. That being said, they make the decision to pursue the charges with the district attorney for prosecution. The PREA policy does discuss the agency's responsibility to follow up with law enforcement to assure the case is moving toward a conclusion including prosecution if deemed necessary.</p> <p data-bbox="240 1541 1485 1599">Facility Investigator Bethany indicated they look at each resident on a case-by-case basis and are not biased toward anyone. The protocol is followed for everyone the same.</p> <p data-bbox="240 1632 1481 1691">The use of a polygraph is not part of the investigative process and is not applicable to any investigation. The was discussed with both Management and the state police.</p> <p data-bbox="240 1724 1474 1805">According to procedures, there are 2 parts to an investigation, 1) determine preventative measures; and 2) determine if the policy or staff error or negligence contributed to the action. The police will explore this as well to assure criminal negligence is not related to staff.</p> <p data-bbox="240 1839 1474 1930">During our discussion with management, they discussed how they must wrap up all investigations that are started and develop a conclusion with recommendations (if any). They will then deem the investigation closed. This was also noted on the investigative packets for the previous year that I was provided to review.</p> <p data-bbox="240 1964 1493 2123">State Police would end all criminal investigations with a report being filed to the facility. They use Pennsylvania State Police reporting software that would include the incident, those involved including witnesses and all interviews, and a list of physical evidence recovered. I was not able to see one of these reports while completing the audit. PA State Police employee Troopers as Criminal Investigators known as their "Crime Unit". Each barracks has investigators who would either be lead on the investigation or assist the responding patrol trooper.</p>

When investigating a PREA allegation, all substantiated cases are referred to the police for a criminal investigation to assure all areas of the standard are covered.

According to the PREA Coordinator reports submitted to the agency are kept according to the PREA standard plus 5 years after the resident's release or the staff no longer being employed by the agency. The PA DHS standard mimics this as well.

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

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

#### Summation

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

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

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 331">The following information was used to review this standard: Pre-audit information, PREA Policy, PSP investigative protocol, interviews with the PREA Coordinator, and agency PREA Investigator.</p> <p data-bbox="244 360 1458 456">The Auditor Agency-wide PREA Policy states, "Adelphoi Village shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". During Interviews, this was vocalized as part of their procedures for investigations.</p> <p data-bbox="244 486 360 512">Summation</p> <p data-bbox="244 542 1477 638">The PREA policy and the information provided from interviews together show that the policy is in place for this procedure as well as those interviewed being able to explain the steps therein providing sufficient information that the agency is in compliance with the standard.</p> <p data-bbox="244 667 1473 728">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.372 and all aspects therein. There is no corrective action required.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331">I reviewed the pre-audit information, the PREA Policy, reviewed investigation information from the previous 12-months (no allegations filed), interviewed the PREA Coordinator, Compliance Counselor, and residents.</p> <p data-bbox="242 360 1489 521">The Agency-wide PREA Policy states, "Following an investigation into a resident's allegation of sexual abuse alleged to have occurred in an Adelphoi Village facility, the facility shall report to residents in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment". I also reviewed section E 1-6, which outlines all required reporting requirements of the standard. Because the agency does conduct administrative investigations they follow the steps of the policy and report to all residents.</p> <p data-bbox="242 553 1484 748">I discussed the provisions of this standard with the Compliance Counselor and PREA Coordinator. Each could articulate the policy as written and added examples on reporting that the agency had done. We discussed how the agency works with multiple police agencies who do things differently, so Adelphoi Village assures they follow their policy standards to assure uniformity. The policy does specify all allegations related to staff, residents, etc. follow the same standards for reporting to the resident on the investigation. Of the investigations completed this previous year, the investigative packets provide information in relation to reporting to residents.</p> <p data-bbox="242 777 360 806"><b>Summation</b></p> <p data-bbox="242 835 1473 896">The Auditor through review of policy and interviews this auditor was able to link the policy with the response of personnel in following the standard. There is evidence to show that adequate reporting to the resident occurred.</p> <p data-bbox="242 925 1473 985">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.373 and all aspects therein. There is no corrective action required.</p>

115.376	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>looked at the pre-audit material, PREA Policy, Procedures Manual, HR PREA policy that includes staff discipline, interviewed the VP, HR Director, and PREA Coordinator.</p> <p>The agency-wide Human Resources PREA Policy, Staff Disciplinary Policy, and the agency-wide PREA Policy, "Disciplinary Sanctions for Staff", gives information that all employees will be subject to disciplinary action up to and including terminations for any violation related to sexual abuse and/or harassment.</p> <p>I was able to meet with personnel from the agency Human Resource Department to review their policies, it was explained that there are several levels addressed in their policy, however, under both the PREA and facilities zero-tolerance policy, the individual would be terminated.</p> <p>Termination according to HR would be presumptive for the zero-tolerance violation and the fact that the PA Department of Human Services states that an individual convicted in relation to a child abuse/sexual abuse shall not be permitted to work in any such facility in Pennsylvania.</p> <p>The HR PREA policy does describe levels of disciplinary sanctions regarding issues of sexual abuse/harassment. The policy specifically addresses the zero-tolerance and sexual abuse/harassment issues with staff/residents. Under the Pennsylvania Office of Labor Relations, they describe disciplinary sanctions against an employee must be standardized and equal when administered. It was discussed that Adelphoi Village followed these guidelines in their policies and the PREA standards.</p> <p>Policy dictates that all information on ANY allegation is reported to law enforcement for investigation. All Management explained that this is mandatory in all cases and would occur upon immediate notification of the incident. When given scenarios of learning of incidents occurring several months ago to management staff, they all could explain how it would be handled and the employee removed.</p> <p>Accordingly, the PA Department of Human Services mandates every licensed agency within the state to immediately notify them of the violation, the individual and whether they were terminated and/or disciplined as well as the status of the criminal investigation. I was able to find this information through internet research of PA DPW.</p> <p><b>Summation</b></p> <p>Upon review of the policies and the information provided during interviews with managers and the Human Resources Department, I was able to see that the elements of the standard are in place and there is an understanding by personnel as to the process that could occur for an employee. As they all noted, Pennsylvania Standards and their policies would remove the staff member from service.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.376 and all aspects therein. There is no corrective action required.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 331">With this standard, I was able to review the PREA Policy, pre-audit information, HR PREA information, interview the PREA Coordinator, VP, and HR Director.</p> <p data-bbox="240 365 1474 490">The agency-wide PREA Policy section titled “Corrective action for Contractors and Volunteers”, stating that anyone with inappropriate contact with a resident will be referred to law enforcement for prosecution as well as reporting to any licensing authority. This was discussed with management personnel who all were very aware of the procedure and that of the PA Department of Public Welfare their governing body mandating reporting on ANY issue.</p> <p data-bbox="240 524 1469 647">Interviews with the VP reiterated this information as did the HR Director and the PREA Coordinator. The zero-tolerance policy is all-encompassing of anyone having contact at the facility. The PREA policy and HR policies are specific to restrict any person in violation of this policy. I was able to interview a contracted teacher during my time at the facility as well as in the past when auditing an Adelphoi Village facility. These contractors were very aware of the policy and outcome therein.</p> <p data-bbox="240 658 1453 748">Most of these agencies coming in usually have some type of certification or licensing that they are very aware could be in jeopardy. As noted under the PA Department of Human Services, they would NOT be permitted to access a facility in the state of Pennsylvania.</p> <p data-bbox="240 781 357 808"><b>Summation</b></p> <p data-bbox="240 842 1485 931">The auditor was able to review the policy and see the components of this standard were present therein. The interviews with various individuals provided the auditor verification of the policy and allowed me to see the policy in working. Management personnel could explain the policy to me and give me examples of how it would work.</p> <p data-bbox="240 965 1469 1025">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.377 and all aspects therein. There is no corrective action required.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1461 331">I looked at the PREA Policy, pre-audit material, interviewed the PREA Coordinator, Compliance Counselor, Therapist, and residents.</p> <p data-bbox="240 362 1493 488">The agency-wide PREA Policy section on "Interventions and Disciplinary Sanctions for Residents" includes each specific step of the standard looking at the resident's history, providing educational and recreational programs, considering mental health issues, and assuring medical and mental health visits as needed. Cases of "good-faith" reporting are not looked at as a disciplinary issue. The policy also prohibits any sexual contact by residents even if consensual.</p> <p data-bbox="240 519 1489 712">Although the PREA Policy spells out the required steps of Disciplinary sanctions for residents, they have not recorded any issues within the previous year. This facility like others uses reward systems for privileges for the residents. Should there be an issue, instead of discipline, the agency may take privileges or not issue privileges to the resident. When I spoke to residents, I did ask several what would occur if they gave a false report and all indicated that they could get in trouble. Although none have when asked what could occur, they stated they could lose a privilege or have sanctions placed against them.</p> <p data-bbox="240 743 1465 904">The PREA Coordinator was able to verbalize the components of the policy and how they applied to the standard. She explained that they consider any mental health issues and provide counseling opportunities should that be a recommendation as part of the disciplinary sanction. It was noted in the policy that the agency will not restrict programming/classes as a disciplinary sanction. I was able to interview the Therapist for the facility who explained the role they play and the programming they would offer residents should an issue occur and disciplinary sanctions applied.</p> <p data-bbox="240 936 1465 1061">According to policy and interviews conducted, residents can be disciplined for resident-instigated contact with staff. Good-faith filings are not sanctioned by discipline if presented in a manner deem and investigated as "good faith". This was discussed with management as well. No one would be sanction to discipline in this case. It was noted that the facilities do not permit any form of sexual contact between residents. This is noted in policy as an agency-wide rule.</p> <p data-bbox="240 1093 360 1120"><b>Summation</b></p> <p data-bbox="240 1151 1477 1312">The auditor was able to review the policy and see the components of this standard were present therein. The interview with management and residents provided the necessary background to the agency's policy that they do not isolate for discipline and do not always place disciplinary sanctions in place. In relation to this facility, there were no disciplinary sanctions instituted over the previous year and they would also have the option for suspended privileges to assure residents receive their requirements of the standards and their program.</p> <p data-bbox="240 1344 1473 1402">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.378 and all aspects therein. There is no corrective action required.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>To understand these components of this standard I reviewed the pre-audit information, PREA Policy, their Vulnerability Assessment, Informed Consent form, Implied Consent form, PREA information regarding medical needs, Procedure Manual regarding "Clinical and Medical" discussing medical and mental health needs, interview with the new Director of Nursing for the agency, and the Compliance Caseworker.</p> <p>This Auditor reviewed the agency-wide PREA Policy section on Medical and Mental Healthcare states that prompt access to medical and mental health services to include ongoing care for sexual abuse victims and abusers. The Vulnerability Assessment is a tool to screen for previous sexual abuse, victimization, and potential/previous abusers, and has been completed on ALL residents. The agency-wide PREA Policy requires its completion during initial facility screening. I reviewed case files with Bethany the agency compliance caseworker who explained that data was collected and how the agency complies with it in a vulnerability assessment. The screens are completed initially on the first day, 2nd at the latest. I could see where the system would flag certain issues like a potential victim or potential/previous abuser and that mental health follow-up was set in play by staff and the points system of the software within the 14 days screening. The PREA policy and all the data viewed on all residents established the 14-day standard.</p> <p>The documentation according to policy and staff interviews is all restricted to use in-house. When questioned by management it was explained that not everyone would have access to the information and required login clearance through the agency for specific staff to be able to view the information. The procedures in play by Adelphoi was to allow those working closely with the residents to access the materials by secure login only to better serve the needs of these residents. I was able to review the Vulnerability assessment information that is gathered on all residents at the facility.</p> <p>According to the Director of Nursing, they are required by policy to use the agency's implied consent/confidentiality form for all youth under Adelphoi custody. I was provided copies of this form during the pre-audit document review. This was also discussed with the Unit Director and Compliance Counselor.</p> <p>The agency's computer system is very user-friendly and allows the agency not only to track and assure the screening was complete flag concerns, and schedule follow-up. Also, agency policy was specific assuring proper screening of all residents in a timely manner. The information was extensive but easy to follow and review.</p> <p><b>Summation</b></p> <p>The auditor was able to review the policy and see the components and how they work. The Nursing Director and Compliance Caseworker were able to articulate the policy and how the vulnerability Assessment data and consent form were used, providing additional data that fulfills the standard. The agency is very versed in its software and policy. THE information collected was very detailed and informative designed to meet the maximum needs of the resident. The information was extensive and well managed to assure proper care for all residents.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility exceeds compliance with standard 115.381 and all aspects therein. There is no corrective action required.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 365">I completed this standard by reviewing the pre-audit material, the Procedure Manual for medical and mental health services, posting in the facility, and interviews with the Unit Director, Director of Nursing, PREA Coordinator, Compliance Caseworker, Latrobe Hospital, line staff, and residents.</p> <p data-bbox="242 396 1493 622">This Auditor reviewed agency-wide PREA Policy titled “Medical and Mental Health Care” and outlines unimpeded access to emergency medical and mental health care by residents. The Blackburn Center contract offers victims advocate and counseling services. The SAFE/SANE posters in the facility provide residents with another level of information on the standard. The Unit Director during his interview was able to vocalize the agency offered complete medical care as needed to all residents. He went on to explain that if there were a need related to a sexual assault, one of the immediate steps taken would be to contact the local ambulance and have the individual taken directly to Latrobe Hospital Emergency Department for treatment immediately.</p> <p data-bbox="242 654 1476 781">According to the policy, the individual would immediately be taken to the hospital. The agency does not complete forensic medical exams and relies on this service from its affiliation with the local hospital. In discussions with management and line staff at the facility, it was noted that first responders will immediately notify their supervisors, secure the victim/abuser, and assure evidence is collected/maintained. This was seen in policy and explained back to me during these interviews.</p> <p data-bbox="242 813 1481 1005">This Auditor reviewed the agency-wide Procedure Manual “Medical” section and again spoke with staff. Policy and discussion revealed that any such incident arising would immediately require the resident to be taken for emergency medical treatment at the local hospital emergency room. The policy requires all services to be free and that contraception would be provided along with medication for any STD. This was explained as well by the Director of Nursing during our time together. Follow-up care would be provided through Latrobe Hospital or through their contract with Primary Health, a local group of doctors contracted to provide regular physicians services to all residents at facilities in the area.</p> <p data-bbox="242 1037 360 1066">Summation</p> <p data-bbox="242 1097 1490 1290">The Auditor found that the facility PREA Policy, contracts with the Blackburn Center and Latrobe Hospital, and the Procedures manual related to medical and mental health services specifically breaks down the standard components to address resident needs. The interviews completed allowed the Director of Nursing to share her knowledge of the agency’s standards and relate how they work at each facility. The Facility works within the components of the standard by their written policy and actions in addressing medical needs. Having a contract for general physician’s services also would allow for residents to have medical care in such situations and for follow-up.</p> <p data-bbox="242 1321 1473 1382">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.382 and all aspects therein. There is no corrective action required.</p>

115.383	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>I looked at the pre-audit material, vulnerability assessment forms and data, their PREA policy, the contract with Blackburn, as well as interviewing the Director of Nursing, PREA Coordinator, and Compliance Counselor.</p> <p>This Auditor reviewed the vulnerability assessment tool, and data collected indicating ongoing treatment for victims and abusers; PREA Policy section on "Reporting to/from other confinement facilities". I also reviewed the contract with the Blackburn Center that provides ongoing Victims advocate and treatment counseling services to the facility. This was reviewed and discussed with Blackburn staff and noted through their documentation at the facility. There is no medical facility or unit onsite at the Susan's/Markers house be it is a residential facility. According to the Director of Nursing, they use Primary Health Network, a Physicians conglomerate that provides medical care throughout Pennsylvania and Ohio. They operate a medical facility (doctor's office) used by Adelphoi. She explained that they are equipped to provide both medical and mental health services to any resident and would assist in follow-up after a resident would be seen at the Latrobe Hospital. The agency does employ Therapists who are also trained and in-house at the facility and provide these services.</p> <p>The PREA Coordinator, Compliance Counselor, and the Director of Nursing provided information related to victims' services providing ongoing care for any individuals identified as a victim or abuser. The use of the vulnerability Assessment tool data would allow the agency to assure proper follow-up care and track its' completion.</p> <p>The Director of Nursing shared that testing a victim for any transfer of disease would be offered through medical services of Primary Health Network and through the contract with the Blackburn Center. All testing is according to the policy is free to all residents, stating they would work with anyone who would be labeled as a victim if a sexual assault occurred. They would work with the Blackburn Center to establish a plan of services for the resident. Policy dictates the 60-day window for mental health services for residents and it was discussed with multiple staff during our meetings.</p> <p>The policy does indicate that pregnancy testing is offered to all female residents and that if pregnancy would result the resident will be provided with all legal information and means available as if in the community. As an all-female facility this was discussed with all managers I was speaking with and all could pass the information back as indicated by policy.</p> <p><b>Summation</b></p> <p>The Auditor reviewed the information provided and the answers to questions asked to review the components to get a picture of this standard. Through the review of policy, contracts with outside agencies, and discussions with management and the Director of Nursing, they were able to explain the process in accordance with the policy. It is easily identified and the practice of the facility is "immediate response". Looking at the information presented, the facility meets the components of this standard. through the documentation and understanding of the standards.</p> <p>Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.383 and all aspects therein. There is no corrective action required.</p>
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115.386	<b>Sexual abuse incident reviews</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 365">I reviewed the pre-audit information, PREA policy, procedure manual, survey of sexual violence summary, interviewed the PREA Coordinator, VP of residential services, Compliance Counselor/PREA Investigator, Unit Director, and Director of Nursing.</p> <p data-bbox="242 396 1437 456">This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy section on "Data Collection and Review" that lists all the components of this standard and listed as:</p> <p data-bbox="242 488 408 517">"The team shall:</p> <ol data-bbox="242 546 1477 1059" style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</li> <li>2. Consider whether the incident or allegation was motivated by race; ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts.</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> <li>6. Prepare the Sexual Abuse Incident Review (SAIR) form including, but necessarily limited to, determinations made pursuant to sections one through five of this section, and any recommendations for improvement and submit to the Program Director and Facility's PREA Compliance Manager".</li> </ol> <p data-bbox="242 1090 1485 1249">I was provided with samples of investigative packets that included important information and documents and a computer-generated final report of the investigative team meeting. These packets were very informative and descriptive as to the incident, the information and evidence collected, reporting to residents, and the final disposition of the investigation. If the case went further criminally, the investigative information would note that therein. The reports of the investigative reviews included the who, what, where, and when, and listed all those individuals from the facility and agency involved in that review.</p> <p data-bbox="242 1281 1485 1408">I interviewed several managers for the agency who could explain this process and served on the Investigative Team in the review of such an incident. The data from their review could be used to change policy or procedures agency-wide or specific to the facility where its issue occurred. They complete their process within the 30-day requirement. Each during their interviews could give examples of previous investigative reviews they were involved in within the Adelphoi Village, Inc.</p> <p data-bbox="242 1440 360 1469">Summation</p> <p data-bbox="242 1500 1485 1628">The managers interviewed were able to articulate the use of the SAIR team and how it worked within the PREA Policy. The agency-wide PREA Policy outlines necessary components of the standard. Through their SAIR team, he explained that the criteria of the standard are outlined and walked through with the committee. The Auditor was able to use the data along with his understanding of the process and component to establish that they are the components of the standard.</p> <p data-bbox="242 1659 1474 1720">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.386 and all aspects therein. There is no corrective action required.</p>

<b>115.387</b>	<b>Data collection</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1452 365">To understand this standard I reviewed the pre-audit information, Agency PREA Policy, the Survey of Sexual Violence Summary, PA Department of Human Services data retention requirements, interviews with the PREA Coordinator, VP for residential services, and Compliance Counselor/PREA Investigator</p> <p data-bbox="242 396 1484 591">This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy labeled as “Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction”. Listing the duties of the Facility Compliance Manager, and PREA Program Coordinator in relation to the standard. As indicated previously, there were no complaints or investigations this past year. The PREA Coordinator indicated that all data is maintained as are electronic records such as the vulnerability Assessment. This date is published annually with the Department of Justice and is available through the agency website. It is in line with the survey of sexual violence summary in the requirements needed.</p> <p data-bbox="242 620 1484 748">The PREA Coordinator explained during our interview the data collection process from an agency-wide view and the Compliance Manager. The PREA Coordinator accurately vocalized her responsibilities as well as the components of the standard. She provided this auditor with data on the agency compiling of the data, how it is maintained, and how they report annually by June 30th.</p> <p data-bbox="242 777 1465 840">As noted throughout the report, the agency does not contract for services with any other agency, dealing independently for each resident thus not reporting to or from other such agencies.</p> <p data-bbox="242 869 359 898">Summation</p> <p data-bbox="242 927 1484 1055">The Auditor through the agency-wide PREA policy and interview with the PREA Coordinator was able to correlate the policy and data I reviewed that was articulated by PREA staff. They were able to relate how they handled this data back to the Auditor and also discuss how the PA DHS standard related. This information together brings the facility into compliance with the components of this standard.</p> <p data-bbox="242 1084 1471 1146">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1409 331">I looked at the pre-audit information, PREA policy data collection and retention, PA DHS data retention requirements, interviews with the PREA Coordinator, Compliance Counselor, and the VP for residential services.</p> <p data-bbox="242 360 1474 421">This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy titled "Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction".</p> <p data-bbox="242 450 1485 546">That policy states, "Adelphoi Village shall meet, no less than annually, to review information collected from all SAIRs and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, practices, and training including:</p> <ol data-bbox="242 575 1422 719" style="list-style-type: none"> <li data-bbox="242 575 528 604">1. Identifying problem areas.</li> <li data-bbox="242 633 719 663">2. Taking corrective action on an ongoing basis.</li> <li data-bbox="242 692 1422 719">3. Preparing an annual report of its findings and corrective actions for Adelphoi Village, as well as each of its facilities".</li> </ol> <p data-bbox="242 748 1430 844">In speaking to the PREA Coordinator she explained that the data is placed into a report, a spreadsheet for their annual report, and data review. This is done on a regular basis and is part of their agency management team reviews to make necessary changes to a facility or policy to better meet the needs of their residents.</p> <p data-bbox="242 873 1485 1066">Through the interview with the PREA Coordinator, she was able to vocalize the agency's procedures related to the components. She provided documentation of the vulnerability data that is gathered from agency-wide facilities, how the data is prepared, and how they address corrective action. I was able to review their annual report that is made available on their website. I also discussed redacted data, if any, and was advised that they will note it therein and it usually would be for confidential personnel information. The information is as required compiled annually, reported, and signed off by the agency head.</p> <p data-bbox="242 1095 360 1124">Summation</p> <p data-bbox="242 1153 1485 1283">This auditor was able to review the policy and match the information provided by the PREA Coordinator to see the components of the standard. As noted, the agency publishes an annual report and it is posted on their website. The agency in this auditor's opinion collects and organizes large amounts of data on residents and facilities. They use this information on a regular basis to assure safety and security for all residents and staff at their facilities.</p> <p data-bbox="242 1312 1469 1373">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">I was able to look at the PREA policy, PA DHS retention requirements, and speak with the PREA Coordinator, and Compliance Counselor.</p> <p data-bbox="229 353 1509 430">This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy "Data Collection and Review". They achieve this through the following:</p> <p data-bbox="229 430 1509 640">"The annual report shall be approved by Quality Council and made readily available to the public through the Adelphoi website. Adelphoi Village may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Adelphoi Village shall also remove all personal identifiers from the reports. Adelphoi Village shall maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise".</p> <p data-bbox="229 640 1509 712">Through the interview with the PREA Coordinator, she was able to vocalize the agency's procedures related to the components and she is largely responsible for the data maintained. She provided a variety of spreadsheets showing this.</p> <p data-bbox="229 712 1509 788">The Facility and agency also are mandated under the PA Department of Human Services at data collection, retention, and long-term storage. This is spelled out under the PA code and falls within the PREA Standards.</p> <p data-bbox="229 788 1509 864"><b>Summation</b></p> <p data-bbox="229 864 1509 940">The information provided to the auditor to review has all the components to adequately meet this standard. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.</p> <p data-bbox="229 940 1509 1023">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 331">Upon arrival at the facility, I was met by Bethany, the Compliance Counselor, introduced to the unit director and given a tour. I noted throughout the facility PREA Information including my audit notices posted for the residents and staff.</p> <p data-bbox="242 360 1484 456">Susan's/Markers House is a residential facility that was opened as part of the Adelphoi Village, Inc. a non-profit agency. The program is made up of two separate homes located in Latrobe, Pennsylvania, both building side by side operating with one staff. This will be the 3rd audit of this facility.</p> <p data-bbox="242 486 1430 546">The Auditor was given complete access to the facility for a tour, visual observation, and a private office area to conduct interviews with residents and staff.</p> <p data-bbox="242 575 1474 672">During my interviews, I questioned residents on my information being available to them and if their ability to contact me. They all were aware, pointing to the poster in the rooms we were using on many occasions, and were able to vocalize their ability to contact me.</p> <p data-bbox="242 701 360 730">Summation</p> <p data-bbox="242 759 1461 855">Through the Auditors observation, the information provided and interviews with residents, the facility was within the components to meet this standard. I was given full access to all areas of the facility, noted numerous postings throughout, and was provided with a private office area to conduct all my interviews.</p> <p data-bbox="242 884 1471 945">Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.401 and all aspects therein. There is no corrective action required.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Summation</p> <p>Susan's/Markers House has been in operation 2012-2013 and has been through the PREA Audit system on 3 occasions. In reviewing the agency's website, they have published all their PREA related statistics and reports on the website. The report also is made available through their administrative office and under Pennsylvania's Right to Know Laws.</p> <p>Based on this auditor's observation, the agency follows standard 115.403, no corrective action is needed.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</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
	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
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
	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
	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
	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
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring an 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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	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
	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
	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
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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 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, there has never been a Final Audit Report issued.)	yes