

PREA Facility Audit Report: Final

Name of Facility: Adelphoi Village La Sa Quik

Facility Type: Juvenile

Date Interim Report Submitted: 05/01/2022

Date Final Report Submitted: 09/05/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 09/05/2022

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	03/21/2022
End Date of On-Site Audit:	03/22/2022

FACILITY INFORMATION	
Facility name:	Adelphoi Village La Sa Quik
Facility physical address:	651 Saint Michaels Road , Cogan Station , Pennsylvania - 17728
Facility mailing address:	

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

Superintendent/Director/Administrator	
Name:	Jennifer McClaren
Email Address:	jennifer.mcclaren@adelphoi.org
Telephone Number:	724-804-7004

Facility PREA Compliance Manager	
Name:	Kristin Walker
Email Address:	kristin.walker@adelphoi.org
Telephone Number:	O: 570-998-9261

Facility Health Service Administrator On-Site	
Name:	Amanda Slezak
Email Address:	amanda.slezak@adelphoi.org
Telephone Number:	724-804-7162

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	15
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-21
Facility security levels/resident custody levels:	Intensive Supervision
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
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:	
Name:	
Email Address:	
Telephone Number:	

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.317 - Hiring and promotion decisions • 115.365 - Coordinated response
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-21
2. End date of the onsite portion of the audit:	2022-03-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor was able to interview a representative from the YWCA of Northcentral Pennsylvania (Wise Options). This agency provides advocacy services, and La Sa Quik has a signed MOU with this agency.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	13
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	13
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	9
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	8
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>There were 13 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager, residents, and staff during the on-site portion of this audit to determine there were nine residents residing at the facility who were diagnosed with a cognitive disability, one resident who was visually impaired, one resident who was hard-of-hearing, four residents who identified as lesbian, gay, or bi-sexual, and eight residents who disclosed prior sexual abuse on the risk assessment (Vulnerability Assessment Instrument).</p> <p>There were no residents residing at the facility who reported sexual abuse, were limited English proficient, had a physical disability, or identified as transgender or intersex to interview.</p> <p>This auditor was able to interview five targeted residents during the on-site portion of this audit (one resident who was diagnosed with a cognitive disability, one resident who was visually impaired, one resident who was hard-of-hearing, one resident who disclosed prior sexual victimization on the risk assessment, and one resident who identified as lesbian, gay, or bi-sexual).</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	18
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were 18 staff employed at La Sa Quik and three contracted staff (educational staff from the BLaST Intermediate Unit 17) who have contact with residents on the first day of the on-site portion of this audit (3/21/2022).
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	10 of the 13 residents (77% of the population was interviewed) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 13 years old to 18 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, and sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at La Sa Quik. The residents reported they feel PREA is taken seriously at the facility and that they have been educated about PREA. Overall, the residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, calling or writing an outside support organization, third party reporting, and anonymous reporting
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	This auditor interviewed 10 of 13 residents (77%) residing at the facility during the on-site portion of this audit.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor interviewed the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who had a physical disability.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Limited English Proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who identified as transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents residing at the facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Regulations in residential programs. During the tour of the facility, this auditor did not view any areas a resident can be isolated.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview five targeted residents (one resident who was diagnosed with a cognitive disability, one resident who was visually impaired, one resident who was hard-of-hearing, one resident who disclosed prior victimization on the risk assessment, and one resident identified as lesbian, gay, or bi-sexual) during the on-site portion of this audit. There were no residents residing at the facility who met the other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, Facility Director/Facility PREA Compliance Manager, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm this.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This auditor interviewed 12 randomly selected staff during the on-site portion of this audit. Staff interviewed years of experience ranged from 6 months to 29 years. Staff from all three shifts were interviewed (five staff from first shift, five staff from second shift, and two staff from third shift). All staff interviewed were knowledgeable of PREA, Adelphoi Village PREA Policies, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility as they were able to discuss the PREA trainings they have received. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters and how to contact the Pennsylvania Department of Human Services Childline hotline and agency investigators to report allegations of sexual harassment and sexual abuse at this facility.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>15</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, Facility PREA Compliance Manager, one investigative staff responsible for conducting administrative investigations, two staff who conduct risk assessments, one intake staff, one upper-level staff who completes Unannounced Rounds, one staff who monitors retaliation, two members of the Sexual Abuse Incident Review Team, two contracted staff, and a Human Resources staff. Due to the small size of this facility, several staff serve multiple roles and were interviewed for the multiple roles they serve. There were no medical or mental health staff employed at this facility. All medical and mental health care is scheduled through outpatient medical and mental health practitioners in the community.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the on-site portion of the audit (3/21/2022), this auditor completed a detailed tour of the facility which took approximately one hour and thirty minutes. This auditor was accompanied by the Agency PREA Coordinator, Regional Director, Agency Compliance Manager, and Facility Director/Facility PREA Compliance Manager during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the programming areas, visiting area, common areas, and dining area. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor reviewed 10 current resident files for documentation verifying PREA education and risk assessments were completed as noted in the Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy. This auditor also reviewed 10 direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment at this facility. Therefore, there were no sexual harassment investigation files to be reviewed.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was one allegation of staff-on-resident sexual abuse at this facility during the past 12 months. This auditor reviewed the investigative report that was completed by an agency investigator at the completion of the investigation. The allegation was determined to be Unsubstantiated. There were no allegations of sexual harassment at this facility during the past 12 months. Therefore, there were no sexual harassment investigative files/reports for this auditor to review.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

116. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER:** the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 562">(a) Adelphoi Village has a Zero-Tolerance Policy concerning sexual abuse and sexual harassment of Adelphoi Village residents and is committed to the prevention and elimination of sexual abuse and sexual harassment through compliance with the Prison Rape Elimination Act of 2003. This policy is titled “Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy.” Adelphoi Village is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency’s training efforts with residents, staff, volunteers, and contractors.</p> <p data-bbox="240 595 1493 685">(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee the efforts to comply with the PREA standards in all of its facilities.”</p> <p data-bbox="240 719 1493 976">Adelphoi Village has a designated Agency PREA Coordinator who has direct access to the Agency Head (Chief Operating Officer). Her official title is Director of Quality Assurance and Agency PREA Coordinator. This auditor reviewed the Agency Organizational Chart, confirmed the Agency PREA Coordinator’s position, and noted she has direct access to the Agency Head. The Agency PREA Coordinator has been in this position since 2013, is knowledgeable of the PREA standards, and she stated she is committed to PREA and in implementing PREA in all Adelphoi Village facilities. The Agency PREA Coordinator also reported that she has the support needed and sufficient time to develop, implement, and oversee the agency’s efforts towards PREA compliance in all agency facilities and to fulfill her PREA responsibilities. She was interviewed by this auditor on March 21, 2022.</p> <p data-bbox="240 1010 1493 1099">(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Each facility shall designate a facility PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.”</p> <p data-bbox="240 1133 1493 1290">La Sa Quik has a designated Facility PREA Compliance Manager. Her official title is Facility Director and Facility PREA Compliance Manager. The Facility PREA Compliance Manager is knowledgeable of the PREA standards and their role in the facility. The Facility PREA Compliance Manager was interviewed by this auditor during the on-site portion of this audit on March 22, 2022, and stated she has sufficient time and authority to develop, implement, and oversee La Sa Quik’s (LSQ) efforts to comply with the PREA standards.</p> <p data-bbox="240 1323 756 1352">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1402 1139 1498" style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Adelphoi Village Organizational Chart 3. LSQ PREA Pre-Audit Questionnaire <p data-bbox="240 1532 352 1561">Interviews:</p> <ol data-bbox="277 1610 810 1671" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1484 398">(a – b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village does not contract with any private agencies or entities for the confinement of residents. In the event that Adelphoi Village would contract with any private agencies or other entities, including other government agencies, it shall include in any new contract or contract renewal, the entities’ obligations to adopt and comply with PREA.”</p> <p data-bbox="242 427 1388 490">Adelphoi Village does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Agency Head and Agency PREA Coordinator.</p> <p data-bbox="242 519 758 548">Reviewed documentation to determine compliance:</p> <ol data-bbox="279 600 1141 629" style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy <p data-bbox="242 658 359 687">Interviews:</p> <ol data-bbox="279 739 718 801" style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Agency PREA Coordinator

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Each facility shall develop, implement, and document plans for staffing to ensure compliance with the PREA standard 115.313 to provide for mandated levels of staffing. In calculating the above staffing compliance levels and determining the need for video monitoring, each facility shall take into consideration:

1. General accepted national standards for juveniles in residential facilities;
2. Any judicial finding of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
6. The composition of the resident population;
7. The number and placement of supervisory staff;
8. Programming occurring on a particular shift;
9. Any applicable Commonwealth or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors."

There were 13 residents residing at LSQ during the on-site portion of this audit. The average daily population at the facility during the past 12 months has been 13 residents.

The PREA Staffing and Administration Plan at LSQ addresses the facility staffing plan and requirements. The facility is currently budgeted for 12 direct care staff; all 12 of those positions are currently filled. This plan was reviewed on March 2, 2022. This auditor received a copy of 2022 PREA Staffing and Administrative Plan on March 3, 2022.

The facility is equipped with 12 video surveillance cameras (10 inside cameras and 2 outside cameras). This system was last upgraded on September 24, 2021, when two outside video surveillance cameras were installed. Recordings from these devices remain on a secure server for approximately 45 days. The Facility Director is able to monitor and review the video surveillance system from her desktop computer. Video from all major incidents is reviewed by the Facility Director and Regional Program Director and retained on a flash drive. It was noted during an interview with the Facility Director, that random video surveillance is also reviewed by herself on a monthly basis.

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Facilities shall comply with the plan for staffing (the only exception being, during limited and exigent circumstances). Each facility shall maintain a local policy outlining how it will document any deviations from the plan for staffing. The documentation shall be maintained by the Compliance Manager and retained in the audit shared folder."

The Agency PREA Coordinator and Facility Director both reported that there have been no deviations from the staffing plan during the past 12 months. They also reported that in the event administrative staff feel staffing ratios cannot be maintained during an upcoming shift, staff would be held over and paid overtime to meet the ratios. An interview with the Facility Director confirmed that staffing is monitored shift to shift by herself and Shift Supervisors and that adjustments are made as needed to ensure the ratios are met. Staff schedules were also reviewed by this auditor to confirm compliance.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "PREA Juvenile Facility Standards require that each facility shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. All deviations shall also be reported to the Program Director."

Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations also require all residential programs in the Commonwealth of Pennsylvania to meet the minimum staff to resident ratios noted in this standard (1:8 during waking hours and 1:16 during sleeping hours).

The PREA Staffing and Administrative Plan states the facility runs at a minimum 1:8 staff to resident ratio during 1st and 2nd shifts and at a minimum 1:16 staff to resident ratio during 3rd shift. This was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, resident rosters, and observations made during the tour of the facility that these ratios were being met on a regular basis. During the on-site portion of this audit, there were a total of 13 residents residing at the facility.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Each facility's PREA Compliance Manager will schedule and conduct an annual (or more frequent, as necessary) facility review using the Facility

Operations Vulnerability Assessment, for their respective facility, with, at a minimum, the PREA Coordinator, and the Program Director.”

Interviews with the Agency PREA Coordinator and Facility Director during the on-site portion of this audit confirmed the PREA Staffing and Administrative Plan is reviewed on an annual basis or more frequently if necessary. A review of the LSQ PREA Staffing and Administrative Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on March 2, 2022.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “A management level employee shall conduct and document unannounced rounds, at a minimum of twice each month, (one during a waking shift and one during a sleeping shift) at each facility, to identify and deter staff sexual abuse and/or sexual harassment. All rounds shall be documented using the midnight audit and/or the unit master log. Staff are prohibited from altering other staff members or residents that the rounds are, or will be, occurring.”

This auditor was able to review Unannounced Rounds Tracking Forms from the past 12 months and it was noted these rounds are being completed by the Facility Director during all three shifts at LSQ on a monthly basis. The Facility Director was interviewed, and she was able to discuss how she completes the rounds, assure minimum ratios are being met, and her inspections of the facility are completed. The Facility Director also discussed how she makes sure the rounds are random by selecting different times of the day/night and days of the week to conduct the rounds. This auditor was able to review completed Unannounced Rounds Tracking Forms from the past 12 months (March 2021 through February 2022) to confirm Unannounced Rounds are being completed a minimum of twice per month during the past 12 months. After reviewing the Unannounced Rounds Tracking Forms, it was confirmed that Unannounced Rounds were being completed three times per month by the Facility Director (once during each shift).

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. LSQ 2022 PREA Staffing and Administrative Plan
3. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations
4. LSQ Staffing Schedules
5. LSQ Resident Roster
6. Unannounced Rounds Tracking Forms
7. Locations of Video Surveillance Cameras
8. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Administrative Staff who completes Unannounced Rounds
4. Random Staff Interviews

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except for thoroughly documented exigent circumstances or when performed by medical practitioners.</p> <p>Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by any staff at LSQ.</p> <p>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy prohibits states “Except in thoroughly documented exigent circumstances, staff are prohibited from completing cross-gender pat searches. Searches must be conducted by staff of the same gender as the resident being searched.”</p> <p>Interviews with the Facility Director, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at LSQ. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. No staff interviewed reported they have ever completed a cross-gender pat search of a resident.</p> <p>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy prohibits states “Staff shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches.”</p> <p>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on an Incident Report detailing the search performed on the resident. This Incident Report would then be reviewed by the Facility Director and placed in the resident’s file. Residents interviewed confirmed there have been no cross-gender pat searches conducted at LSQ during the past 12 months.</p> <p>(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Staff shall enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, when such viewing is incidental to routine checks. Staff of the opposite gender of the residents shall announce their presence when entering a resident housing unit or any areas where residents are likely to be showering, performing bodily functions, or changing clothing.”</p> <p>The Facility Director and staff interviewed noted all staff are trained to announce their presence when entering the area of the facility containing the resident bedrooms and bathrooms. It was also noted during interviews with staff and residents that opposite gender staff are consistently announcing their presence prior to entering the area of the facility where the resident bedrooms and bathrooms are located. This practice was observed by this auditor during the tour of the facility and throughout the on-site portion of this audit.</p> <p>(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If a resident’s genital status is unknown, it may be determined 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.”</p> <p>Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident and reviewing the case history of the resident. There were no transgender or intersex residents admitted to LSQ during the past 12 months.</p> <p>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches completed at LSQ during the past 12 months. This was confirmed during interviews with staff and residents during the on-site portion of this audit.</p> <p>(f) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy prohibits states “All staff shall be trained to conduct resident searches, to include cross-gender pat-down searches and searches of transgender and intersex residents. All searches are to be completed in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.”</p> <p>All staff at LSQ have been trained on the proper way to conduct cross gender pat down searches, and searches of</p>

transgender or intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are educated on this topic through the video titled "Guidance on Cross-Gender and Transgender Pat Searches" on an annual basis. Documentation of the training and staff participation was provided to this auditor to review, and it was confirmed 100% of the staff employed at the facility involved in the supervision of the residents received this training. Staff interviewed were able to describe this training to this auditor during interviews.

Reviewed documentation to confirm compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Staff Training Records
3. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Random Resident Interviews
3. Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Residents with disabilities shall have equal opportunity to all aspects of efforts, to prevent, detect, and respond to sexual abuse and sexual harassment. Residents with disabilities shall be provided accommodations in accordance with the Americans with Disabilities Act.”

There were nine cognitively disabled residents residing at LSQ during the on-site portion of this audit. One cognitively disabled resident was interviewed by this auditor. This resident confirmed all his needs are met and anytime he does not comprehend something (including PREA education), he knows he can seek assistance from any staff, supervisor, or teacher and they will take the time to review the material he does not understand to ensure he is able to comprehend the material. Interviews with the Facility Director and Agency PREA Coordinator confirmed any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. It was noted during interviews that these residents would be able to meet one on one with a staff, supervisor, or teacher to ensure they comprehend the material. In addition, it was noted all PREA education material is reviewed one-on-one with all residents upon intake and each resident is given an opportunity to ask any questions they may have.

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both respectively and expressively, using any necessary specialized vocabulary.”

The LSQ Resident Handbook is available to residents in both English and Spanish. There have been no limited English proficient residents admitted into the facility; however, it was noted if a limited English proficient resident was admitted into the facility, the Resident Handbook would be converted to Spanish. In addition, translation services are available to any limited English proficient residents admitted into the facility. These services are available through Cryacom Interpretation Services. Adelphoi Village has an agreement with Cryacom Interpretation Services and provided this auditor with a copy of the agreement to review to confirm compliance. It was also noted during the tour of the facility that PREA posters in both English and Spanish are posted in all common areas of the facility.

In addition, interpreters are available to limited English proficient residents through Cyracom Interpretation Services. This auditor was provided a copy of an agreement with Cyracome Interpretation Services that notes interpreters are available to residents at all Aldephoi Village facilities (including LSQ) who are limited English Proficient.

There were no limited English proficient residents residing at LSQ during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The agency shall not rely 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 the first response duties, or the investigation of the resident’s allegations.”

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and staff that there have been no circumstances during the past 12 months at LSQ where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters available for the residents through Cyracom Interpretation Services and were able to explain how they would contact an interpreter through this agency to provide services to the resident.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Agreement with Cyracom Interpretation Services
3. Tour of Facility
4. PREA Posters

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Interview with Cognitively Disabled Resident

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a – b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents who:

1. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. 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; or
3. Has been civilly or administratively adjudicated of engaging to have engaged in the activity described above.”

In addition, this policy states “Adelphoi Village shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, that may have contact with residents.”

This practice was confirmed during an interview with a representative from Human Resources as well as a review of ten randomly selected employee files. In addition, it was noted that any staff who is hired at LSQ is not permitted to work with the residents until all background checks are completed.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Before hiring new employees who may have contact with residents, Adelphoi Village will:

1. Perform a criminal background check (new employees will not be left alone with youth until clearances have been received by Human Resources;
2. Consult with any child abuse registry maintained by the State or locality in which the employee would work (Childline); and
3. Adelphoi Village will make its best efforts to contact all institutional employers provided by the potential employee for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State, and local laws.”

During an interview with a representative from Human Resources, she was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to work at LSQ with any residents. In addition, all prospective employees go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, a copy is placed in the employee file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.

During the past 12 months, there was one employee hired at LSQ who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This process was also confirmed during an interview with a representative from Human Resources.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The applicable education site shall ensure all criminal background checks are conducted and documented prior to service, for educational staff assigned to an Adelphoi Village facility. Additionally, background checks will be completed non less than every five years.” In addition, this policy states “Contractor agencies shall ensure all criminal background checks are conducted and documented prior to service for employees who have contact with residents. Additionally, background checks will be completed no less than every five years. Proof of criminal background checks shall be provided to Adelphoi Village.”

There are currently three contractors approved to enter LSQ and have contact with the residents. All three contractors are teachers from the BLaST Intermediate Unit 17. All contractors are screened as noted in the above-mentioned policy as they are required to have the same three background checks staff must have completed prior to having contact with the residents at the facility. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. These background checks must be completed a minimum of every two years. Background checks for all three contractors were forwarded to this auditor for review in order to confirm compliance. It was noted and confirmed during an interview with a representative from Human Resources that background checks are completed every two years for all contractors and volunteers approved to enter the facility.

There are no volunteers currently approved to enter LSQ.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall conduct all criminal background checks no less than every five years for current employees and may have in place a system for otherwise capturing such information for current employees.”

A representative from Human Resources was able to describe the process of completing background clearances on current employees every two years to ensure LSQ is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations which also require current employees and contractors to complete background clearances a minimum of every two years. This auditor was able to review ten staff files to confirm background checks are being completed when the employee is hired and every two years after the initial background checks are completed.

The representative from Human Resources maintains a system that notes when each background check was completed and when future background checks are due.

(f) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall ask directly, in written applications and/or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees, all applicants and employees who may have contact with residents, if they:

1. Have engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
2. Have 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; or have been civilly or administratively adjudicated to have engaged in the activity described above.

Adelphoi Village shall impose upon employees a continuing affirmative duty to disclose any such misconduct.”

Adelphoi Village requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from hire and or promotion. This was confirmed during an interview with a representative from Human Resources. In addition, the representative from Human Resources noted that all applicants are asked about previous misconduct on the application and during the interview process.

(g) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Material omission regarding such misconduct or the provision of materially false information shall be grounds for termination.”

This screening process noted above was confirmed during an interview with a representative from Human Resources as well as reviewing ten randomly selected staff background checks. The representative from Human Resources noted any applicant that fails to disclose previous misconduct will not be considered for the position they have applied for. In addition, failure to disclose misconduct can also result in termination (depending on the nature of the misconduct that was withheld).

(h) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall 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.”

When requested, Adelphoi Village does 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. This was confirmed during an interview with a representative from Human Resources.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Adelphoi Village Employment Application
3. Review of Randomly Selected Staff Files

Interviews:

1. Interview with Human Resources Representative

115.318	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Adelphoi Village shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.”</p> <p>There has been no expansion or modifications at LSQ since the last PREA audit in 2019. Through an interview with the Agency Head, it was confirmed that if there are any additional plans for expansion or modifications, the agency/facility will prioritize the resident’s sexual safety prior to approving any expansion or modifications of the facility.</p> <p>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “When installing or updating video monitoring system, electronic surveillance system, or other monitoring technology, Adelphoi Village shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.”</p> <p>Since the last PREA Audit, the facility added two outdoor video surveillance cameras to the facility. These cameras were installed during an upgrade to the video surveillance system on September 24, 2021. Prior to this upgrade, there were ten indoor video surveillance cameras already at the facility. Interviews with the Agency Head, Facility Director, and Agency PREA Coordinator, and a review of the LSQ 2022 PREA Staffing and Administrative Plan, confirmed the video surveillance system is inspected and upgraded on a regular basis.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. LSQ 2022 PREA Staffing and Administrative Plan 3. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Agency PREA Coordinator 3. Interview with Facility Director
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Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The Pennsylvania State Police conducts sexual abuse investigations which are criminal in nature at LSQ. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Sexual abuse allegations which are not criminal in nature and are investigated by agency investigators. LSQ asked the Pennsylvania State Police to comply with all PREA investigative standards in a signed Memorandum of Understanding dated August 25, 2017. A representative from the Pennsylvania State Police was interviewed by this auditor and stated that any detective who would handle a sexual abuse investigation at LSQ has been trained in a uniform evidence protocol. In addition, this auditor interviewed an agency investigator who is responsible for conducting administrative investigations at the facility. She also noted she completes an investigator protocol training every two years.

There was one allegation of sexual abuse at LSQ during the past 12 months. This allegation was not criminal in nature and was investigated by an agency investigator. This allegation was determined to be Unsubstantiated.

(b) LSQ is not responsible for completing any form of criminal sexual abuse investigations. All sexual abuse investigations for allegations which are criminal in nature are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Administrative investigations for allegations which are not criminal in nature are completed by agency investigators. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Pennsylvania State Police.

(c) The Agency PREA Coordinator and Facility Director stated during their interviews that the Williamsport Regional Medical Center is where a resident would be transported for a forensic examination by a SAFE/SANE. LSQ has a signed Memorandum of Understanding with Williamsport Regional Medical Center (signed by Agency Head on July 17, 2017, and signed by Williamsport Regional Medical Center on August 18, 2017) that states Williamsport Regional Medical Center agrees to:

1. Provide a forensic examination conducted by a Sexual Abuse Nurse Examiner (SANE) or a Pediatric Emergency Medical Physician.
2. Collect evidence during the examination for law enforcement, as appropriate, and maintain the integrity of the evidence collected.

A representative from the Williamsport Regional Medical Center was interviewed by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital.

In reviewing documentation, there were no incidents of sexual abuse involving penetration at LSQ during the past 12 months that required a resident to be transported to the Williamsport Regional Medical Center. Therefore, there were no forensic examinations completed.

(d) It was noted that any resident victim of sexual abuse at LSQ would receive emotional support and advocacy services from the YWCA of Northcentral Pennsylvania (Wise Options). The facility had a Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options) to provide emotional support and advocacy services to any resident victim of sexual abuse at the facility. However, it was noted this Memorandum of Understanding was expired at the time of the on-site portion of this audit. This Memorandum of Understanding was updated by LSQ and the YWCA of Northcentral Pennsylvania (Wise Options) on April 21, 2022. This auditor was provided an updated copy of the signed Memorandum of Understanding to confirm compliance.

A representative from the YWCA of Northcentral Pennsylvania (Wise Options) was interviewed by this auditor and confirmed an advocate from their agency would respond to the Williamsport Regional Medical Center to provide emotional support and rape crisis counseling to any victim of sexual abuse.

(e) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

LSQ has a Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options) which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals to the victim. This was confirmed during an interview with a representative from the YWCA of Northcentral Pennsylvania (Wise

Options).

(f) The Pennsylvania State Police conducts sexual abuse investigations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services at LSQ. All alleged incidents of sexual abuse at the facility are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through Childline and/or agency investigators). LSQ asked the Pennsylvania State Police to comply with all PREA investigative standards in a Memorandum of Understanding. This auditor was provided with a signed copy of the Memorandum of Understanding to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Pennsylvania State Police and an agency investigator to discuss the investigation process for allegations of sexual abuse at LSQ.

(g) All criminal investigations of sexual abuse at LSQ are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. The facility has a signed Memorandum of Understanding with the Pennsylvania State Police. This auditor was provided a copy of this Memorandum of Understanding and interviewed a representative from the Pennsylvania State Police to confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
3. Memorandum of Understanding with the Pennsylvania State Police
4. Memorandum of Understanding with Williamsport Regional Medical Center
5. Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options)

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Agency Investigator
4. Interview with Representative from the Pennsylvania State Police
5. Interview with Representative from Williamsport Medical Center
6. Interview with Representative from the YWCA of Northcentral Pennsylvania (Wise Options)

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall ensure that administrative, child abuse, and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.”

During the past 12 months, there was one allegation of sexual abuse at LSQ. This allegation was determined to not be criminal in nature and an investigation was completed by an agency investigator. Interviews with the Agency PREA Coordinator and Facility Director confirmed the referral process for any allegations of sexual abuse and sexual harassment to ensure all allegations of sexual abuse and sexual harassment are investigated by the Pennsylvania State Police (criminal investigations) or an agency investigator (administrative investigations).

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy notes all allegations of sexual abuse and sexual harassment are referred to the Pennsylvania State Police (criminal) and agency investigators (non-criminal) for investigation. This policy is posted on the agency website. The Agency PREA Coordinator and Facility Director both stated during an open investigation, communication would be maintained between LSQ and the Pennsylvania State Police through telephone calls, emails, and on-site visits. There was one allegation of sexual abuse at the facility during the past 12 months. This allegation was determined to be non-criminal and was investigated by an agency investigator.

Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. In addition, this information is also sent to the families of the residents and the contracting agencies when the resident arrives at the facility. PREA related information is also posted in all common areas of the facility and was observed by this auditor during the tour of the facility.

All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations which are criminal in nature are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services and non-criminal investigations are conducted by agency investigators.

(c) LSQ asked the Pennsylvania State Police to comply with all PREA investigative standards in a signed Memorandum of Understanding. This auditor was provided with a copy of the signed Memorandum of Understanding the facility has with the Pennsylvania State Police confirm compliance with this standard.

A representative from the Pennsylvania State Police was interviewed by this auditor, and stated his agency completes thorough investigations on each incident and will send a detailed report to the Pennsylvania Department of Human Services noting their findings and determinations at the completion of any investigation. The Pennsylvania Department of Human Services then sends a Determination Letter to the Facility Director noting the determination of the completed criminal investigation. An agency investigator would then conduct an administrative investigation. An interview with an agency investigator confirmed she would investigate any allegation of sexual abuse that is non-criminal in nature and would prepare a detailed investigative report at the completion of any investigation.

The Agency PREA Coordinator noted that following the receipt of an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Allegation Incident Review is conducted by the Incident Review Team. This auditor was able to review a Sexual Allegation Incident Review Form that was used to document a Sexual Allegation Incident Review Meeting that was held on April 21, 2022.

(d – e) All criminal investigations of sexual abuse at LSQ are conducted by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. The facility has a signed Memorandum of Understanding with the Pennsylvania State Police. This Memorandum of Understanding asks the Pennsylvania State Police to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor reviewed a copy of the Memorandum of Understanding to review and confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Memorandum of Understanding with the Pennsylvania State Police
3. Agency Website
4. Sexual Allegation Incident Review Form

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Agency Investigator
4. Interview with Representative from the Pennsylvania State Police

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall train all employees who may have contact with resident's on:

1. The Zero Tolerance for Sexual Abuse and/or Sexual Harassment policy.
2. How to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, responding and response policies and procedures.
3. Resident's right to be free from sexual abuse and sexual harassment.
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities and specific gender related issues.
6. The common reactions of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with all residents, to include lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Relevant laws regarding the applicable age of consent."

All staff receive an initial training titled PREA: Dynamics of Sexual Abuse in Correctional Systems through the Relias Learning System. They receive this training upon hire. Current staff who received this training, receive this training on an annual basis. In addition, the Facility Director stated PREA topics are reviewed during staff meetings at the facility.

All staff interviewed reported receiving the above-mentioned trainings regarding PREA on an annual basis through the Relias Learning System. In addition, staff interviewed discussed reviewing PREA topics during staff meetings at the facility. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at LSQ completed the trainings on an annual basis.

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Training shall be tailored to the unique needs and attributes of residents of Adelphoi Village and to the gender of the residents at the employee's facility."

PREA training is provided specific to the facility annually. LSQ is a facility that houses male residents; therefore, the training is tailored to that population. This auditor reviewed the training specific to those staff working with the residents at LSQ. After reviewing this training, it was confirmed the training is tailored to male residents.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "All current employees shall receive initial training no later than May 1, 2014. All new employees shall receive initial training as part of the orientation. Upon completion of initial training, employees shall receive bi-annual refresher training. In years in which an employee does not receive refresher training, Adelphoi Village shall provide refresher information related to current sexual abuse and sexual harassment."

This auditor reviewed training records of randomly selected staff and confirmed all staff completed the PREA trainings on an annual basis. Interviews with staff also confirmed they received the trainings and understood the material that was covered in the trainings they received. All staff interviewed were able to describe key points covered in the trainings when prompted by this auditor during interviews.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall document, through employee signature or electronic verification that employees understand the training they have received."

All staff who successfully complete the annual PREA training must electronically verify they received and understood the annual PREA training in the Relias Learning System. This electronic verification notes each staff has received the training, understands the training, and will adhere to information and requirements covered in the training. This auditor was able to review training logs and confirmed each staff electronically verified they understood the training they received.

Interviews with staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, agency policies, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment. Staff interviewed were also able to note the appropriate steps they would take to protect residents of imminent sexual abuse as well as their role as a first responder. All staff noted this is covered during the PREA training they receive on

an annual basis.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. PREA Training Curriculum
3. Training Logs

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall ensure that all volunteers and contractors have been trained on their responsibilities with respect to the prevention, detection, and response to sexual abuse and/or sexual harassment.”</p> <p>LSQ reported that there have been three contracted staff approved to enter the facility during the past 12 months. The three contracted staff are educational staff from the BLaST Intermediate Unit 17. There have been no volunteers approved to enter the facility during the past 12 months.</p> <p>During an interview with the Facility Director, it was noted all contracted staff receive and review the Volunteers/Contractor Training Brochure titled “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” on an annual basis. Upon receiving and reviewing this brochure with an administrative staff, each contracted staff signed an acknowledgement form noting they understood the material and how to report allegations of sexual abuse and sexual harassment. This auditor interviewed two contracted staff during the on-site portion of this audit to confirm they received and understood the training specific to volunteers and contracted staff.</p> <p>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors will receive the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and acknowledgement of their understanding of the policy is signed and maintained as documentation.”</p> <p>Prior to entering the facility, all volunteers and contractors receive, and review the Volunteers/Contractor Training Brochure titled “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” and an Acknowledgement Form to review and sign off noting they understand the material in the training. This auditor was able to review PREA Training sign off sheets signed by all three contracted staff from the BLaST Intermediate Unit 17 to confirm they received the required training. This auditor interviewed two contracted staff during the on-site portion of this audit to confirm they received and understood the training specific to volunteers and contractors.</p> <p>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The Zero-Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers pamphlet shall be provided and sign-off completed. Documentation shall be maintained by the PREA Coordinator.”</p> <p>LSQ maintains training records for all volunteers and contractors who have been approved to enter the facility and have contact with residents. All volunteer/contractor training records are kept on a database that is maintained by the Agency PREA Coordinator. The Facility Director and Agency PREA Coordinator were able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency PREA policies, their duty to report, and the importance of appropriate interactions with the residents. This auditor was able to interview two contracted staff (educational staff from the BLaST Intermediate Unit 17) during the on-site portion of this audit. Both contracted staff interviewed were able to confirm they received the PREA training for contracted staff. Signed acknowledgement forms for each contracted staff at LSQ were reviewed by this auditor to confirm compliance.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Volunteers/Contractor Brochure “Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers” 3. Volunteer/Contractor Training and Acknowledgement Form Template 4. Signed Volunteer/Contractor Training and Acknowledgement Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interviews with Contracted Staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) All residents at LSQ receive PREA education at intake in the form of a PREA education video titled "PREA and Sexual Safety Education for Residents in a Confinement Facility". In addition to this video, residents also review ways to report sexual abuse and sexual harassment with an intake staff. However, the PREA intake education that residents receive is not noted in policy. This will be addressed during the Corrective Action period.

Residents interviewed were knowledgeable of PREA and were able to discuss ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received PREA education during their intake which included watching the PREA education video and reviewing ways to report sexual abuse and sexual harassment with an intake staff.

(b) LSQ reports there were 11 residents admitted into the facility during the past 12 months. Although all 11 residents admitted into the facility received PREA education at intake, none of the residents received comprehensive PREA education within 10 days of their intake. In addition, the comprehensive education residents are to receive within 10 days of intake is not noted in policy.

Interviews with the Agency PREA Coordinator, Facility Director, intake staff, and residents confirmed residents do not receive comprehensive PREA education within 10 days of their intake. This will be addressed during the Corrective Action period.

(c) Intake staff who were interviewed reported each resident admitted into the facility receives PREA education during the intake process. They were able to describe explaining ways to report sexual abuse or sexual harassment to each resident and allowing each resident to watch a PREA education video titled "PREA and Sexual Safety Education for Residents in a Confinement Facility". This auditor reviewed ten resident's files during the on-site portion of this audit and all ten files reviewed contained a signed copy of the acknowledgement form noting the resident received the PREA education at intake.

All residents interviewed confirmed they received PREA education during their intake on their first day at the facility. They also acknowledged watching the PREA education video and the intake staff reviewing ways to report sexual abuse and sexual harassment with them.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Residents, who are limited in English proficiency, shall have equal opportunity to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through Cyracom Interpretation Services. LSQ also ensures that key information about PREA is continuously and readily available or visible through posters posted throughout the facility in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility. This auditor was also able to review a Service Agreement between Adelphoi Village and Cyracom Interpretation Services for Interpretation Services to confirm compliance.

There were no limited English proficient residents at LSQ to interview during the on-site portion of this audit.

(e) All resident education is documented on an acknowledgement form noting the resident received the PREA education. This acknowledgement form is signed and dated by the resident upon receiving PREA education information and is also signed and dated by the staff who completed the intake process for the resident. This confirmation form is kept in the resident's file. This auditor was able to review ten resident files and each file contained the above-mentioned documentation confirming the resident received PREA education during the intake process. However, there was no documentation noting any resident received comprehensive age-appropriate education within 10 days of intake. In addition, language noting the agency shall maintain documentation of resident participation in these education sessions is not noted in policy. This will be addressed during the Corrective Action period.

(f) At intake into LSQ, all residents receive watch a PREA education video and an intake staff reviews ways to report sexual abuse and sexual harassment with the resident. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, and visiting areas of the facility that were viewed by this auditor during the tour of the facility.

Corrective Action:

Within 10 days of intake, LSQ shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for reporting such incidents. This will be monitored for

120 days. In addition to providing comprehensive age-appropriate education to residents, LSQ will document the residents received this education. Documentation for randomly selected residents will be forwarded to this auditor during the Corrective Action period upon request.

In addition, Adelphoi Village will update the Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy to include resident education (including resident education at intake, comprehensive, age-appropriate education within 10 days of intake, and maintaining documentation of resident participation in these education sessions).

Resolution:

During the Corrective Action period, LSQ revised its PREA education curriculum for residents. Upon intake, residents now receive a PREA Resident Pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" at intake. This pamphlet is reviewed with the resident and each resident electronically signs an acknowledgement form noting they received the pamphlet and education at intake.

Within 10 days of intake, residents now receive comprehensive age appropriate PREA education in the form of a video. This video was created for adolescents in residential facilities and is titled "PREA and Sexual Safety Education for Residents in a Confinement Facility." After the resident watches the video, the resident is permitted to ask any questions about the video and the PREA Resident Education Pamphlet the resident received at intake. Each resident then electronically signs an acknowledgement form noting they received the comprehensive age-appropriate education within 10 days of intake. All PREA education acknowledgement forms are maintained in the resident's file.

During the Corrective Action period, there were six residents admitted into LSQ. All six residents received the PREA Pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" at intake and comprehensive age appropriate PREA education within 10 days of intake. All six residents electronically signed acknowledgement forms noting they received the PREA Resident Pamphlet at intake and comprehensive PREA education within 10 days of intake. These signed acknowledgement forms were forwarded to this auditor for review during regular check-ins with the Agency PREA Coordinator.

Adelphoi Village also amended its Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy during the Corrective Action period to include resident education at intake, comprehensive education within 10 days of intake, and maintaining documentation of resident participation during these education sessions. The Agency PREA Coordinator forwarded this auditor a copy of the amended policy to review on August 8, 2022.

LSQ is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Signed Resident Zero Tolerance Acknowledgements
3. Agreement with Cyacom Interpretation Services (Interpretation Services)
4. PREA Posters
5. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Intake Staff Interviews
4. Random Resident Interviews

115.334

Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The Pennsylvania State Police is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse at LSQ which are criminal in nature. The facility has a Memorandum of Understanding with the Pennsylvania State Police (dated August 25, 2017) which requests the Pennsylvania State Police comply with all PREA investigative standards. This auditor was provided with a copy of the signed Memorandum of Understanding with the Pennsylvania State Police to review to confirm compliance with this standard.

All investigations of sexual abuse at LSQ which are not criminal in nature are investigated by one of two agency investigators. Both investigators are regional administrative staff. This auditor was provided documentation noting both agency investigators completed the PREA investigator training titled "PREA Investigation What Happens After an Allegation" to confirm compliance with this standard. An interview with an agency investigator who completes investigations at LSQ revealed each investigator completes the training every two years. She was also able to describe key concepts from this training during an interview with this auditor.

(b) The Pennsylvania State Police is responsible for the investigation of all allegations of sexual abuse and sexual harassment (that are criminal in nature) at LSQ. A representative from the Pennsylvania State Police was interviewed by this auditor and stated detectives who conduct investigations have completed various investigative trainings. He was able to describe these trainings to this auditor and stated his agency would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual abuse at LSQ.

There are two agency investigators at LSQ who complete administrative investigations for any allegation of sexual abuse which is not criminal in nature. An agency investigator who completes investigations at the facility was interviewed by this auditor and was able to describe the training she received and discussed evidence collection and the criteria and evidence required to substantiate an allegation.

(c) The Pennsylvania State Police is responsible for the investigation of all allegations of sexual abuse at LSQ that are criminal in nature. Administrative investigations which are not criminal in nature are investigated by one of two agency investigators. The facility has formally asked the Pennsylvania State Police to comply with PREA investigative standards. This was noted in a Memorandum of Understanding with the Pennsylvania State Police requesting investigations be conducted in compliance with the PREA standards. This auditor was provided with a copy of the Memorandum of Understanding to confirm compliance with this standard. Training records noting each agency investigator who completes sexual abuse investigations at LSQ were forwarded to this auditor to confirm compliance with this standard.

(d) A representative from the Pennsylvania State Police was interviewed by this auditor. This representative was able to confirm detectives who conduct sexual abuse investigations have completed various trainings including investigating sexual abuse allegations in a confinement facility.

In addition, the Facility Director and Agency PREA Coordinator were both able to confirm any allegations of sexual abuse and sexual harassment (that are criminal in nature) are referred to the Pennsylvania State Police for investigation by the Pennsylvania Department of Human Services. The Pennsylvania State Police would then work in conjunction with the Pennsylvania Department of Human Services to complete the investigation. There was one allegation of sexual abuse at LSQ during the past 12 months. This auditor was provided documentation noting the allegation was referred for investigation. This allegation was not criminal in nature and an investigation was completed by an agency investigator.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Memorandum of Understanding with the Pennsylvania State Police
3. Investigator Training Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Agency Investigator
4. Interview with Representative from the Pennsylvania State Police

115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1437 331">(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “All full-time and part-time medical and mental health practitioners shall be trained, in no less than:</p> <ol data-bbox="277 383 1353 510" style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” <p data-bbox="242 539 1469 667">There are currently no medical or mental health practitioners at LSQ. All medical and mental health care is scheduled through outpatient medical and mental health practitioners in the community. Therefore, there was no medical or mental health practitioners training records for this auditor to review and no medical or mental health practitioners for this auditor to interview.</p> <p data-bbox="242 696 1465 824">(b) There are no medical staff at LSQ. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at the Williamsport Regional Medical Center by a SANE/SAFE. The facility has a signed Memorandum of Understanding with the Williamsport Regional Medical Center that notes forensic examinations would be completed by a SANE/SAFE.</p> <p data-bbox="242 853 1469 981">(c) There are currently no medical or mental health practitioners at LSQ. All medical and mental health care is scheduled through outpatient medical and mental health practitioners in the community. Therefore, there was no medical or mental health practitioners training records for this auditor to review and no medical or mental health practitioners for this auditor to interview.</p> <p data-bbox="242 1010 1469 1115">(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Medical and mental health care practitioners shall also receive the training mandated for employees or for contractors and volunteers, depending upon the practitioner’s status.”</p> <p data-bbox="242 1144 1469 1272">There are currently no medical or mental health practitioners at LSQ. All medical and mental health care is scheduled through outpatient medical and mental health practitioners in the community. Therefore, there was no medical or mental health practitioners training records for this auditor to review and no medical or mental health practitioners for this auditor to interview.</p> <p data-bbox="242 1301 754 1330">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1375 1137 1435" style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Memorandum of Understanding with Williamsport Regional Medical Center <p data-bbox="242 1464 352 1494">Interviews:</p> <ol data-bbox="277 1547 1034 1637" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Representative from Williamsport Regional Medical Center

115.341

Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Within 72 hours of intake, and as needed but always at the six-month treatment plan update, the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior shall be administered to obtain information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or to a resident.”

This auditor discussed the Vulnerability Assessment Instrument with two staff who complete the screening at LSQ and the Agency PREA Coordinator. The Vulnerability Assessment Instrument is completed by trained staff upon intake and residents are reassessed using the Vulnerability Assessment Instrument every six months after the initial assessment. In addition, the Vulnerability Assessment Instrument is administered to any residents who transfer from another facility or if there is a sexual abuse or sexual harassment incident involving the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at LSQ.

During the past 12 months, there were 11 residents admitted to LSQ whose length of stay in the facility was for 72 hours or more. All 11 residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents during their first day at the facility by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed upon intake by interviewing two staff who complete the screening and by reviewing ten resident files. In addition, all residents interviewed stated the Vulnerability Assessment Instrument is completed as noted in the Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy.

(b) The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident upon admission to the facility and every six months after the initial screening is completed. In addition, the Vulnerability Assessment Instrument is administered to any residents if they transfer from another facility or are involved in a sexual abuse or sexual harassment incident. Two staff who administer the Vulnerability Assessment Instrument were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. They both were able to describe how this screening is administered the first day the resident is admitted into the facility and periodically throughout the resident’s stay at the facility (resident is reassessed every six months after the initial screening).

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “This objective screening instrument obtains information that includes: 1) Prior sexual victimization or abuse; 2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; 3) Current charges and offense history; 4) Age; 5) Level of emotional and cognitive development; 6) Physical size and stature; 7) Mental illness or mental disabilities; 8) Intellectual or developmental disabilities; 9) Physical disabilities; 10) The resident’s own perception of vulnerability; and 11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.”

This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at LSQ and confirmed this screening is objective and captures the information required in this standard. A review of ten resident’s files confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident’s stay at the facility (residents are reassessed every six months after their initial assessment). In addition, the Vulnerability Assessment Instrument is administered to any residents who transfer from another facility to LSQ or if there is a sexual abuse or sexual harassment incident. These screenings are being completed by Clinical Coordinators at the facility.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Information shall also be obtained through conversations with the resident, by reviewing court records, resident files, psychological assessments and other relevant documentation.”

Interviews with the Agency PREA Coordinator and two staff that administer the Vulnerability Assessment Instrument revealed that staff interview each resident upon admission and periodically throughout a resident’s stay at the facility (residents are reassessed every six months after their initial assessment). Staff interviewed that administer the Vulnerability Assessment Instrument also stated they use case history notes and behavioral records, in addition to the face-to-face interview, when completing the initial screening.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall follow appropriate procedures and controls on the dissemination of sensitive information to ensure that information is protected.”

All completed Vulnerability Assessment Instruments are securely kept in the resident’s electronic files. All pertinent

necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents. It was noted that only staff at LSQ have access to a resident's Vulnerability Assessment when logging on through the agency database.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had every been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at LSQ. All residents interviewed, who have resided at the facility for over six months, also stated they have been asked these questions again periodically during their stay at the facility. Ten resident's files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening completed within 72 hours of intake and periodically throughout their stay at the facility (every six months following their initial screening).

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Vulnerability Assessment Instrument Template
3. Completed Vulnerability Assessment Instruments
4. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
3. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village will use information obtained from the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.”

Interviews with the Facility Director, Agency PREA Coordinator, and staff confirmed the Vulnerability Assessment Instrument is completed by trained staff within 72 hours of intake (during the resident’s first day at the facility) and bedroom, program, education, and work assignments are made accordingly to keep all residents at LSQ free from sexual abuse and sexual harassment. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate bedrooms and assign roommates to ensure residents are kept safe while residing in the facility.

A review of completed Vulnerability Assessment Instruments at LSQ supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who were identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, had a Safety Plan developed for them (noted on the Vulnerability Assessment Instrument) and communicated to all staff to keep them safe. In addition, any residents identified as sexually aggressive from the information noted on the Vulnerability Assessment Instrument also had a Safety Plan developed for them (noted on the Vulnerability Assessment Instrument) and communicated to all staff to keep all residents safe. Safety Plans for both sexually vulnerable and sexually aggressive residents included increased supervision during waking hours and appropriate bedroom assignments to increase supervision (including placing some residents in single bedrooms without a roommate). This auditor was able to review Vulnerability Assessment Instruments for residents at the facility who were determined to be sexually vulnerable and sexually aggressive to confirm compliance with this standard.

(b) It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at LSQ. Interviews with the Facility Director and Agency PREA Coordinator confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall Adelphoi Village consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.”

There was one resident who identified as LGBTI residing at LSQ during the the on-site audit portion of this audit. This resident was interviewed by this auditor and confirmed he was not placed in a specific bedroom basely solely on her sexual identification. In addition, the Facility Director stated that under no circumstance would a resident be placed in a specific bedroom based solely on their sexual identification. She stated residents are placed in appropriate bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “In reaching a determination of whether to assign a transgender or intersex resident to a facility for male or female residents, as well as in making other housing programming assignments, Adelphoi Village shall consider, on a case-by-case basis, whether a placement would ensure the resident’s health and safety, and whether the placement would present programmatic management or security problems.”

There have been no transgender or intersex residents admitted to LSQ during the past 12 months. Interviews with the Agency PREA Coordinator and Facility Director confirmed a decision on which agency facility to place any transgender resident is to be made at the administrative level (including the Agency Head, Regional Directors, and Agency PREA Coordinator) and be in the best interest of the resident’s safety.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Placement and programming assignments for each transgender or intersex resident shall be reassessed at a minimum of every six months (twice each year) to review any threats to safety that may have been experienced by the resident.”

There have been no transgender or intersex residents admitted to LSQ during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. Interviews with the Agency PREA Coordinator and Facility Director confirmed the facility would ensure placement and programming for any transgender or intersex resident would be reassessed by the resident’s treatment team at least twice a year while the resident is placed at LSQ. It was noted

reassessments would occur during the resident's Individual Service Plan Review. Individual Service Plan Reviews involve all members of a resident's treatment team and are conducted every six months while the resident is residing at the facility.

(f) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "A transgender or intersex resident's own views with respect to his or her own safety shall be considered seriously."

There were no transgender or intersex residents admitted to LSQ during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. Interviews with the Agency PREA Coordinator and Facility Director confirmed the facility would ensure the resident's views would be given serious consideration in the event a transgender or intersex resident would be admitted to LSQ.

(g) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "All residents shall be provided the opportunity to shower separately from other residents."

There were no transgender or intersex residents admitted to LSQ during the past 12 months. An interview with the Facility Director confirmed any transgender or intersex resident admitted into the facility would be given the opportunity to shower separately from the other residents in the facility.

(h – i) There were no residents at LSQ who were at risk of sexual victimization held in isolation during the past 12 months. Therefore, there were no files/records to review. Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Vulnerability Assessment Instrument Template
4. Completed Vulnerability Assessment Instruments
5. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Random Staff Interviews
5. Interview with Resident who Identified as LGBTI

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall provide multiple internal methods for residents to privately report sexual abuse and/or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and/or staff neglect or violation of responsibilities that may have contributed to such incidents."

Reporting information is delivered to the residents through the intake process, PREA education groups, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

These methods include making a direct report to:

1. Staff member
2. Counselor
3. Supervisor
4. Write a letter or request to speak to the Vice President of Residential Services

In addition, residents are permitted to follow the steps outlined in the Grievance Procedure. These steps are posted throughout the facility on posters that were viewed by this auditor during the tour of the facility.

Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations internally to staff, supervisors, teachers, or administrative staff.

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall also provide at least one method for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of Adelphoi Village and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to Adelphoi Village officials allowing the resident to remain anonymous upon request."

Reporting information is delivered to the residents through the intake process, PREA education groups, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

In addition, the YWCA of Northcentral Pennsylvania (Wise Options) offers a 24/7 Crisis Hotline for residents to report allegations of sexual abuse and sexual harassment. This hotline can be reached at 1-800-326-8483. This reporting mechanism is reviewed with residents during the intake PREA education process and during PREA groups held at the facility. In addition, this hotline number is posted on posters throughout the facility.

Most residents interviewed were aware of their right to contact the YWCA of Northcentral Pennsylvania Crisis Hotline. Residents interviewed also confirmed they received this information through PREA education received at intake and PREA education groups at the facility.

There are no residents placed at LSQ solely for civil immigration purposes. However, during an interview with the Agency PREA Coordinator, it was determined the facility would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment. The Agency PREA Coordinator noted any residents at the facility solely for civil immigration purposes would be able to call the National Sexual Assault of the Rape, Abuse, and Incest National Network Hotline at 1-800-656-4673.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Staff shall accept reports made verbally, in writing, anonymously, and from third parties. These reports shall be immediately processed according to child abuse regulations."

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Incident Report, notify the supervisor on shift or administrative staff, and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. Staff interviewed also noted they would complete a CY47 form prior to contacting the Pennsylvania Department of Human Services Childline Hotline.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall provide residents with access to tools necessary to create a written report."

Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the YWCA of Northcentral Pennsylvania (Wise Options) by calling the 24/7 Crisis Hotline. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Staff shall be provided the ability to privately report sexual abuse and/or sexual harassment of residents."

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they would either contact the Agency PREA Coordinator or the Agency Human Resources Director to make a private report. Staff interviewed also reported this is reviewed during annual PREA trainings at the facility.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Resident PREA Reporting Poster (English)
3. Resident PREA Reporting Poster (Spanish)

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Random Staff Interviews
4. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Client Grievance Procedure states the following procedures are available to residents to submit a grievance:

1. Call a group/family meeting about your concern, following the standard procedure for getting a meeting.
2. Speak with counselors/caseworkers about your concerns.
3. Speak with the supervisor about your concern.
4. Speak with the program director about your concern.
5. Submit a written request to discuss the matter with the program director.
6. Submit a written request to discuss the matter with the Ethics Committee.
7. Speak with the county person who is in charge of your case or with his/her supervisor.

The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all residents be advised of the grievance procedure upon intake into the facility. Once residents are educated on the grievance procedure, they sign the Client Grievance Procedure Acknowledgement Form noting they have been educated on the grievance procedure. This signed acknowledgement form is kept in the resident's files.

All residents interviewed were aware of the grievance procedure. All the resident's files reviewed contained notification (signed acknowledgement form) of the grievance process.

(b) Adelphoi Village Client Grievance Procedure notes residents are permitted to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during intake (during their first day at the facility).

(c) Adelphoi Village Client Grievance Procedure notes if any step involves the person with whom the resident has the concern, the resident is permitted to skip that step and go directly to step three (supervisor).

An interview with the Facility Director noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania Department of Human Services and/or an agency investigator for investigation. It was noted during this interview that the grievance submitted would not be referred to the staff who is the subject of the complaint and can be submitted directly to the supervisor on shift.

There were no grievances alleging sexual abuse at LSQ during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.

(d) Adelphoi Village Client Grievance Procedure states "An official response from Adelphoi Village will be given to the client within 90 days of the original filing of the grievance."

Interviews with the Agency PREA Coordinator and Facility Director noted any decision on a grievance regarding sexual abuse or sexual harassment would be made by agency administrative staff and that decision would be shared with the resident who submitted the grievance within 90 days.

There were no grievances alleging sexual abuse at LSQ during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing a request for administrative remedy relating to allegations of sexual abuse, and shall also be permitted to file such a request on behalf of residents.

If a third party other than a parent or legal guardian files such a request on behalf of a resident, Adelphoi Village may require as a condition of processing the request that the alleged victim confirm the request file on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

If the resident declines to have the request processed on his or her behalf, Adelphoi Village shall document the resident's decision.

A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including

appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.”

The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all parents/legal guardians be advised of the grievance procedure at intake. The grievance procedure is noted in the intake packet that all parents receive when the resident is admitted into the facility. There is an acknowledgement form that the parents/legal guardians are required to sign and return noting they were educated on the grievance procedure at the facility.

Residents interviewed were aware of third-party reports and understood parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.

There were no third-party grievances filed at LSQ during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.

(f) Adelphoi Village Client Grievance Procedure states “Adelphoi Village will respond immediately to any grievance that alleges substantial risk of imminent sexual abuse, with a response not exceeding 48 hours or within five (5) days of a grievance with risk of imminent sexual abuse, not including any time consumed by the resident if preparing any administrative appeal.”

An interview with the Agency PREA Coordinator revealed if anyone at LSQ would receive a grievance alleging sexual abuse or sexual harassment, it would be treated as an Emergency Report. A Safety Plan would then be implemented (this plan would include referring the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and/or an agency investigator for investigation) within 48 hours and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging sexual abuse or sexual harassment during the past 12 months at LSQ. This was confirmed by this auditor by reviewing grievances filed at the facility during the past 12 months.

(g) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “A facility within Adelphoi Village may discipline a resident for filing a grievance related to alleged sexual abuse, only where the facility demonstrates that the resident filed the grievance in bad faith.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident who files a grievance alleging sexual abuse or sexual harassment in good faith would not be disciplined regardless of the outcome of the grievance submitted. In addition, they both stated any resident who files a grievance alleging sexual abuse or sexual harassment in bad faith would be held accountable by losing privileges at the facility.

There were no grievances filed in bad faith at LSQ during the past 12 months.

Reviewed documentation to determine compliance:

1. Adelphoi Village Client Grievance Procedure
2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
3. Review of Residents Files
4. Review of Facility Grievance Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Randomly Selected Staff
4. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "The facility shall provide residents access to outside victim advocates for emotional support services related to child/resident abuse, sexual abuse and/or sexual harassment, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organization agencies with which Adelphoi Village has formal agreements. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible."

Upon intake, all residents at LSQ are made aware of the services that are available to them through the YWCA of Northcentral Pennsylvania (Wise Options) if they are a victim of sexual abuse at the facility. This includes notifying residents of the address and telephone number to the YWCA of Northcentral Pennsylvania (Wise Options). In addition, LSQ has a Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options). This Memorandum of Understanding states, the YWCA of Northcentral Pennsylvania (Wise Options) will provide any victim of sexual abuse a victim advocate. In addition to residents receiving the above-mentioned information at intake, there are numerous posters posted around the facility with the address and telephone number to the YWCA of Northcentral Pennsylvania (Wise Options). This information was reviewed by this auditor and noted during the tour of the facility.

Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual abuse at LSQ. Several of the residents noted the address and telephone number to the YWCA of Northcentral Pennsylvania (Wise Options) posted throughout the facility on posters.

(b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "The facility shall 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 shall be forwarded to authorities in accordance with mandatory reporting laws."

All residents interviewed were aware of the services available to them in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with the YWCA of Northcentral Pennsylvania (Wise Options) is confidential and private. Residents noted during interviews this information is provided to them during their intake and is posted on posters through the facility.

There were no residents who made an allegation of sexual abuse at the facility to interview during the on-site portion of this audit.

(c) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Adelphoi Village maintains an agreement with the Blackburn Center, YWCA Northcentral and Family Services. The Blackburn Center, YWCA Northcentral and Family Services is able to provide residents with confidential emotional support services related to abuse. Adelphoi Village maintains records of such."

A Memorandum of Understanding is in place with the YWCA of Northcentral Pennsylvania (Wise Options) in accordance with this standard. This Memorandum of Understanding was updated and signed on April 21, 2022, and confirms each party's responsibilities regarding this standard. The Facility Director and Agency PREA Coordinator discussed this Memorandum of Understanding and the advocacy services that are provided by the YWCA of Northcentral Pennsylvania (Wise Options) to any victims of sexual assault at LSQ. This auditor contacted a representative from the YWCA of Northcentral Pennsylvania (Wise Options) and she confirmed her agency would provide confidential emotional support services to any victim of sexual abuse as noted in the Memorandum of Understanding.

(d) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "The facility shall also provide residents with confidential access to their attorney or other legal representation and reasonable access to parents or legal guardians."

LSQ provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with the residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to their parents or legal guardians on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and regular visits (if the family can visit). Residents also stated if there was an incident at the facility, they would be permitted to receive a telephone call or visit with their parents or legal guardian.

The Facility Director and Agency PREA Coordinator confirmed all resident visits with their attorney and/or legal

representation would be in private.

Reviewed documentation to determine compliance:

1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options)
3. PREA Posters

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from the YWCA of Northcentral Pennsylvania (Wise Options)
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews

115.354	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 360">(a) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "The agency shall publicly distribute information on how to report abuse, sexual abuse, and sexual harassment."</p> <p data-bbox="242 394 1485 622">Multiple methods used to receive third party reports of sexual abuse or sexual harassment is posted on the agency's website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. In addition, there are posters which note ways third parties can report allegations of sexual abuse and sexual harassment in all areas where visits take place in the facility. These posters were observed by this auditor during the tour of the facility. Third party reports can also be made to any staff, Facility Director, Agency PREA Coordinator, Pennsylvania State Police, or the Pennsylvania Department of Human Services via the Childline Hotline. This auditor was able to review the agency's website and confirmed multiple methods to file a third-party report are posted on the website.</p> <p data-bbox="242 654 1477 846">Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any information from a third-party report of abuse would be documented on an Incident Report and reported to the supervisor on shift and the Pennsylvania Department of Human Services via the Childline Hotline and/or agency investigators.</p> <p data-bbox="242 878 1410 938">There was one allegation of sexual abuse filed by a third party at LSQ during the past 12 months. This allegation was investigated by an agency investigator and was determined to be Unsubstantiated.</p> <p data-bbox="242 969 756 999">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1048 1485 1240" style="list-style-type: none"> 1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy 2. Agency Website 3. PREA Posters 4. Tour of Facility 5. Sexual Allegation Investigation Review <p data-bbox="242 1272 352 1301">Interviews:</p> <ol data-bbox="277 1350 596 1411" style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village requires all staff to report immediately:

1. 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.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or information regarding an incident of sexual abuse, sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the supervisor on shift to report any information related to sexual abuse or sexual harassment and report the allegation to the proper investigating agencies (Pennsylvania State Police, Pennsylvania Department of Human Services, and/or agency investigators). Staff also reported they could report any allegations of sexual abuse, sexual harassment, neglect, or retaliation privately by contacting the agency Human Resources Director.

All staff at LSQ are trained on mandatory reporting on an annual basis. Staff interviewed were able to discuss this training with this auditor during interviews.

(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "All staff must comply with mandatory child abuse reporting laws. Regardless of a direct or third-party report of sexual abuse harassment, the staff receiving the report is required to notify the appropriate Supervisor or administrative staff, document the allegation on an Incident Report, completed a CY47 Form, and report the allegation via the Childline Hotline."

All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. The staff were able to describe their role as mandated reporters to this auditor during interviews and were aware of the Childline Hotline to report allegations of sexual abuse. The staff noted they could either submit an allegation of sexual abuse to Childline Hotline either by calling the toll-free telephone number or by submitting the allegation electronically. In addition, staff noted allegations of sexual abuse and sexual harassment would also be reported to the supervisor on shift.

Interviews with the Facility Director and Agency PREA Coordinator revealed that all staff are trained to report any suspicions of child abuse to the Pennsylvania Department of Human Services via the Childline Hotline. Both stated staff are also trained that if there is any uncertainty about whether to report, they should always be resolved in favor of making a report.

(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Apart from reporting to designated supervisors or officials and designated State or local service agencies, Adelphoi Village requires staff to abide by confidentiality and not reveal information to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Any breaches of this policy shall result in disciplinary action."

Interviews with staff at LSQ confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. Staff interviewed reported this is reviewed during annual PREA trainings at the facility.

(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "All staff are required to complete mandatory child abuse reporting training and PREA training regarding reporting incidents of sexual abuse as well and applicable mandatory child abuse reporting laws."

There are no medical or mental health practitioners employed at LSQ. All medical and mental health needs are addressed through outpatient appointments with a medical or mental health practitioner in the community. Therefore, there were no medical or mental health practitioners for this auditor to interview. All staff at LSQ interviewed stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the supervisor on shift immediately upon learning of an allegation. This information is also reported to the Pennsylvania Department of Human Services (through the Childline Hotline), Pennsylvania State Police (criminal investigations), and/or agency investigators (non-criminal investigations) for investigation.

(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Upon receiving a report of child abuse, the designated reporter shall assume the responsibility and have the legal obligation to report the suspected

child abuse to the Pennsylvania Department of Human Services.” In addition, Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The facility designated reporter will notify the resident’s parents, guardian, caseworker, or attorney following an incident of sexual assault or harassment.”

All staff interviewed stated that in addition to reporting the allegation to the supervisor on shift, they are also required to report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline and document the allegation/incident on an Incident Report. An interview with the Facility Director also confirmed that parents/legal guardians and contracting agencies are immediately notified of any allegation.

(f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or agency investigators for investigation. The Pennsylvania State Police will investigate any allegations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services. Any allegations which are not criminal in nature are investigated by agency investigators.

It should be noted; all staff are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party. Staff interviewed noted they would document this information on an Incident Report and report the allegation to the supervisor on shift and/or the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.

Interviews with the Facility Director and staff confirmed they are aware of how to report an allegation and were aware all allegations of sexual abuse are investigated by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services (criminal investigations) or agency investigators (non-criminal investigations). The Facility Director and Agency PREA Coordinator were both able to describe the reporting process as well as the investigative process once an allegation is referred to the Pennsylvania Department of Human Services and/or an administrative staff at LSQ.

There was one allegation of sexual abuse made during the past 12 months at LSQ. This allegation was immediately reported to the supervisor on shift, was forwarded to an agency investigator, and an investigation was completed. This allegation was determined to be Unsubstantiated.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. CY47 Form
3. Coordinated Response Plan
4. Alleged Abuse Sexual Assault Checklist

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Randomly Selected Staff

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “When Adelphoi Village learns that a resident is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.”</p> <p>The Agency Head and Facility Director were interviewed regarding the protective action the agency takes when learning that a resident to subject to substantial risk of imminent sexual abuse. Both reported LSQ would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser and increasing supervision. If a staff is the potential abuser, the staff could also be or placed on Administrative Leave pending an investigation.</p> <p>The Agency Head and Facility Director both confirmed that staff would be expected to act immediately to separate the resident at risk from the potential abuser/threat. In addition, they reported a Safety Plan would be developed and implemented by the supervisor on shift and/or the Facility Director to ensure the safety of the resident at risk. This Safety Plan would include increased supervisor/monitoring, separation from the potential abuser, and making a bedroom change if necessary.</p> <p>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to the supervisor on shift. The supervisor on shift would then develop a Safety Plan to ensure the safety of the resident.</p> <p>There were no residents that LSQ determined was subject to substantial risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Facility Director 3. Interviews with Randomly Selected Staff
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “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 Policies: 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>An interview with the Facility Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment involving a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (The Home and Community Services Information System) reports that were filed during the past 12 months at LSQ.</p> <p>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “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 72 hours after receiving the allegation.”</p> <p>An interview with the Facility Director confirmed she understood the timeframe to notify the agency/facility where the alleged abuse occurred. She stated that he would contact the head of the facility where the alleged sexual abuse occurred immediately.</p> <p>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The facility shall document that it has provided such notification. This information shall be documented as an incident data.”</p> <p>An interview with the Facility Director confirmed she would document any notification of alleged abuse on an Incident Report, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline. In addition, she stated, it would be documented in her Incident Report the date, time, and the name of the head of the facility she spoke to at the facility where the alleged abuse occurred to provide documentation of her notification.</p> <p>(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards when notification is received from another facility.”</p> <p>The Facility Director was able to articulate what her responsibilities would be if she received an allegation from another agency/facility that a resident was sexually abused or sexually harassed while residing at LSQ. She stated she would immediately generate a HCSIS report, complete a CY47 form, contact the Pennsylvania Department of Human Services via the Childline Hotline, agency investigators, and the Pennsylvania State Police (if the allegation appeared to be criminal in nature) to report the allegation of abuse. She stated if the alleged abuser were still residing or employed at LSQ, a Safety Plan would be developed immediately to ensure the safety of all residents.</p> <p>LSQ did not receive any allegations/notifications from other agencies/facilities that any residents were sexually abused or sexually harassed during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months at LSQ.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. HCSIS Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director

115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1490 331">(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall:</p> <ol data-bbox="277 383 1449 645" style="list-style-type: none"> 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.” <p data-bbox="242 674 1455 734">During the past 12 months, there was one allegation of sexual abuse at LSQ. This allegation did not require staff to act as first responders.</p> <p data-bbox="242 763 1465 958">Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with Adelphoi Village policies. All staff noted they have been trained on steps to take as a first responder in the event of an incident of sexual abuse at the facility. Staff’s responses were consistent as all staff noted they would separate the victim from the abuser, call for assistance, secure the scene, report the incident to the supervisor on shift, and document the incident on an Incident Report. In addition, all security staff and supervisors on shift are trained to utilize the Alleged Abuse Sexual Assault Checklist to ensure all steps noted in agency policies are followed in the event they are a first responder.</p> <p data-bbox="242 987 1473 1084">(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Non-direct care staff would request the alleged victim to not take any action that could destroy physical evidence and then immediately notify a security staff.”</p> <p data-bbox="242 1113 1493 1308">Non-security staff at LSQ have been trained appropriately in the above-mentioned duties as a first responder. In addition, all non-security staff are trained to immediately separate the victim from the abuser, contact security staff, secure the scene, and to document the incident on an Incident Report in the event of an incident of sexual abuse at the facility. Non-security staff interviewed were able to discuss their role as a first responder and noted they would immediately separate the victim from the abuser, contact a security staff, secure the scene until a security staff arrived, and document the incident on an Incident Report.</p> <p data-bbox="242 1337 756 1366">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1417 1139 1478" style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Alleged Abuse Sexual Assault Checklist <p data-bbox="242 1507 352 1536">Interviews:</p> <ol data-bbox="277 1588 711 1617" style="list-style-type: none"> 1. Interviews with Randomly Selected Staff

115.365	Coordinated response
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The first responder shall:</p> <ol style="list-style-type: none"> 1. Assess the immediate victim safety needs, separating victims and perpetrators to prevent further harm/injury. 2. Call for emergency medical assistance if needed. 3. Seal/preserve any crime scenes. 4. Reference and complete the Alleged Abuse Sexual Assault Checklist and execute the checklist. 5. 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). 6. Report incident to appropriate outside authorities and investigators. 7. Communicate with other staff members as necessary to ensure optimal coordination and confidentiality of interventions. 8. The flow of communication is as follows: <ol style="list-style-type: none"> 1. Unit supervisor 2. Unit supervisor will communicate to program director 3. Program director will communicate to vice president of residential services 9. Write a comprehensive report of the incident. 10. The unit supervisor/PREA compliance manager, in cooperation with the program director, will assign a trained and qualified internal reviewer. 11. The reviewer will follow agency policies and procedures related to investigating and produce a report with the determination of their findings.” <p>Adelphoi Village has developed a detailed Coordinated Response Plan and an Alleged Abuse Sexual Assault Checklist for all facilities (including LSQ) to follow in the event of an incident or allegation of sexual abuse. These documents note the role of direct care staff, administrative staff, and investigators in the event of a sexual assault incident. These documents were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Facility Director and staff indicated that all are knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar with these plans and their duties as they were trained on how to respond and what actions to take in the event of an incident of sexual abuse. There are no medical or mental health practitioners employed at LSQ. Therefore, there were no medical or mental health practitioners at the facility to interview during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Coordinated Response Plan 3. Alleged Abuse Sexual Assault Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Adelphoi Village PREA Policy states “Adelphoi Village maintains its right and ability to removed alleged staff sexual abusers from contact with residents pending the outcome of a DHS investigation.” Adelphoi Village maintains its right and ability to make determinations of whether and to what extent discipline is warranted in cases of sexual abuse and harassment.”</p> <p>An interview with the Agency Head confirmed this agency/facility has not entered into any collective bargaining agreements since August 20, 2012. Due to not having a Union for staff at this facility, there were no contracts to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "The agency shall protect all residents and staff who report abuse, sexual abuse, or sexual harassment or cooperate with investigations from retaliation by other residents or staff."

The Facility Director is the person responsible for retaliation monitoring of both residents and staff at LSQ. This auditor interviewed the Facility Director and she confirmed she is responsible for monitoring retaliation and has been educated on the signs of retaliation. The Facility Director stated it is the expectation of the agency that any resident or staff who report sexual abuse or sexual harassment would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).

(b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Protective measures may include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting abuse, sexual abuse, and/or sexual harassment or for cooperating with investigations."

The Facility Director was interviewed and stated while monitoring retaliation when a resident makes a report, she would check in with the resident who made the allegation on a regular basis. In addition, she stated she would review progress notes, behavior records, report cards, and educational reports. The Facility Director stated while monitoring retaliation when a staff makes a report, she would check in with the staff who made the allegation on a regular basis. In addition, she stated she would review employee attendance records and employee evaluations. The Facility Director stated retaliation monitoring would be documented on a PREA Retaliation Monitoring Log.

(c) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "For at least 90 days following a report of abuse, sexual abuse, or sexual harassment, the facility shall monitor the conduct or treatment of residents or staff who reported the abuse and of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any resident disciplinary reports, housing, or program changes, or negative performance review or reassignment of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

There was one allegation of sexual abuse at LSQ during the past 12 months. Interviews with the Facility Director and the resident who reported the allegation, and a review of resident files, noted that retaliation monitoring was not completed as noted in Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy. The Facility Director and Agency PREA Coordinator confirmed that retaliation monitoring should have begun when the resident made a third-party report. This will be addressed during the Correction Action period as all residents who report an allegation of sexual abuse or sexual harassment should be monitored for 90 days or until an investigation is completed and the allegation is determined to be Unfounded.

(d) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "In the case of residents, such monitoring shall also include periodic status checks."

Interviews with the Facility Director and the resident who reported the allegation, and a review of documentation (including resident files) confirmed that periodic status checks have not been completed as noted in Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy. All such monitoring is to be documented on the Adelphoi Village PREA Retaliation Monitoring Log. This will be addressed during the Corrective Action period.

(e) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation."

Interviews with the Facility Director and Agency PREA Coordinator confirmed appropriate measures are taken to protect the resident and/or staff who reports an allegation of sexual abuse or sexual harassment at LSQ. Both stated the safety of the residents and staff at the facility is paramount and a Safety Plan would be developed to protect any individual who expresses fear of retaliation for reporting an allegation of sexual abuse or sexual harassment at LSQ.

(f) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "A facility's obligation to monitor shall cease if the allegation is determined to be unfounded."

The Facility Director was interviewed and was aware that LSQ's obligation to monitor retaliation would cease if the allegation was determined to be Unfounded following an investigation. She stated that she would note the date the allegation was determined to be Unfounded on the PREA Retaliation Monitoring Log and would then file the completed PREA Retaliation Monitoring Log.

Corrective Action:

LSQ will develop a retaliation monitoring form/tracking system to ensure all residents and staff who report allegations of sexual abuse or sexual harassment are monitored for a minimum of 90 days following the submission of an allegation. This retaliation form/tracking system will be forwarded to this auditor for review. In addition, any retaliation monitoring during the next 120 days will be forwarded to this auditor for review.

LSQ will also be expected to name alternative retaliation monitors to complete retaliation monitoring in the event the Facility Director is unable to do so.

Resolution:

LSQ was able to develop a tracking system to ensure any residents or staff at the facility who report allegations of sexual abuse or sexual harassment are monitored for a minimum of 90 days, or until the allegation is investigated and determined to be Unfounded. Retaliation monitoring is now completed by the Clinical Coordinator's at the facility.

There was one allegation of staff-on-resident sexual abuse prior to the on-site portion of this audit where retaliation monitoring was not taking place because the Facility Director was unable to complete the retaliation monitoring (the Facility Director was the only person identified to monitor retaliation at that time). Following the on-site portion of this audit, a Clinical Coordinator at the facility began to monitor retaliation and met with the resident who reported the allegation weekly until the 90-day monitoring period was completed on June 7, 2022. The Agency PREA Coordinator forwarded this auditor the completed retaliation monitoring log upon completion of the 90-day monitoring period to confirm compliance with this standard.

There were no additional allegations of sexual harassment or sexual abuse during the Corrective Action period that required retaliation monitoring.

LSQ is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Adelphoi Village PREA Retaliation Monitoring Log

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Person Responsible for Monitoring Retaliation

115.368	Post-allegation protective custody
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1490 499">(a) Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. This includes LSQ and all residential facilities in the Commonwealth of Pennsylvania. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village will not place any resident in isolation for any reason, as mandated by 55 PA Code Chapter 3800 Regulations. Should the less restrictive measure not keep the resident at risk of sexual victimization and other residents safe, an alternative means of keeping all resident's safe will be determined through implementation of an applicable safety plan. All safety concerns and the applicable safety plan will be documented and reviewed at a minimum of every 30 days to determine continuing need."</p> <p data-bbox="240 528 1465 622">Interviews with the Facility Director and Agency PREA Coordinator confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 651 756 683">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 730 1139 826" style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Pennsylvania Department of Human Services 3800 Child Care Regulations 3. Tour of Facility <p data-bbox="240 855 352 887">Interviews:</p> <ol data-bbox="277 934 719 1030" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Agency PREA Coordinator 3. Random Resident Interviews

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 432">(a) Adelphoi Village Management of Investigations Policy notes all allegations of sexual abuse must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or agency investigators. The Pennsylvania Department of Human Services will then notify the Pennsylvania State Police of the allegation if it is criminal in nature and the Pennsylvania State Police will take the lead on the investigation. The Pennsylvania State Police will work in conjunction with the Pennsylvania Department of Human Services during any criminal investigation at LSQ.</p> <p data-bbox="242 465 1469 656">Interviews with the Facility Director and Agency PREA Coordinator confirmed all PREA related allegations at LSQ are immediately referred to the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators. Criminal investigations are referred to the Pennsylvania State Police by the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. There was one sexual abuse allegation reported to agency investigators for investigation during the past 12 months. This allegation was investigated and determined to be Unsubstantiated.</p> <p data-bbox="242 689 1485 848">(b) Criminal investigations are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services. Non-criminal and administrative investigations are completed by agency investigators. If at any time during a non-criminal investigation, the allegation appears to be criminal in nature, then that allegation is immediately referred to the Pennsylvania State Police. The Pennsylvania State Police will then conduct a criminal investigation in conjunction with the Pennsylvania Department of Human Services.</p> <p data-bbox="242 882 1453 1041">Interviews with the Facility Director and Agency PREA Coordinator confirmed any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and/or agency investigators for investigation. If the allegation is criminal in nature, the Pennsylvania Department of Human Services then refers the allegation to the Pennsylvania State Police for investigation. If the allegation is not determined to be criminal in nature, a non-criminal/administrative investigation is then completed by agency investigators.</p> <p data-bbox="242 1075 1485 1296">An interview with a regional administrative staff confirmed she is an agency investigator and completes non-criminal/administrative investigations at LSQ. She stated if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Pennsylvania State Police for investigation. There are currently two agency investigators assigned to investigate allegations of sexual abuse and sexual harassment at LSQ. Both investigators completed the PREA investigator training titled "PREA Investigation What Happens After an Allegation". This auditor was provided with training records for review noting both regional administrative staff completed the PREA investigator training titled "PREA Investigation What Happens After an Allegation".</p> <p data-bbox="242 1330 1469 1388">An interview with a representative from the Pennsylvania State Police confirmed detectives assigned to investigate criminal allegations of sexual abuse at LSQ have completed a training specific to juvenile sexual abuse victims.</p> <p data-bbox="242 1422 1469 1612">(c) An interview with a representative from the Pennsylvania State Police noted a detective would report to the scene of the allegation immediately after being notified of the incident. He stated the detective would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if his agency was notified within 96 hours of the incident. The representative from the Pennsylvania State Police noted the detective assigned to the case would also review the video from the video surveillance system at the facility and interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.</p> <p data-bbox="242 1646 1469 1738">An interview with an agency investigator who completes non-criminal investigations also confirmed agency investigators are trained to gather and preserve evidence, review the video surveillance system, and interview any alleged victims, alleged perpetrators, and witness (staff on shift at the time of the alleged incident) as part of their investigation.</p> <p data-bbox="242 1771 1437 1830">(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall not terminate an investigation solely because the source of the allegation recants the allegation."</p> <p data-bbox="242 1863 1469 1989">Interviews with an agency investigator and a representative from the Pennsylvania State Police confirmed investigations are not terminated because the source of the allegation recants the allegation. Both noted all allegations are investigated until a determination can be made. The agency investigator referred to the most recent investigation not being terminated because the source of the allegation recanted the allegation a few days after making the report.</p> <p data-bbox="242 2022 1422 2114">(e) Criminal investigations are conducted by the Pennsylvania State Police. An interview with a representative from the Pennsylvania State Police confirmed whenever evidence supports criminal prosecution, he consults with the Lycoming County District Attorney to avoid obstacles to subsequent criminal prosecution.</p>

(f) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village will not make a determination of credibility based on the alleged victim, suspect, or witness' status as a resident or staff. Determinations of credibility will be made on an individual basis. Adelphoi Village will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation."

Interviews with an agency investigator and a representative from the Pennsylvania State Police noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff. Both also stated all investigations are conducted in the same manner, as investigators/detectives conduct fair investigations, do not judge credibility, and collect evidence and facts during the course of each investigation. It was also noted polygraphs are not utilized during investigations.

There was one allegation of sexual abuse at LSQ during the past 12 months. This allegation was immediately reported to the supervisor on shift and forwarded to an agency investigator for investigation. This allegation was investigated and determined to be Unsubstantiated.

(g) All investigative reports are completed by an agency investigator (non-criminal investigations) and the Pennsylvania State Police (criminal investigations). At the completion of any criminal investigation, the agency conducts an administrative investigation and prepares an investigative report. The investigation report would clearly note if the allegation is Substantiated, Unsubstantiated, or Unfounded.

There was one allegation of sexual abuse reported at LSQ during the past 12 months. This allegation was investigated by an agency investigator and determined to be Unsubstantiated. An investigative report was completed at the end of this investigation and clearly noted the investigative process, determination, and recommendations. This auditor requested and was provided this investigative report to review and determine compliance.

(h) There was one allegation of sexual abuse during the past 12 months at LSQ. This allegation was investigated by an agency investigator and determined to be Unsubstantiated. Following the completion of this investigation, the investigator noted his findings/recommendations and noted the allegation was Unsubstantiated on an investigative report titled "Sexual Allegation Investigation Review Form."

(i) All substantiated allegations of sexual abuse are referred to the Lycoming County District Attorney for prosecution by the Pennsylvania State Police. This was confirmed during an interview with a representative from the Pennsylvania State Police.

During the past 12 months, there were no allegations of sexual abuse referred to the Lycoming County District Attorney for prosecution. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police.

(j) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Any written documentation of criminal investigation will be retained for as long as the alleged abuser is incarcerated/employed by the agency, plus 5 years."

It was confirmed during interviews with the Agency PREA Coordinator and a representative from Human Resources that all reports are kept on file for a minimum of 5 years. There have been no criminal investigations at LSQ during the past 12 months.

(k) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

Interviews with an agency investigator and a representative from the Pennsylvania State Police confirmed the departure of an alleged or abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation. There have been no investigations at LSQ during the past 12 months where the alleged abuser and/or victim was not at the facility.

(l) LSQ has a signed Memorandum of Understanding with the Pennsylvania State Police which requests the Pennsylvania State Police adhere to the PREA investigative standards. A copy of the signed Memorandum of Understanding was reviewed by this auditor to confirm compliance.

(m) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village will cooperate with all criminal investigations and shall endeavor to remain informed about the progress of such."

The Agency PREA Coordinator stated she and the Facility Director maintain contact with the Pennsylvania Department of Human Services and the Pennsylvania State Police during an open criminal investigation via telephone calls, emails, and on-site visits. There have been no criminal investigations conducted by the Pennsylvania State Police at LSQ during the past 12

months.

Reviewed documentation to determine compliance:

1. Adelphoi Village Management of Investigations Policy
2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
3. Memorandum of Understanding with the Pennsylvania State Police
4. Investigator Training Records
5. Sexual Allegation Investigation Review Form

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Human Resources Representative
4. Interview with Agency Investigator
5. Interview with Representative from the Pennsylvania State Police

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Criminal investigations are completed by the Pennsylvania State Police and non-criminal/administrative investigations are completed by agency investigators. LSQ has Memorandum of Understanding with the Pennsylvania State Police to comply with the PREA investigative standards. A copy of this Memorandum of Understanding was forwarded to this auditor to review and to confirm compliance.</p> <p>Interviews with the Agency PREA Coordinator, an agency investigator, and a representative from the Pennsylvania State Police confirmed all investigations at LSQ are completed by the Pennsylvania State Police (criminal investigations) and agency investigators (non-criminal/administrative investigations). Both the agency investigator and the representative from the Pennsylvania State Police also noted no standard higher than the preponderance of evidence is used when determining whether allegations of sexual abuse or sexual harassment are substantiated during an investigation.</p> <p>Interviews with the Facility Director and Agency PREA Coordinator also confirmed the Pennsylvania Department of Human Services would send the facility a Determination Letter noting the determination of the investigation and an investigative report upon the completion of any investigation completed by the Pennsylvania State Police. It was noted if the allegation was non-criminal and the investigation was completed by an agency investigator, the Facility Director would receive a detailed investigation report at the completion of any investigation. This investigation report would note if the allegation was determined to be Substantiated, Unsubstantiated, or Unfounded, along with recommendations.</p> <p>There was one allegation of sexual abuse during the past 12 months at LSQ. This allegation was investigated by an agency investigator and determined to be Unsubstantiated.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Investigator Training Records 3. Memorandum of Understanding with the Pennsylvania State Police <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Agency Investigator 4. Interview with Representative from the Pennsylvania State Police
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Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following an investigation into a resident's allegation of abuse, sexual abuse, and/or sexual harassment in a facility, the facility shall inform the resident as to whether the allegation has been determined to be unfounded, indicated, or founded."

All investigations of sexual abuse are completed by the Pennsylvania State Police in conjunction with the Pennsylvania Department of Human Services (criminal investigations) and agency investigators (non-criminal/administrative investigations). There was one allegation of sexual abuse at LSQ during the past 12 months. This allegation was investigated by an agency investigator and determined to be Unsubstantiated on April 11, 2022. The alleged resident victim was notified of the determination on April 22, 2022, during an Individual Counseling Session with a Clinical Coordinator. This Individual Counseling Session was documented on an Individual Counseling Session Progress Note. A copy of the Individual Counseling Session Progress Note was received by this auditor to confirm compliance.

(b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident."

During the past 12 months, there was one allegation of sexual abuse at LSQ. This allegation was investigated by an agency investigator and determined to be Unsubstantiated. There were no investigations completed by the Pennsylvania State Police at LSQ during the past 12 months. Interviews with the Facility Director and Agency PREA Coordinator confirmed communication is maintained throughout an investigation completed by the Pennsylvania State Police through telephone calls, emails, and in person visits in order to remain informed of any developments in the investigation.

Interviews with the Facility Director and Agency PREA Coordinator confirmed the alleged resident victim is notified of the outcome of any investigation during an Individual Counseling Session and is noted on an Individual Counseling Session Progress Note. The Individual Counseling Session Progress Note documents the residents name, date of notification, staff who notified the resident, and determination of the investigation (Unfounded, Unsubstantiated, or Substantiated). The Individual Counseling Session Progress Note is then placed in the resident's file. This auditor was able to review an Individual Counseling Session Progress Note where a resident was notified of a determination that was made at the end of an investigation to confirm it met the requirements of this standard.

(c) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following a resident's allegation that a staff member has committed sexual abuse against a resident, the facility shall subsequently inform the resident (unless it has been determined that the allegation is Unfounded, or the juvenile has been released) whenever:

1. The staff member will no longer be posted within the resident's unit.
2. The staff member is no longer employed at the facility.
3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
4. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

During the past 12 months, there was one allegation of sexual abuse made by a resident against a staff member at LSQ. This allegation was investigated by an agency investigator and determined to be Unsubstantiated. Interviews with the Facility Director and Agency PREA Coordinator confirmed the process noted in Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy would be followed whenever a resident alleges a staff has committed sexual abuse against the resident.

(d) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

During the past 12 months, there was no allegations of sexual abuse made by a resident against another resident at LSQ. Therefore, there was no documentation for this auditor to review. Interviews with the Facility Director and Agency PREA Coordinator confirmed the process noted in Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy would be followed whenever a resident alleges another resident has

committed sexual abuse against the resident.

(e – f) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “All such notification or attempted notifications shall be documented and maintained as per facility policy. An agency’s obligation to report under this standard shall cease if the resident is released from the agency’s custody.”

Interviews with the Facility Director and Agency PREA Coordinator indicated that residents are notified of the results of an investigation in writing. Both stated at the completion of any investigation, the resident meets with a Clinical Coordinator for an Individual Counseling Session to learn the determination of the investigation. An Individual Counseling Session Progress Note is then completed by the Clinical Coordinator noting the resident has received the determination of the investigation. The process described by the Facility Director and Agency PREA Coordinator was consistent with Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy.

There was one allegation of sexual abuse at LSQ during the past 12 months. This allegation was investigated by an agency investigator and determined to be Unsubstantiated on April 11, 2022. This auditor was provided with an Individual Counseling Session Progress Note (dated April 22, 2022) which noted the alleged resident victim was notified of the determination at the end of the investigation.

Reviewed documentation to determine compliance:

1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Sexual Allegation Investigation Review Form
3. Individual Counseling Session Progress Note

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village employees who violate agency sexual abuse and/or sexual harassment policies or who engage in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be suitable to disciplinary sanctions up to and including termination.”</p> <p>Interviews with the Facility Director, Agency PREA Coordinator, and a representative from Human Resources confirmed any staff at LSQ will be subject to disciplinary sanctions, up to and including termination, for violation of Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy referring to incidents of and sexual abuse.</p> <p>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Termination will occur in all founded allegations of sexual abuse.”</p> <p>There were no staff terminated (or resigned prior to termination) for violating Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy by sexually abusing a resident during the past 12 months at LSQ. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and a representative from Human Resources.</p> <p>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Disciplinary sanctions shall be 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.”</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy regarding sexual abuse. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and a representative from Human Resources.</p> <p>(d) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “All terminations for violations of agency sexual abuse and/or sexual harassment policies, or resignations of staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>During interviews with the Facility Director and Agency PREA Coordinator, it was reported that LSQ and the Pennsylvania Department of Human Services will contact the Pennsylvania State Police to lead any criminal sexual abuse or sexual harassment investigation. The Pennsylvania State Police will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made.</p> <p>There were no staff reported to the Pennsylvania State Police for violation of Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy during the past 12 months at LSQ. This was confirmed during an interview with a representative from the Pennsylvania State Police.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Human Resources Representative 4. Interview with Representative from Pennsylvania State Police

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies.”</p> <p>There were no contractors or volunteers reported to the Pennsylvania State Police for engaging in sexual abuse or sexual harassment of residents during the past 12 months at LSQ. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, representative from Human Resources, and a representative from the Pennsylvania State Police.</p> <p>(b) Adelphoi Village Volunteer Services Policy states “Adelphoi Village shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Interviews with the Facility Director and Agency PREA Coordinator confirmed that LSQ would immediately remove the contractor or volunteer from the facility, contact the Pennsylvania Department of Human Services through the Childline Hotline and/or the Pennsylvania State Police (if the allegation appeared to be criminal in nature), and would forward the allegation to an agency investigator (if the allegation was not criminal in nature). The contractor or volunteer would not be permitted to return until the completion of an investigation and a determination is made. There were no reported instances of sexual abuse or sexual harassment by the approved contractors during the past 12 months at LSQ. This was confirmed during interviews with the Facility Director, Agency PREA Coordinator, and a representative from the Pennsylvania State Police.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Human Resources Representative 4. Representative from the Pennsylvania State Police
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1481 394">(a) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse.”</p> <p data-bbox="240 427 1465 517">During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at LSQ. This was confirmed through interviews with the Facility Director, Agency PREA Coordinator, and a representative from the Pennsylvania State Police.</p> <p data-bbox="240 551 1489 779">(b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Any disciplinary sanctions shall commensurate with the nature and circumstances, the resident’s disciplinary history, and the sanctions imposed for comparably offenses by other residents with similar histories. Regardless of disciplinary sanctions, the facility shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. During any disciplinary sanctions that include seclusion or exclusion, residents shall receive daily visits from a medical or mental health care clinician. Residents shall have access to other programs and work opportunities to the extent possible.”</p> <p data-bbox="240 808 1489 936">The Pennsylvania Department of Human Services 3800 Child Care Regulations prohibits isolation of residents. As a result, isolation is not used at this facility and there were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months at LSQ. This auditor was able to interview the Facility Director, Agency PREA Coordinator, staff, and residents who all confirmed isolation is not used at LSQ.</p> <p data-bbox="240 965 1457 1059">(c) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The disciplinary process shall consider whether a resident’s mental disabilities or mental health illness contributed to their behavior when determining what type of sanction, if any, should be imposed.”</p> <p data-bbox="240 1093 1493 1317">Interviews with the Facility Director, Agency PREA Coordinator, and members of the Sexual Abuse Incident Review Team confirmed that a resident’s mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted the resident’s mental health diagnosis would be reviewed and considered during a Sexual Allegation Incident Review following a Substantiated or Unsubstantiated determination to ensure appropriate discipline was imposed. It was noted disciplinary sanctions include loss of level, loss of privileges in the facility, and/or removal from the facility. If the allegations are criminal in nature, the Pennsylvania State Police would be responsible for filing charges through the Lycoming County District Attorney’s Office.</p> <p data-bbox="240 1350 1457 1507">(d) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The resident shall be offered, to the extent possible, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse or incident. The agency may require participation in such interventions as a condition of access to any behavior-based incentives, but not as a condition to access general programming or education.”</p> <p data-bbox="240 1541 1477 1731">This auditor was able to interview the Facility Director and Agency PREA Coordinator during the on-site portion of this audit. These interviews confirmed LSQ would offer outpatient mental health services for any resident found to have engaged in resident-on-resident sexual abuse while they are residing at the facility. The Facility Director and Agency PREA Coordinator both stated the resident’s participation in outpatient therapy sessions is not always required as a condition of access to reward-based incentives. In addition, it was noted the mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse.</p> <p data-bbox="240 1765 1342 1794">There were no incidents of resident-on-resident sexual abuse that occurred at LSQ during the past 12 months.</p> <p data-bbox="240 1827 1465 1917">(e) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “The facility may discipline a resident for sexual conduct with staff only upon finding that the staff member did not consent to such conduct.”</p> <p data-bbox="240 1951 1477 2107">There were no incidents of resident-on-staff sexual abuse at LSQ during the past 12 months. This auditor was able to interview the Facility Director and Agency PREA Coordinator who both confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. In addition, the Resident Handbook notes LSQ prohibits all sexual activity at the facility. All residents receive a copy of the Resident Handbook upon their arrival at the facility.</p>

(f) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states "For the purpose of disciplinary action, a report of abuse, sexual abuse, and/or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Interviews with the Facility Director and Agency PREA Coordinator confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. There were no residents disciplined during the past 12 months disciplined for making a report of sexual abuse in bad faith.

(g) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village prohibits all sexual activity between residents and may discipline residents for such activity. Adelphoi Village may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Interviews with the Facility Director and Agency PREA Coordinator confirmed all sexual activity between residents is prohibited at LSQ. This is also noted in the Resident Handbook that all residents received upon intake into the facility.

Reviewed documentation to determine compliance:

1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy
2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
3. Pennsylvania Department of Human Services 3800 Child Care Regulations
4. Resident Handbook

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Members of Sexual Abuse Incident Review Team
4. Interview with Representative from the Pennsylvania State Police

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Stages of Care Policy states “For those residents who indicate, during the screening process, that they have experienced prior victimization, whether it occurred in an institutional setting or in the community, the resident must be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.”

During the past 12 months, there were 13 residents who disclosed prior sexual victimization while being administered the Vulnerability Assessment Instrument. This auditor interviewed one resident during the on-site portion of the audit who disclosed prior sexual victimization during his intake screening and this resident stated he was offered a follow up meeting with a mental health/medical practitioner within 14 days of being administered the Vulnerability Assessment Instrument. This resident stated he refused a follow up with a mental health/medical practitioner. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed prior sexual victimization and there was a section on each assessment noting that the resident was offered a follow up meeting with a mental health/medical practitioner within 14 days. Each resident has the option to accept or refuse this follow up meeting and their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with the Agency PREA Coordinator and staff who administer the risk assessment that all residents who disclose prior sexual victimization on the Vulnerability Assessment Instrument are given the option to accept or refuse a follow up meeting with a mental health/medical practitioner.

(b) Adelphoi Village Stages of Care Policy states “For those residents who indicate, during the screening process, that they have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident must be offered a follow-up meeting with a mental health practitioner within 14 days of intake.”

During the past 12 months, there were 13 residents who disclosed previously perpetrating sexual abuse while being administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed previously perpetrating sexual abuse and there was a section on each assessment noting that the resident was offered a follow up meeting with a mental health practitioner within 14 days. Each resident has the option to accept or refuse this follow up meeting and their decision is noted on the completed Vulnerability Assessment Instrument. It was confirmed during interviews with the Agency PREA Coordinator and staff who administer the risk assessment that all residents who disclose prior previously perpetrating sexual abuse on the Vulnerability Assessment Instrument are given the option to accept or refuse a follow up meeting with a mental health practitioner. The Agency PREA Coordinator and Facility Director also stated that LSQ is a program to treat the behaviors of sexually abusive youth. As a result, all residents admitted into the facility have a history of previously perpetrating sexual abuse.

(c) Adelphoi Village Stages of Care Policy states “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.”

Interviews with the Facility Director, Agency PREA Coordinator, and staff who administer the Vulnerability Assessment Instrument confirmed any information from the Vulnerability Assessment Instrument is limited to administrative staff and staff specific to LSQ (only LSQ staff are permitted to view completed Vulnerability Assessment Instruments for residents at this facility as the folders on the database are password protected). It was noted any information from the Vulnerability Assessment Instrument relayed to direct care staff is done so only for safety and security reasons and this information is documented on the completed Vulnerability Assessment Instrument to ensure the safety of the residents. This auditor was also able to review completed Vulnerability Assessment Instruments for residents who disclosed prior sexual victimization and previously perpetrated sexual abuse during the administration of the Vulnerability Assessment Instrument to confirm compliance with this standard.

(d) Adelphoi Village Stages of Care Policy states “Adelphoi Village staff members shall 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. The majority of residents in Adelphoi Village facilities are under 18 years of age; therefore, information will, in those cases, be subject to the PA Mandated Child Abuse Reporting Law.”

During interviews with the Facility Director, Agency PREA Coordinator, and intake staff, it was noted that they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon intake of their reporting duties.

Reviewed documentation to determine compliance:

1. Adelphoi Village Stages of Care Policy

2. Resident Files
3. Completed Vulnerability Assessment Instruments

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
4. Interview with Resident who Disclosed Prior Victimization during Screening

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Resident victims of sexual abuse shall 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."

Interviews with the Facility Director and the Agency PREA Coordinator confirmed any resident victims of sexual abuse will receive timely, unimpeded medical treatment at the Williamsport Regional Medical Center and crisis intervention services through the YWCA of Northcentral Pennsylvania (Wise Options).

There were no residents at LSQ who reported sexual abuse with penetration during the past 12 months. Therefore, there were no records to review and no residents to interview. There was one allegation of sexual abuse at the facility during the past 12 months. However, this allegation did not include penetration. This auditor was provided Memorandums of Understanding's that LSQ has with the Williamsport Regional Medical Center and the YWCA of Northcentral Pennsylvania (Wise Options) to review and confirm compliance.

(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners."

All staff at LSQ are trained annually on their responsibilities to protect the victim and to preserve evidence. All staff interviewed during the on-site portion of this audit were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the supervisor on shift, preserve any evidence at the scene, and document the incident on an Incident Report. In addition, staff were able to describe the Alleged Abuse Sexual Assault Checklist they would be expected to follow if they were the first responder to an allegation of sexual abuse. The supervisor on shift will then notify administrative staff and will arrange for the alleged victim to be transported to the Williamsport Regional Medical Center for a forensic examination.

(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Resident victims of sexual abuse while incarcerated shall be 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."

During interviews with the Facility Director and Agency PREA Coordinator, they both stated any resident victim of sexual abuse at LSQ would be offered timely information and access to emergency contraception and sexually transmitted diseases while at the Williamsport Regional Medical Center and during follow-up appointments while they are residing in the facility. The Facility Director noted the resident would see a Physician in the community who would oversee the case and ensure all follow up recommendations from the hospital are followed through. In addition, during an interview with a representative from the Williamsport Regional Medical Center, it was noted they would provide any resident victim of sexual abuse timely information and access to emergency contraception and sexually transmitted diseases.

(d) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Treatment services shall be 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."

This auditor was able to interview the Facility Director and Agency PREA Coordinator during the on-site portion of this audit and they both confirmed that any victim of sexual abuse with penetration would be transported to the Williamsport Regional Medical Center and receive medical and mental health treatment at no cost as noted in the Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy.

Reviewed documentation to determine compliance:

1. Adelphoi Village Stages of Care Policy
2. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy
3. Memorandum of Understanding with Williamsport Regional Medical Center
4. Memorandum of Understanding with the YWCA of Northcentral Pennsylvania (Wise Options)

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Randomly Selected Staff
4. Interview with Representative from Williamsport Regional Medical Center

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall 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.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident admitted into LSQ who has been sexually abused in a confinement facility is referred to an outpatient medical and/or mental health practitioner immediately upon learning such information. This referral form is attached to the Vulnerability Assessment Instrument. There were no resident victims of sexual abuse at other confinement facilities admitted into the facility during the past 12 months. Therefore, there were no residents at LSQ who were victims of sexual abuse at a confinement facility to interview during the on-site portion of this audit.

(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Evaluation and treatment of such shall include, as appropriate: follow-up services, treatment plans, and, when necessary, referral for continued care following transfer or discharge from the facility.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed all residents admitted into the facility receive an assessment from an outpatient mental health practitioner with recommendations (if they have been a victim of sexual abuse in a confinement facility or not). If a resident victim of sexual abuse was being released from the facility, a referral would be made immediately for community-based services and recommendations would include specific follow up services. They were both able to describe the process in the event any resident was the victim of sexual abuse to this auditor during their interviews.

(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall provide such victims with medical and mental health services consistent with the community level of care.”

There are no medical or mental health practitioners employed at LSQ. The Agency PREA Coordinator and Facility Director were interviewed and stated they feel the services offered to residents meet the community level of care because the residents have immediate access to outpatient medical and mental health practitioners while residing at LSQ.

(d) Adelphoi Village Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states “Sexual abuse victims with vaginal penetration occurring shall be offered pregnancy tests and follow-up pregnancy testing.”

This substandard is not applicable as LSQ is an all-male facility.

(e) Adelphoi Village Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states “In the case of a female victim with vaginal penetration, ensure that emergency contraception options are offered to the victim.”

This substandard is not applicable as LSQ is an all-male facility.

(f) Adelphoi Village Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states “Health Services will also ensure the victim is examined by the contracted physician/primary care provider to evaluate physical status and ensure appropriate STI testing and significant exposure follow up testing is ordered, and treatment provided as necessary.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident who is a victim of sexual abuse at LSQ would be offered timely follow-up for sexually transmitted diseases as part of follow up appointments in the community with a medical practitioner. This would occur if the victim was tested at the Williamsport Regional Medical Center or not.

(g) Adelphoi Village Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states “Treatment shall be offered, at no cost to the victim, irrespective of the level of the victim’s cooperation with the investigation.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed treatment services would be offered to the victim without financial cost regardless of if they named the abuser or cooperated with the investigation.

(h) Adelphoi Village Response to Reports of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall attempt to conduct a mental health evaluation on all resident-on-resident abusers, whether receiving care inside or outside of Adelphoi Village, within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident-on-resident abuser would be referred for assessment/evaluation by a mental health practitioner in the community. The assessment/evaluation would be conducted by an outpatient mental health practitioner and recommendations would be included in each

assessment/evaluation.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from Williamsport Regional Medical Center

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village will complete a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations have not been substantiated, unless the allegation has been determined to be unfounded."

An interview with the Agency PREA Coordinator confirmed she is aware a Sexual Abuse Incident Review must be completed at the conclusion of every sexual abuse investigation that has been determined to be Substantiated or Unsubstantiated. The Agency PREA Coordinator noted that she heads all Sexual Abuse Incident Reviews.

During the past 12 months, there was one allegation of sexual abuse at LSQ that was determined to be Unsubstantiated. This determination was made on April 11, 2022, and a Sexual Abuse Incident Review was held on April 21, 2022. This auditor was provided a copy of the completed Sexual Allegation Investigation Review Form to review to determine compliance.

(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Such review will occur within 30 days of the conclusion of the investigation."

An interview with the Agency PREA Coordinator confirmed any Sexual Abuse Incident Reviews would be completed within 30 days of the conclusion of an investigation of an allegation of sexual abuse if the allegation was determined to be Substantiated or Unsubstantiated.

During the past 12 months, there has been one allegation of sexual abuse at LSQ that was determined to be Unsubstantiated. This determination was received on April 11, 2022, and a Sexual Abuse Incident Review Meeting was held on April 21, 2022. This auditor received a copy of the Sexual Allegation Investigation Review Form to review to determine compliance.

(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "The Program Director shall convene a review team, at a minimum of upper-level management officials. The review team shall obtain input from direct supervision supervisors, investigators, medical, mental health professionals, and other employees as appropriate."

An interview with the Agency PREA Coordinator confirmed the Sexual Abuse Incident Review Team includes herself, the Agency Head, Residential Program Directors, Director of Nursing Director of Facilities, and the Agency Compliance Manager.

(d) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "The team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement staff supervision; and
6. Prepare the Sexual Abuse Incident Review (SAIR) form including, but not necessarily limited to, determinations made pursuant to section one through five of this section, and any recommendations for improvement to the Program Director and Facility's PREA Compliance Manager."

(e) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "Adelphoi Village shall implement the recommendations for improvement or shall document its reason for not doing so on SAIR form. Documentation shall be maintained by the PREA Coordinator."

There was one Sexual Abuse Incident Review at LSQ during the past 12 months. This Sexual Abuse Incident Review Meeting was held on April 21, 2022. Interviews with the Agency PREA Coordinator and Agency Compliance Manager confirmed both are on the Sexual Abuse Incident Review Team and they both stated any Sexual Abuse Incident Reviews would be documented by the Agency PREA Coordinator on a Sexual Allegation Investigation Review Form. Any recommendations would also be documented on the Sexual Allegation Investigation Review Form and implemented in the facility to prevent further incidents of sexual abuse and a means to educate staff. This auditor was able to review a completed Sexual Allegation Investigation Review Form that was completed by the Agency PREA Coordinator following the

Sexual Abuse Incident Review Meeting on April 21, 2022.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Sexual Allegation Investigation Review Form

Interviews:

1. Interview with Agency PREA Coordinator
2. Interviews with Incident Review Team Members

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Following all sexual assault incident reviews, the Facility Compliance Manager shall complete the Survey of Sexual Violence Summary. The information is then shared with the Adelphoi Village PREA Coordinator.”

Adelphoi Village collects uniform data for all allegations of sexual abuse and sexual harassment. This information is entered into the Adelphoi Village PREA Database titled “Survey of Sexual Violence Summary” using standardized data fields and standardized definitions. The Adelphoi Village PREA Database is the central repository for all information regarding allegations of sexual abuse and sexual harassment. The Agency PREA Coordinator is responsible for ensuring all allegations of sexual abuse and sexual harassment are entered into the PREA Database.

This auditor was able to interview the Agency PREA Coordinator who confirmed she collects uniform data for all allegations of sexual abuse and sexual harassment and enters this data into the Adelphoi Village PREA Database. This data is then reviewed and included into the Agency’s PREA Annual Report. There was one allegation of sexual abuse at LSQ during the past 12 months noted in the PREA Database.

(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.”

An interview with the Agency PREA Coordinator confirmed she is responsible for gathering data on each reported incident of sexual abuse and sexual harassment to aggregate an annual report. This auditor was able to review the 2020 PREA Annual Report. This PREA Annual Report provided in-depth information regarding PREA implementation. The PREA Annual Report notes allegation statistics, definitions, and corrective action taken.

(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The incident-based data collected shall 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.”

Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy notes the PREA Database will include at a minimum the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. Adelphoi Village has not been asked by the Department of Justice to complete the Survey of Sexual Victimization during the past 12 months.

(d) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall collect, review, and securely maintain data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”

During an interview with the Agency PREA Coordinator, this auditor confirmed Adelphoi Village utilizes data collected from incident reports, reports, investigation files, and incident reviews on a PREA Database titled “Survey of Sexual Violence Summary”. This information is then used to formulate the Agency’s PREA Annual Report each year. This auditor was able to review the PREA Database and there was one allegation of sexual abuse during the past 12 months at LSQ listed on the database.

(e) This substandard is not applicable to Adelphoi Village as they do not contract with private facilities for the confinement of its residents.

(f) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Upon request, Adelphoi Village shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

The Agency PREA Coordinator is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. During the past 12 months, the Department of Justice did not request Adelphoi Village to complete the Survey of Sexual Victimization.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Adelphoi Village PREA Database
3. 2020 Adelphoi Village PREA Annual Report

Interviews:

1. Interview with Agency PREA Coordinator

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall meet, no less than annually, to review information collected from all SAIR’s 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 polices, practices, and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas. 2. Taking corrective action on an ongoing basis. 3. Preparing an annual report of its findings and corrective actions for Adelphoi Village, as well as each of its facilities.” <p>This auditor interviewed the Agency PREA Coordinator and she stated she reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. She stated Adelphoi Village ensures the data collected is securely retained in the PREA Database. This auditor was able to review the PREA Database as it was created to retain data collected and aggregated following each allegation of sexual abuse and sexual harassment. There was one allegation of sexual abuse at LSQ listed on the PREA Database during the past 12 months.</p> <p>(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Such a report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of Adelphoi Village’s progress in addressing sexual abuse.”</p> <p>Adelphoi Village completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2020 Adelphoi Village PREA Annual Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions.</p> <p>(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The annual report shall be approved by Quality Council and made readily available to the public through the Adelphoi Village website.”</p> <p>The Adelphoi Village PREA Annual Report is approved by the agency head and made available to the public through the agency’s website. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the agency website. The 2020 Adelphoi Village PREA Annual Report is posted on the agency website.</p> <p>(d) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “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.”</p> <p>The Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in the Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy. This auditor was able to review the 2020 Annual PREA Report, and any personal information that would present clear and specific threats to the safety and security of the program, as well as personal identifiers, was redacted from this report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Agency Website 3. Adelphoi Village PREA Database 4. 2020 Adelphoi Village PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall collect, review, and securely maintain data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>All data collected at Adelphoi Village facilities is securely retained on the PREA Database titled “Survey of Sexual Violence Summary”. This data is imputed by the Agency PREA Coordinator. Access to the PREA Database is limited to the Agency Head, Agency PREA Coordinator, Agency Compliance Staff, and Facility PREA Compliance Managers. This was confirmed during interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager, and by reviewing the PREA Database.</p> <p>(b) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The annual report shall be approved by Quality Council and made readily available to the public through the Adelphoi website.”</p> <p>Adelphoi Village makes all aggregated sexual abuse data from its facilities readily available to the public on the agency website. The agency’s Annual PREA Report is reviewed and approved by the Agency Head and made available to the public through the agency website. The 2020 PREA Annual Report is posted on the agency website and was reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall also remove all personal identifiers from the report.”</p> <p>This auditor was able to review the 2020 Annual PREA Report to confirm all personal identifiers were removed prior to posting on the agency website. An interview with the Agency PREA Coordinator confirmed all personal identifiers are removed from the Annual PREA Report prior to posting on the agency website.</p> <p>(d) Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Adelphoi Village shall maintain sexual abuse data collected for at least ten years after the date of its initial collection unless Federal, State, or local law requires otherwise.”</p> <p>An interview with the Agency PREA Coordinator confirmed Adelphoi Village maintains sexual abuse data collected for at least 10 years on the agency PREA Database. This auditor was also able to view the PREA Database to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy 2. Agency Website 3. Adelphoi Village PREA Database 4. 2020 Adelphoi Village PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 398">(a) LSQ was audited during the third year of the first three-year PREA cycle (audited on July 11 – 13, 2016, and was found to be fully compliant on December 1, 2016) and during the third year of the second three-year PREA cycle (audited on July 16 – 17, 2019, and was found to be fully compliant on November 26, 2019). This re-audit occurred during the third year of the third three-year PREA cycle on March 21 – 22, 2022.</p> <p data-bbox="242 427 1493 521">(b) Adelphoi Village has met this standard by having each of its facilities audited during the first and second 3-year PREA cycles. One third of the facilities were audited during each one-year period of the third PREA cycle. In addition, the remaining facilities are scheduled to be audited during the third year of the third PREA cycle.</p> <p data-bbox="242 551 1458 613">(h) This auditor had unimpeded access to all areas of the facility during the on-site portion of this audit. The administrative team at LSQ accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p data-bbox="242 642 1485 705">(i) This auditor received all requested documents from the Agency PREA Coordinator in a timely fashion during the pre-audit phase, on-site portion of the audit, and the post-audit phase.</p> <p data-bbox="242 734 1474 797">(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p data-bbox="242 826 1485 987">(n) PREA Audit notifications were posted in the living area, dining area, visiting area, and administrative area six weeks prior to the on-site portion of this audit (posted on February 6, 2022). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Photographs were emailed to this auditor on February 7, 2022, to confirm the audit notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents or staff prior to, during, or after the on-site portion of this audit.</p> <p data-bbox="242 1016 756 1043">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1099 703 1261" style="list-style-type: none"> 1. LSQ Pre-Audit Questionnaire 2. PREA Audit Notification 3. Photographs of PREA Audit Notification 4. Tour of Facility 5. Agency Website

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) This auditor confirmed that Adelphoi Village has published all Final Audit Reports for all agency facilities from the prior three years on their agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Agency Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	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".)	na

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

115.313 (b)	Supervision and monitoring	
	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.)	na
115.313 (c)	Supervision and monitoring	
	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
115.313 (d)	Supervision and monitoring	
	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
115.313 (e)	Supervision and monitoring	
	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
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	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
115.315 (d)	Limits to cross-gender viewing and searches	
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
115.315 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	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)	Residents with disabilities and residents who are limited English proficient	
	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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.317 (a)	Hiring and promotion decisions	
	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
115.317 (b)	Hiring and promotion decisions	
	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
115.317 (c)	Hiring and promotion decisions	
	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
115.317 (d)	Hiring and promotion decisions	
	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

115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
115.321 (d)	Evidence protocol and forensic medical examinations	
	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
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
115.321 (f)	Evidence protocol and forensic medical examinations	
	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
115.321 (h)	Evidence protocol and forensic medical examinations	
	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.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.331 (a)	Employee training	
	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

115.331 (b)	Employee training	
	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
115.331 (c)	Employee training	
	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
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	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

115.333 (b)	Resident education	
	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
115.333 (c)	Resident education	
	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
115.333 (d)	Resident education	
	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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
115.334 (c)	Specialized training: Investigations	
	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
115.335 (a)	Specialized training: Medical and mental health care	
	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	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.)	na

115.335 (d)	Specialized training: Medical and mental health care	
	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.)	na
	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.)	na
115.341 (a)	Obtaining information from residents	
	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
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	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

115.341 (d)	Obtaining information from residents	
	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
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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
115.342 (b)	Placement of residents	
	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

115.342 (c)	Placement of residents	
	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
115.342 (d)	Placement of residents	
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	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

115.351 (a)	Resident reporting	
	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
115.351 (b)	Resident reporting	
	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
115.351 (c)	Resident reporting	
	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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	
	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

115.352 (c)	Exhaustion of administrative remedies	
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
115.352 (e)	Exhaustion of administrative remedies	
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	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
115.354 (a)	Third-party reporting	
	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
115.361 (a)	Staff and agency reporting duties	
	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
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.367 (a)	Agency protection against retaliation	
	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
115.367 (b)	Agency protection against retaliation	
	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

115.367 (c)	Agency protection against retaliation	
	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
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	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

115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	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
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	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
115.371 (g)	Criminal and administrative agency investigations	
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	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

115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	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
115.373 (b)	Reporting to residents	
	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
115.373 (c)	Reporting to residents	
	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
115.373 (d)	Reporting to residents	
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
115.377 (a)	Corrective action for contractors and volunteers	
	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
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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