# PREA Facility Audit Report: Final

**Name of Facility:** Adelphoi Village Alliance House
**Facility Type:** Juvenile
**Date Interim Report Submitted:** NA
**Date Final Report Submitted:** 04/04/2024

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | ☑ |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | ☑ |
| 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. | ☑ |
| **Auditor Full Name as Signed:** Matthew A. Burns | **Date of Signature:** 04/04/2024 |

| AUDITOR INFORMATION | |
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| **Auditor name:** | Burns, Matthew |
| **Email:** | preaauditor2015@gmail.com |
| **Start Date of On-Site Audit:** | 02/18/2024 |
| **End Date of On-Site Audit:** | 02/19/2024 |

| FACILITY INFORMATION | |
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| **Facility name:** | Adelphoi Village Alliance House |
| **Facility physical address:** | 1112 Porter Avenue, Connellsville, Pennsylvania - 15425 |
| **Facility mailing address:** | |

## Primary Contact

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| **Name:** | Melanie Schroyer |
| **Email Address:** | melanie.schroyer@adelphoi.org |
| **Telephone Number:** | 724-626-7818 |

| **Superintendent/Director/Administrator** | |
|---|---|
| **Name:** | Melanie Schroyer |
| **Email Address:** | melanie.schroyer@adelphoi.org |
| **Telephone Number:** | 724-626-7818 |

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

| **Facility Characteristics** | |
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| **Designed facility capacity:** | 14 |
| **Current population of facility:** | 11 |
| **Average daily population for the past 12 months:** | 9 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **Which population(s) does the facility hold?** | Females |
| **Age range of population:** | 12-18 |
| **Facility security levels/resident custody levels:** | Residential Group Home |
| **Number of staff currently employed at the facility who may have contact with** | 14 |

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| **residents:** | |
| **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** | |
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| **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:** | |
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| **Name:** | |
| **Email Address:** | |
| **Telephone Number:** | |

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

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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.

| 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. | |
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| **Number of standards exceeded:** | |
| 3 | • 115.313 - Supervision and monitoring<br>• 115.367 - Agency protection against retaliation<br>• 115.381 - Medical and mental health screenings; history of sexual abuse |
| **Number of standards met:** | |
| 40 | |
| **Number of standards not met:** | |
| 0 | |

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

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| **1. Start date of the onsite portion of the audit:** | 2024-02-18 |
| **2. End date of the onsite portion of the audit:** | 2024-02-19 |

### Outreach

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| **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?** | (●) Yes<br>( ) 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 Blackburn Center. The Blackburn Center provides advocacy services to resident victims of sexual abuse at this facility. Adelphoi Village has a signed Memorandum of Understanding with this agency to provide advocacy services and emotional support to resident victims of sexual abuse. |

## AUDITED FACILITY INFORMATION

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| **14. Designated facility capacity:** | 14 |
| **15. Average daily population for the past 12 months:** | 10 |
| **16. Number of inmate/resident/detainee housing units:** | 1 |

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| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ○ Yes<br>○ No<br>◉ 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

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| **36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 9 |
| **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:** | 0 |
| **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:** | 0 |
| **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:** | 0 |

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| **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:** | 4 |
| **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 |

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| **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):** | There were 9 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, Regional Program Director, Facility PREA Compliance Manager, residents, and staff during the on-site portion of this audit to determine there were 4 residents residing at this facility who identified as lesbian, gay, or bisexual and 4 residents who disclosed prior sexual victimization on the risk screening There were no residents residing at the facility who had a physical disability, had a cognitive disability, were hard-of-hearing or Deaf, had low-vision or were Blind, were limited English proficient, identified as lesbian, gay, or bisexual, identified as transgender or intersex, or who reported sexual abuse in the facility. |
| **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:** | 14 |
| **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:** | 1 |
| **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 14 staff (12 direct care staff, the Unit Director, and the Therapist) and 1 contracted staff at this facility who have contact with the residents on the first day of the on-site portion of this audit (2/18/2024). There are currently no volunteers approved to enter this facility. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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| **53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 9 |
| **54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☑ Age<br>☐ Race<br>☐ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☑ Length of time in the facility<br>☑ Housing assignment<br>☐ Gender<br>☐ Other<br>☐ None |
| **55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | All 9 residents residing at this facility were interviewed by this auditor during the on-site portion of this audit. |
| **56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | ○ Yes<br>◉ No |
| **a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:** | There were only 9 residents residing at this facility during the on-site portion of this audit. |
| **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):** | There were 9 residents residing at this facility during the on-site portion of this audit. All 9 residents were interviewed by this auditor. |

| Targeted Inmate/Resident/Detainee Interviews | |
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| **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:** | ■ 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.<br><br>☐ 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, Regional Program 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. |

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| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ 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, Regional Program 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 cognitive disability. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| **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, Regional Program 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 Blind or had low vision. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ 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, Regional Program 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 Deaf or hard-of-hearing. |
| **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 |

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| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ 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.<br><br>☐ 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, Regional Program 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. |
| **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:** | 2 |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ 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.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| **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, Regional Program 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. |
| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ 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, Regional Program 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, investigative reports, and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse at this facility during the past 12 months. |
| **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:** | 4 |

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| **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:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ 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.<br><br>☐ 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).** | 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 Childcare Regulations in residential programs. During the tour of the facility, this auditor did not view any areas a resident can be isolated. |
| **70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | This auditor was able to interview five targeted residents (2 residents who identified as lesbian, gay, or bisexual and 3 residents who disclosed prior sexual victimization on the risk screening). There were no residents residing at the facility who met any other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, Regional Program 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. |

| Staff, Volunteer, and Contractor Interviews | |
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| **Random Staff Interviews** | |
| **71. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |
| **72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☑ Length of tenure in the facility<br>☑ Shift assignment<br>☐ Work assignment<br>☑ Rank (or equivalent)<br>☐ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **73. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **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):** | This auditor interviewed all 12 of the direct care staff employed at this facility during the on-site portion of this audit. Staff interviewed years of experience ranged from 2 weeks to 22 years. Staff from all three shifts were interviewed. All staff interviewed were knowledgeable of PREA and the agency zero-tolerance policy. All staff interviewed were aware of their responsibilities as first responders in the event of an incident of sexual abuse at the facility and they were able to discuss the PREA trainings that they have received. Staff reported that they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were also 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. |

| Specialized Staff, Volunteers, and Contractor Interviews | |
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| 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. | |
| **75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 16 |
| **76. Were you able to interview the Agency Head?** | (●) Yes<br>( ) No |
| **77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **78. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **79. Were you able to interview the PREA Compliance Manager?** | (●) Yes<br>( ) No<br>( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| **80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☐ Education and program staff who work with youthful inmates (if applicable)<br><br>☐ Medical staff<br><br>☑ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☐ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☐ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☐ First responders, both security and non-security staff<br><br>☑ Intake staff |

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| | ☐ Other |
| **81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **83. Provide any additional comments regarding selecting or interviewing specialized staff.** | This auditor interviewed the Agency Head, Agency PREA Coordinator, Regional Program Director, Facility PREA Compliance Manager, 2 investigative staff responsible for conducting administrative investigations, 2 staff who conduct risk assessments, 2 intake staff, an upper-level staff who completes Unannounced Rounds, a staff who monitors retaliation, 3 members of the Sexual Abuse Incident Review Team, and a Human Resources staff. There are no medical staff employed at this facility. All medical appointments are scheduled through outpatient medical practitioners in the community. |

## 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.

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| **84. Did you have access to all areas of the facility?** | (●) Yes<br>( ) No |
| **Was the site review an active, inquiring process that included the following:** | |
| **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)?** | (●) Yes<br>( ) No |
| **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)?** | (●) Yes<br>( ) No |
| **87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **88. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **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).** | During the first day of the on-site portion of the audit (2/18/2024), this auditor completed a detailed tour of the facility which took approximately one hour and 30 minutes. This auditor was accompanied by the Regional Program Director, Facility PREA Compliance Manager, and Agency 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 and common areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses. |

## 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.

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| **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?** | (●) Yes<br>( ) No |
| **91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).** | This auditor reviewed 10 randomly selected resident files from the past 12 months 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. |

# 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** | 1 | 0 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 0 | 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 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 0 | 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?** | (●) Yes<br>( ) No<br>( ) 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:** | 1 |
| **101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) 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?** | (●) Yes<br>( ) No<br>( ) 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:** | 0 |
| **104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>( ) No<br>(●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

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| **105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | ○ Yes<br>○ No<br>◉ 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 during the past 12 months. |
| **107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ○ Yes<br>○ No<br>◉ 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 |
| **109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ○ Yes<br>○ No<br>◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

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| **110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>○ No<br>◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **Staff-on-inmate sexual harassment investigation files** | |
| **111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | ○ Yes<br>○ No<br>◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>○ No<br>◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | There was one allegation of resident-on-resident sexual abuse at this facility during the past 12 months. This allegation was investigated and determined to be Unsubstantiated. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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| **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.** | ○ Yes<br>◉ No |

### Non-certified Support Staff

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| **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<br>◉ No |

## AUDITING ARRANGEMENTS AND COMPENSATION

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| **121. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

| Standards |
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| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(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 |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) Adelphoi Village has a Zero-Tolerance Policy concerning sexual harassment and sexual abuse of Adelphoi Village residents and is committed to the prevention and elimination of sexual harassment and sexual abuse through compliance with the Prison Rape Elimination Act of 2003. This policy is titled "Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy." The agency 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 harassment and sexual abuse. 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 harassment and sexual abuse and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contracted staff.<br><br>(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 |

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| | oversee the efforts to comply with the PREA standards in all of its facilities."<br><br>Adelphoi Village has a designated 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 to 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 February 19, 2024.<br><br>(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."<br><br>Alliance House has a designated Facility PREA Compliance Manager. Her official title is Unit Director and Facility PREA Compliance Manager. The Facility 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 February 19, 2024, and stated she has sufficient time and authority to develop, implement, and oversee Alliance House efforts to comply with the PREA standards.<br><br>This auditor was provided with an agency organizational chart to review. This organizational chart was revised on January 11, 2024, and noted the positions of the Agency PREA Coordinator and Facility PREA Compliance Manager.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Adelphoi Village Organizational Chart (Revised January 11, 2024)<br>3. Alliance House PREA Pre-Audit Questionnaire<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Facility PREA Compliance Manager |

| 115.312 | Contracting with other entities for the confinement of residents |
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| | **Auditor Overall Determination:** Meets Standard |

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| | **Auditor Discussion** |
| | (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.”<br><br>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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br><br>Interviews:<br><br>1. Interview with Agency Head<br>2. Interview with Agency PREA Coordinator |

| **115.313** | **Supervision and monitoring** |
|---|---|
| | **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:<br><br>1. General accepted national standards for juveniles in residential facilities;<br>2. Any judicial finding of inadequacy;<br>3. Any findings of inadequacy from Federal investigative agencies;<br>4. Any findings of inadequacy from internal or external oversight bodies;<br>5. All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated);<br>6. The composition of the resident population;<br>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 9 residents residing at Alliance House during the on-site portion of this audit. The average daily population at the facility during the past 12 months has been 9 residents.

The PREA Staffing and Administration Plan at Alliance House addresses the facility staffing plan and requirements. The facility is currently budgeted for 15 direct care staff; 12 of those positions are currently filled and 3 positions are currently vacant. This plan was reviewed by the Vice President of Residential Services, Agency PREA Coordinator, and Regional Program Director on January 8, 2024.

The facility is equipped with 7 video surveillance cameras (6 inside video surveillance cameras and 1 outside video surveillance camera). Recordings from these devices remain on a secure server for approximately 45 days. The Regional Program Director and Unit Director can monitor and review the video surveillance system from their desktop computers and from their laptops when they are not at the facility. Video from all major incidents is reviewed by the Regional Program Director and Unit Director and retained on a flash drive. It was noted during an interview with the Regional Program Director, that random video surveillance is also reviewed by the Unit Director on a weekly basis. This includes reviewing random video surveillance at the facility during all three shifts.

(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 Regional Program Director reported that there have been no deviations from the staffing plan during the past 12 months. He 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. Interviews with the Regional Program Director and Unit Director confirmed that staffing is monitored shift to shift by the Unit Director 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."

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| | 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).<br><br>The PREA Staffing and Administrative Plan states the facility runs at a minimum 1:8 staff to resident ratio during first and second shifts and at a minimum 1:12 staff to resident ratio during third 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 9 residents residing at the facility and a minimum of two staff scheduled during each shift.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program 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 Alliance House PREA Staffing and Administrative Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Vice President of Residential Services, Agency PREA Coordinator, and Regional Program Director on January 8, 2024.<br><br>(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.”<br><br>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 Unit Director during all three shifts at Alliance House monthly. The Unit Director were interviewed, and she was able to discuss how she completes the rounds, ensures minimum ratios are being met, and her inspections of the facility are completed. The Unit 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 (February 2023 to January 2024) 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 Unit Director at this facility. |

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| | Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Alliance House 2024 PREA Staffing and Administrative Plan<br>3. Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations<br>4. Alliance House Staffing Schedules<br>5. Alliance House Resident Roster<br>6. Unannounced Rounds Tracking Forms<br>7. Locations of Video Surveillance Cameras<br>8. Tour of Facility<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Facility PREA Compliance Manager<br>4. Interview with Administrative Staff who completes Unannounced Rounds<br>5. Staff Interviews |

| **115.315** | **Limits to cross-gender viewing and searches** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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."<br><br>Staff and resident interviews supported the claim that cross-gender strip searches and cross-gender visual body searches are prohibited and do not occur at Alliance House. During interviews, staff could describe what an exigent circumstance would be and understood that would be the only time these searches would be permitted. 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 Alliance House.<br><br>(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." |

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| | Interviews with the Regional Program Director, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at Alliance House. 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.<br><br>(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.”<br><br>Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would document the incident on a Incident Data Form detailing the search performed on the resident. This Incident Data Form would then be reviewed by the Unit Director and placed in the resident’s file. Residents interviewed confirmed there have been no cross-gender pat searches conducted at Alliance House during the past 12 months.<br><br>(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.”<br><br>The Regional Program Director and staff interviewed noted all staff are trained to announce their presence when entering the living area of the facility. It was also noted during interviews with staff and residents that opposite gender staff are consistently announcing their presence upon entering the living area of the facility. This practice was observed by this auditor during the tour of the facility,<br><br>(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.”<br><br>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 Alliance House during the past 12 months.<br><br>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches |

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| | or cross-gender pat searches completed at Alliance House during the past 12 months. This was confirmed during interviews with staff and residents during the on-site portion of this audit.<br><br>(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.”<br><br>All staff at Alliance House have been trained on the proper way to conduct cross gender pat down searches, and searches of 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 training video titled “Guidance on Cross-Gender and Transgender Pat Searches” upon hire and 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 and discuss key concepts of this training to this auditor during interviews.<br><br>Reviewed documentation to confirm compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Staff Training Records<br>3. Tour of Facility<br><br>Interviews:<br><br>1. Interview with Regional Program Director<br>2. Resident Interviews<br>3. 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 |

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| | Americans with Disabilities Act."<br><br>There were no cognitively disabled residents residing at Alliance House during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview. Interviews with the Agency PREA Coordinator and Regional Program Director 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 presented to them. In addition, it was noted that all PREA education material is reviewed one-on-one with all residents upon intake and again within 10 days of intake, and each resident is given an opportunity to ask any questions they may have to ensure they comprehend the material.<br><br>(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."<br><br>The Resident Handbook is available to residents in both English and Spanish. There have been no limited English proficient residents admitted into the facility during the past 12 months; 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.<br><br>There were no limited English proficient residents residing at Alliance House during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.<br><br>(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."<br><br>Staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the Agency PREA Coordinator, Regional Program Director, and staff that there have been no circumstances during the past 12 months at Alliance House where resident interpreters, readers, or other types of |

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| | 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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Agreement with Cyracom Interpretation Services<br>3. Tour of Facility<br>4. PREA Posters<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Staff Interviews |

| **115.317** | **Hiring and promotion decisions** |
|---|---|
| | **Auditor Overall Determination:** Meets 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:<br><br>1. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution;<br>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<br>3. Has been civilly or administratively adjudicated of engaging to have engaged in the activity described above.”<br><br>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.”<br><br>This practice was confirmed during an interview with a representative from Human |

Resources as well as a review of 10 randomly selected employee files. In addition, it was noted that any staff who are hired at Alliance House 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 an employee being offered employment and being able to work at Alliance House 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. These background checks must be completed a minimum of every 2 years. Upon receiving these three clearances, copies are 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 were 24 employees hired at Alliance House 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 is currently one contracted staff approved to enter Alliance House and have contact with the residents (outpatient Drug & Alcohol Counselor). During the past 12

months, this has been the only contracted staff approved to enter the facility. All contracted staff 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 the contracted staff approved to enter Alliance House were forwarded to this auditor for review to confirm compliance.

(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 and contracted staff every two years to ensure Alliance House is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Childcare Regulations which also require current employees and contracted staff to complete background clearances a minimum of every two years. This auditor was able to review ten staff files and one contracted staff file 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 who was interviewed noted that she 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

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| | 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 during the interview process.<br><br>(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.”<br><br>This screening process noted above was confirmed during an interview with a representative from Human Resources as well as reviewing 10 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).<br><br>(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.”<br><br>When requested, Adelphoi Village does provide information on substantiated allegations of sexual harassment or sexual abuse 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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Adelphoi Village Employment Application<br>3. Adelphoi Village Disclosure Statement<br>4. Review of Randomly Selected Staff Background Checks<br>5. Review of Contracted Staff Background Checks<br><br>Interviews:<br><br>1. Interview with Human Resources Representative |

| **115.318** | **Upgrades to facilities and technologies** |
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| | **Auditor Overall Determination:** Meets Standard |

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| | **Auditor Discussion** |
| | (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.”<br><br>There has been no expansion or modifications at Alliance House since the last PREA audit in 2021. Through an interview with the Agency Head, it was confirmed that if there are any additional plans for expansion or modifications, the agency will continue to prioritize the resident’s sexual safety prior to approving any expansion or modifications of the facility.<br><br>(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.”<br><br>There have been no video surveillance cameras added to this facility since the last PREA Audit in 2021. Interviews with the Agency PREA Coordinator and Regional Program Director confirmed the video surveillance system is inspected and upgraded on a regular basis. Any upgrades to the video surveillance system are noted on the PREA Staffing and Administrative Plan.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. 2024 Alliance House PREA Staffing and Administrative Plan<br>3. Tour of Facility<br><br>Interviews:<br><br>1. Interview with Agency Head<br>2. Interview with Agency PREA Coordinator<br>3. Interview with Regional Program Director |

| **115.321** | **Evidence protocol and forensic medical examinations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

(a) The Pennsylvania State Police – Uniontown Station conducts sexual abuse investigations which are criminal in nature at Alliance House. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Sexual abuse allegations which are not criminal in nature are investigated by agency investigators. Adelphoi Village has asked the Pennsylvania State Police – Uniontown Station to comply with all PREA investigative standards in a signed Letter of Agreement.

A representative from the Pennsylvania State Police – Uniontown Station was interviewed by this auditor and stated that any investigator who would handle a sexual abuse investigation at Alliance House has been trained in uniform evidence protocol. In addition, this auditor interviewed two agency investigators who are responsible for conducting administrative investigations at the facility. Both agency investigators interviewed noted they have completed investigator training through the Relias Learning System. Training records noting all agency investigators at the facility were requested and received by this auditor to confirm compliance.

There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated by agency investigators and was determined to be Unsubstantiated.

(b) Alliance House 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 – Uniontown Station 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, Regional Program Director, agency investigators, and a representative from the Pennsylvania State Police – Uniontown Station.

(c) The Agency PREA Coordinator and Regional Program Director stated during their interviews that one of three Independence Health System hospitals (Latrobe Area Hospital, Frick Hospital, or Westmoreland Regional Hospital) is where a resident would be transported for a forensic examination by a SAFE/SANE.

Adelphoi Village has signed Memorandums of Agreement with each hospital.

The Memorandums of Agreements stated that Adelphoi Village agrees to:

1. Contact the hospital emergency room to inform them of the pending arrival of a youth who has reported being the victim of sexual assault.
2. Provide continuous security and supervision of the youth while at the hospital.
3. Contact Blackburn Center, who will provide an advocate to the hospital who will offer rape crisis counseling and advocacy services.

The Memorandums of Agreement state the hospitals agree to:

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

A representative from Independence Health System was interviewed by this auditor and was able to confirm the details of the Memorandums of Agreement and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to one their hospitals.

There were no incidents of sexual abuse involving penetration at Alliance House during the past 12 months that required a resident to be transported to an Independence Health System hospital. Therefore, there were no forensic examinations completed.

(d) It was noted that any resident victim of sexual abuse at Alliance House would receive emotional support and advocacy services from the Blackburn Center. Adelphoi Village has a Professional Services Agreement with the Blackburn Center to provide emotional support and advocacy services to any resident victim of sexual abuse at the facility. This auditor was provided with a copy of the signed Professional Services Agreement to confirm compliance.

A representative from the Blackburn Center was interviewed by this auditor and confirmed an advocate from their agency would respond to the Independence Health System hospital where the resident victim was transported to provide emotional support and rape crisis counseling to any resident 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.”

Adelphoi Village has a Professional Services Agreement with the Blackburn Center 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 Blackburn Center.

(f) The Pennsylvania State Police – Uniontown Station conducts sexual abuse investigations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services at Alliance House. 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 the Childline Hotline and/or agency investigators). Adelphoi Village has asked the Pennsylvania State Police – Uniontown Station to comply with all PREA investigative standards in a

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| | Letter of Agreement. This auditor was provided with a signed copy of the Letter of Agreement to confirm compliance with this standard. In addition, this auditor also was able to interview a representative from the Pennsylvania State Police – Uniontown Station and two agency investigators to discuss the investigation process for allegations of sexual abuse at Alliance House.<br><br>(g) All criminal investigations of sexual abuse at Alliance House are conducted by the Pennsylvania State Police – Uniontown Station in conjunction with the Pennsylvania Department of Human Services. Adelphoi Village has a signed Memorandum of Understanding with the Pennsylvania State Police – Uniontown Station. This auditor was provided with a copy of this Letter of Agreement and interviewed a representative from the Pennsylvania State Police – Uniontown Station to confirm compliance with this standard.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>3. Letter of Agreement with Pennsylvania State Police – Uniontown Station<br>4. Memorandum of Agreement with Independence Health System – Latrobe Area Hospital<br>5. Memorandum of Agreement with Independence Health System – Frick Hospital<br>6. Memorandum of Agreement with Independence Health System – Westmoreland Regional Hospital<br>7. Professional Services Agreement with Blackburn Center<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Agency Investigators<br>4. Interview with Representative from Pennsylvania State Police – Uniontown Station<br>5. Interview with Representative from Independence Health System<br>6. Interview with Representative from Blackburn Center |

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

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| | (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.”<br><br>During the past 12 months, there was one allegation of resident-on-resident sexual abuse at Alliance House. This allegation was investigated by agency investigators and determined to be Unsubstantiated. Interviews with the Agency PREA Coordinator and Regional Program Director confirmed the referral process for any allegations of sexual harassment and sexual abuse to ensure all allegations of sexual harassment and sexual abuse are investigated by the Pennsylvania State Police – Uniontown Station (criminal investigations) or an agency investigator (administrative investigations).<br><br>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy notes all allegations of sexual harassment and sexual abuse are referred to the Pennsylvania State Police – Uniontown Station (criminal) and agency investigators for investigation. This policy is posted on the agency website. The Agency PREA Coordinator and Regional Program Director both stated during an open criminal investigation, communication would be maintained between Alliance House and the Pennsylvania State Police – Uniontown Station through telephone calls, emails, and on-site visits. There were no criminal investigations conducted by the Pennsylvania State Police – Uniontown Station during the past 12 months at this facility.<br><br>Information regarding the referral of allegations of sexual harassment and sexual abuse 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 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.<br><br>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 – Uniontown Station in conjunction with the Pennsylvania Department of Human Services and administrative investigations are conducted by agency investigators.<br><br>(c) Adelphoi Village has asked the Pennsylvania State Police – Uniontown Station to comply with all PREA investigative standards in a signed Letter of Agreement. This auditor was provided with a copy of the signed Letter of Agreement the facility has with the Pennsylvania State Police – Uniontown Station to confirm compliance with this standard.<br><br>A representative from the Pennsylvania State Police – Uniontown Station was interviewed by this auditor, and stated his agency completes thorough investigations on each incident and contacts the facility at the completion of any investigation. An agency investigator would then conduct an administrative investigation following any criminal investigation. Interviews with two agency |

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| | investigators confirmed they complete administrative investigations all allegations of sexual abuse and prepare a detailed investigative report at the completion of all investigations.<br><br>The Agency PREA Coordinator noted that following the receipt of an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team. There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated by agency investigators and was determined to be Unsubstantiated.<br><br>(d – e) All criminal investigations of sexual abuse at Alliance House are conducted by the Pennsylvania State Police – Uniontown Station in conjunction with the Pennsylvania Department of Human Services. Adelphoi Village has a signed Letter of Agreement with the Pennsylvania State Police – Uniontown Station. This Letter of Agreement asks the Pennsylvania State Police – Uniontown Station to comply with all PREA investigative standards (115.321, 115.334, 115.371, and 115.372). This auditor reviewed a copy of the Letter of Agreement to review and confirm compliance with this standard.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Letter of Agreement with Pennsylvania State Police – Uniontown Station<br>3. Agency Website<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Agency Investigators<br>4. Interview with Representative from Pennsylvania State Police – Uniontown Station |

| **115.331** | **Employee training** |
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| | **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 threated 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 "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 Regional Program Director stated PREA topics are reviewed during staff meetings at the facility on a regular basis.

All staff interviewed reported receiving the above-mentioned training regarding PREA on an annual basis through the Relias Learning System. Staff interviewed were able to discuss the training they received and noted key points of the training. In addition, staff interviewed discussed reviewing PREA topics during staff meetings at the facility. Training logs from the past year were reviewed by this auditor and indicated all staff who may have contact with residents at Alliance House completed the training 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. Alliance House is a facility that houses female residents; therefore, the training is tailored to that population. This auditor reviewed the training specific to those staff working with the residents at Alliance House. After reviewing this training, it was confirmed the training is tailored to female 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.

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| | (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.”<br><br>This auditor reviewed training records from the past year for all staff at Alliance House and confirmed all staff completed the PREA training on an annual basis. Interviews with staff also confirmed they received the training and understood the material that was covered in the training they received. All staff interviewed were able to describe key points covered in the training when prompted by this auditor during interviews.<br><br>(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.”<br><br>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 from the past year and confirmed each staff member electronically verified they understood the training they received.<br><br>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 harassment and sexual abuse.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. PREA Training Curriculum<br>3. Training Logs<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Staff Interviews |

| **115.332** | **Volunteer and contractor training** |
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| | **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 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.”<br><br>Alliance House reported that there has been one contracted staff approved to enter the facility during the past 12 months. There is currently one contracted staff approved to enter the facility (Drug & Alcohol Counselor). There have been no volunteers approved to enter the facility during the past 12 months.<br><br>During an interview with the Agency PREA Coordinator, it was noted all contracted staff and volunteers receive the PREA pamphlet titled “Zero Tolerance for Sexual Abuse and Sexual Harassment for Contracted Employees and Volunteers” prior to having any contact with the residents. This pamphlet is reviewed with the contracted staff and volunteers prior to them entering the facility the first time. This auditor requested and received training logs for the one contracted staff approved to enter the facility during the past 12 months to confirm that person completed the required training. During the on-site portion of this audit, there were no contracted staff available for this auditor to interview.<br><br>(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.”<br><br>Prior to having contact with any of the residents in the facility, all contracted staff and volunteers receive and review the PREA pamphlet titled “Zero Tolerance for Sexual Abuse and Sexual Harassment for Contracted Staff and Volunteers.” This pamphlet is reviewed with the contracted staff and volunteers prior to them entering the facility for the first time. This auditor requested and received training records for the one contracted staff approved to enter the facility during the past 12 months to confirm that person received the required training prior to having any contact with the residents.<br><br>(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.”<br><br>Alliance House maintains training records for all contracted staff and volunteers who have been approved to enter the facility and have contact with residents. All contracted staff/volunteer training records are kept on a database that is |

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| | maintained by the Agency PREA Coordinator. The Agency PREA Coordinator, Facility PREA Compliance Manager, and Regional Program Director were able to explain the process of educating a contracted staff or volunteer 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.<br><br>There has been one contracted staff approved to enter Alliance House during the past 12 months. This contracted staff received and reviewed a PREA pamphlet titled "Zero Tolerance for Sexual Abuse and Sexual Harassment for Contracted Staff and Volunteers" and signed an acknowledgement form noting they received, reviewed, and understood the pamphlet they received. This auditor requested and received training records for the one contracted staff approved to enter Alliance House during the past 12 months to confirm compliance.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Volunteers/Contractor Brochure "Zero-Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers"<br>3. Contracted Staff Training Records<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Facility PREA Compliance Manager<br>3. Interview with Regional Program Director |

| **115.333** | **Resident education** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states "During the intake process, residents shall receive PREA related information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment."<br><br>All residents admitted to Alliance House receive the PREA pamphlet titled "End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment" during the intake process. In addition to receiving the above-mentioned PREA pamphlet, residents also review the pamphlet with an intake staff. |

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| | 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 the PREA pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” and reviewed this pamphlet with an intake staff at intake.<br><br>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Within 10 days of intake, the agency 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 responding to such incidents.”<br><br>Comprehensive PREA education includes watching a PREA education video titled “PREA and Sexual Safety Education for Residents in a Confinement Facility” and meeting with the Clinical Coordinator or Therapist to review the PREA material they received at intake. The video is approximately 10 minutes in length.<br><br>Interviews with residents at Alliance House confirmed they received this comprehensive education within 10 days of intake. In addition, interviews with intake staff also confirmed each resident watches the PREA video titled “PREA Sexual Safety Education for Residents in a Confinement Facility” and have a chance to review the material and ask questions when they finish watching the video.<br><br>Alliance House reports there were 24 residents admitted into the facility during the past 12 months. All residents admitted into the facility received comprehensive PREA education within 10 days of their intake.<br><br>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.”<br><br>Intake staff interviewed reported each resident admitted into the facility receives the PREA pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” during the intake process. Intake staff interviewed were able to describe explaining ways to report sexual harassment or sexual abuse to each resident. Intake staff interviewed also noted each resident admitted into the facility receives a comprehensive PREA education within 10 days of their admission. This comprehensive PREA education includes watching a PREA video titled “PREA and Sexual Safety Education for Residents in a Confinement Facility.” It was noted during interviews with intake staff that residents electronically sign an acknowledgement form noting they received the PREA education at intake and a comprehensive PREA education within 10 days of intake. This auditor reviewed 10 resident files for residents who were admitted into the facility during the past 12 months, and each resident file reviewed contained two electronic signatures (one for the PREA information they received at intake and one for the comprehensive PREA education they received within 10 days of intake). |

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| | All residents interviewed confirmed they received both the intake education at intake (including receiving a PREA education pamphlet) and a comprehensive PREA education within 10 days of intake (including watching a PREA education video). Al residents interviewed acknowledged reviewing ways to report sexual harassment and sexual abuse with the Clinical Coordinator or Therapist at the facility.<br><br>(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.”<br><br>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. Alliance House 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.<br><br>There were no limited English proficient residents at Alliance House to interview during the on-site portion of this audit. It was also noted that there were no limited English proficient residents admitted into the facility during the past 12 months.<br><br>(e) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The facilities shall maintain documentation of resident participation in educational sessions in the resident’s file.”<br><br>All resident education is documented on an acknowledgement form noting the resident received the PREA education. This acknowledgement form is electronically signed and dated by the resident upon receiving PREA education information. This acknowledgement form is kept in the resident’s electronic file. This auditor was able to review 10 resident files and each file contained the above-mentioned documentation confirming the resident received PREA education during the intake process and comprehensive PREA within 10 days of intake.<br><br>(f) All residents at Alliance House receive a PREA education pamphlet titled “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment” at intake and watch the PREA education video titled “PREA and Sexual Safety Education for Residents in a Confinement Facility” within 10 days of intake. The Clinical Coordinator and Therapist at the facility also review ways to report sexual harassment and sexual abuse with the resident during each education session. 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. |

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| | Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. PREA Education Pamphlet “End the Silence: Zero Tolerance for Sexual Abuse and Sexual Harassment”<br>3. Signed Resident Intake PREA Education Acknowledgement Forms<br>4. Agreement with Cyracom Interpretation Services (Interpretation Services)<br>5. PREA Posters<br>6. Tour of Facility<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Intake Staff Interviews<br>3. Resident Interviews |

| **115.334** | **Specialized training: Investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) The Pennsylvania State Police – Uniontown Station is the entity outside of the agency responsible for the investigation of all allegations of sexual abuse at Alliance House which are criminal in nature. Adelphoi Village has a signed Letter of Agreement with the Pennsylvania State Police – Uniontown Station which requests the Pennsylvania State Police – Uniontown Station comply with all PREA investigative standards during investigations at Alliance House. This auditor was provided with a copy of the signed Letter of Agreement with the Pennsylvania State Police – Uniontown Station to review to confirm compliance with this standard.<br><br>All investigations of sexual abuse at Alliance House which are not criminal in nature are investigated by agency investigators. This auditor was provided with documentation noting all agency investigators completed the PREA investigator training titled “PREA Investigation What Happens After an Allegation” to confirm compliance with this standard. Interviews with two agency investigators who complete investigations at Alliance House revealed each investigator completes the training every two years.<br><br>(b) The Pennsylvania State Police – Uniontown Station is responsible for the investigation of all allegations of sexual abuse that are criminal in nature at Alliance House. A representative from the Pennsylvania State Police – Uniontown Station was interviewed by this auditor and stated investigators who conduct investigations have completed various investigative trainings. He was able to describe these |

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| | trainings to this auditor and stated his agency would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual abuse at Alliance House.<br><br>There are three agency investigators assigned to complete administrative investigations of all allegations of sexual abuse at Alliance House. Two agency investigators who complete investigations at the facility were interviewed by this auditor and were able to describe the training they received and discussed evidence collection and the criteria and evidence required to substantiate an allegation.<br><br>(c) The Pennsylvania State Police – Uniontown Station is responsible for the investigation of all allegations of sexual abuse at Alliance House that are criminal in nature. Administrative investigations are completed by agency investigators. Adelphoi Village has formally asked the Pennsylvania State Police – Uniontown Station to comply with PREA investigative standards when completing an investigation at Alliance House. This was noted in a signed Letter of Agreement with the Pennsylvania State Police – Uniontown Station requesting investigations be conducted in compliance with the PREA standards. This auditor was provided with a copy of the signed Letter of Agreement to confirm compliance with this standard. Training records noting each agency investigator who completes sexual abuse investigations at Alliance House were forwarded to this auditor to confirm compliance with this standard.<br><br>(d) A representative from the Pennsylvania State Police – Uniontown Station was interviewed by this auditor. This representative was able to confirm investigators who conduct sexual abuse investigations have completed various trainings including investigating sexual abuse allegations in a confinement facility.<br><br>In addition, the Agency PREA Coordinator and Regional Program Director at Alliance House were able to confirm all substantiated allegations of sexual harassment and sexual abuse (that are criminal in nature) are referred to the Pennsylvania State Police – Uniontown Station for investigation. The Pennsylvania State Police – Uniontown Station would then work in conjunction with the Pennsylvania Department of Human Services to complete a criminal investigation.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This auditor was provided with documentation noting the allegation was referred to agency investigators for investigation. This allegation was investigated by agency investigators and was determined to be Unsubstantiated. There were no criminal investigations conducted at this facility during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Letter of Agreement with Pennsylvania State Police – Uniontown Station<br>3. Investigator Training Records |

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| | Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Agency Investigators<br>4. Interview with Representative from Pennsylvania State Police – Uniontown Station |

| **115.335** | **Specialized training: Medical and mental health care** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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:<br><br>1. How to detect and assess signs of sexual abuse and sexual harassment.<br>2. How to preserve physical evidence of sexual abuse.<br>3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.<br>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”<br><br>There is currently one mental health staff (Therapist) and no medical staff employed at Alliance House. All medical care is scheduled through outpatient medical practitioners in the community. Training records reviewed by this auditor confirmed the mental health staff at this facility completed the specialized training required for mental health staff. This staff completed the specialized training titled “PREA Specialized Medical and Mental Health Practitioner Training” through the Relias Learning System. An interview with the mental health staff confirmed she received the training and understood the material specific to her job title.<br><br>(b) There are no medical staff at Alliance House. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at one of three Independence Health System hospitals (Latrobe Area Hospital, Frick Hospital, or Westmoreland Regional Hospital) by a SANE. Adelphoi Village has signed Memorandum of Agreements with each hospital that notes forensic examinations would be completed by a SANE.<br><br>(c) There is currently one mental health staff (Therapist) and no medical staff employed at Alliance House. All medical care is scheduled through outpatient medical practitioners in the community. This auditor received and reviewed the mental health staff's training records to confirm compliance with this standard. In |

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| | addition, an interview with the mental health staff at this facility confirmed she has received and understood the specialized training specific to her job title.<br><br>(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.”<br><br>There is currently one mental health staff (Therapist) and no medical staff employed at Alliance House. All medical care is scheduled through outpatient medical practitioners in the community. This auditor was able to review the mental health staff's training records to confirm she received and successfully completed the annual PREA training that all staff at Alliance House are required to complete. This was also confirmed during an interview with the mental health staff at the facility.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Memorandum of Agreement with Independence Health System – Latrobe Area Hospital<br>3. Memorandum of Agreement with Independence Health System – Frick Hospital<br>4. Memorandum of Agreement with Independence Health System – Westmoreland Regional Hospital<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Mental Health Staff<br>4. Interview with Representative from Independence Health System |

| **115.341** | **Obtaining information from residents** |
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| | **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.” |

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| | This auditor discussed the Vulnerability Assessment Instrument with two staff who administer the assessment at Alliance House. The assessment is completed by the Therapist or the Clinical Coordinator at the facility 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 harassment or sexual abuse incident involving the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at Alliance House.<br><br>During the past 12 months, there were 24 residents admitted to Alliance House whose length of stay in the facility was 72 hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed within 72 hours of intake by interviewing two staff who administer the assessment and by reviewing 10 randomly selected 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. Each resident interviewed stated that they were administered the Vulnerability Assessment during their intake into the facility and again after six months (for residents who were residing at the facility for longer than six months)..<br><br>(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 harassment or sexual abuse 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. The staff interviewed were able to describe how this screening is administered within 72 hours of the resident being admitted into the facility and periodically throughout the resident’s stay at the facility (resident is reassessed every six months after the initial screening or if they are involved in a sexual harassment or sexual abuse incident).<br><br>(c) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “This objective screening instrument obtains information that includes:<br><br>1. Prior sexual victimization or abuse;<br>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;<br>3. Current charges and offense history;<br>4. Age;<br>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 Alliance House and confirmed this screening is objective and captures the information required in this standard. A review of 10 randomly selected 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 Alliance House or are involved in a sexual harassment or sexual abuse incident. These assessments are administered by the Therapist and Clinical Coordinator 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 two staff who administer the Vulnerability Assessment Instrument confirmed that they interview each resident within 72 hours of admission and periodically throughout a resident's stay at the facility (residents are reassessed every six months after their initial assessment and if they are involved in a sexual harassment or sexual abuse incident). They noted that in addition to administering the Vulnerability Assessment, they also review the case history of each resident prior to administering the assessment, interview family members/legal guardians, and interview the Juvenile Probation Officer and/or Children & Youth Caseworker who referred the resident to the facility.

(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 electronically kept in the resident's 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 administrative staff and staff at Alliance House have access to a resident's Vulnerability Assessment.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents

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| | 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 the facility. One resident interviewed, who has resided at the facility for over six months, also stated she has been asked these questions again periodically during her stay at the facility. 10 resident's files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All 10 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).<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Vulnerability Assessment Instrument Template<br>3. Completed Vulnerability Assessment Instruments<br>4. Review of Residents Files<br><br>Interviews:<br><br>1. Interviews with Staff That Performs the Screening for Risk of Victimization and Abusiveness<br>2. Resident Interviews |

| **115.342** | **Placement of residents** |
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| | **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."<br><br>Interviews with the Agency PREA Coordinator, Regional Program Director, Facility PREA Compliance Manager, and staff who administer the Vulnerability Assessment Instrument confirmed that the Vulnerability Assessment Instrument is completed by the Therapist and Clinical Coordinator at Alliance House within 72 hours of intake (usually during the resident's first day at the facility) and bedroom, program, education, and work assignments are made accordingly to keep all residents at the facility free from sexual harassment and sexual abuse. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in |

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| | appropriate bedrooms to ensure residents are kept safe while residing in the facility.<br><br>A review of 10 completed Vulnerability Assessment Instruments at Alliance House supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who are identified as sexually vulnerable from the information noted on the Vulnerability Assessment Instrument, have 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 have a Safety Plan developed for them (noted on the Vulnerability Assessment Instrument) and communicated to all staff to keep all residents safe. Safety Plans include appropriate bedroom assignments to increase supervision (including placing some residents in single bedrooms without a roommate).<br><br>(b) It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at Alliance House. Interviews with the Agency PREA Coordinator and Regional Program Director 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 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.<br><br>(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.”<br><br>There were 4 residents who identified as LGBTI residing at Alliance House during the time of the on-site audit. 2 of these 4 residents were interviewed by this auditor and confirmed they were not placed in a specific bedroom based solely on their sexual identification. In addition, the Regional Program Director and Facility PREA Compliance Manager stated that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. They stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.<br><br>(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.”<br><br>There have been no transgender or intersex residents admitted to Alliance House during the past 12 months. Interviews with the Agency PREA Coordinator and |

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| | Regional Program 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 Program Director, and Agency PREA Coordinator) and be in the best interest of the resident's safety.<br><br>(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."<br><br>Interviews with the Agency PREA Coordinator and Regional Program 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 Alliance House. It was noted reassessments would occur during the resident's Individual Service Plan Review. Individual Service Plan Reviews include all members of a resident's treatment team and are conducted every six months while the resident is residing at the facility.<br><br>There were no transgender or intersex residents admitted to Alliance House during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview.<br><br>(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."<br><br>Interviews with the Agency PREA Coordinator and Regional Program 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 Alliance House.<br><br>There were no transgender or intersex residents admitted to Alliance House during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview.<br><br>(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."<br><br>An interview with the Regional Program 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. He also stated that all residents at the facility shower separately as only one resident is permitted to use the restroom to shower at a time.<br><br>There were no transgender or intersex residents admitted to Alliance House during the past 12 months. |

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| | (h – i) There were no residents at Alliance House 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 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Pennsylvania Department of Human Services 3800 Childcare Regulations<br>3. Vulnerability Assessment Instrument Template<br>4. Completed Vulnerability Assessment Instruments<br>5. Review of Residents Files<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Facility PREA Compliance Manager<br>4. Interviews with Staff That Perform the Screening for Risk of Victimization and Abusiveness<br>5. Staff Interviews |

| **115.351** | **Resident reporting** |
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| | **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.”<br><br>Reporting information is delivered to the residents through the intake process, comprehensive PREA 10-day education, Resident Handbook, 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 harassment and sexual abuse.<br><br>These methods include making a direct report to: |

1. Staff member
2. Shift Supervisor
3. Unit Director
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 harassment, sexual abuse, 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, comprehensive PREA 10-day education, Resident Handbook, 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 harassment and sexual abuse to outside agencies (including the Blackburn Center Hotline).

The Blackburn Center offers a 24/7 Crisis Hotline for residents to report allegations of sexual harassment and sexual abuse. This hotline can be reached at 1-888-832-2272. This reporting mechanism is reviewed with residents during the intake process and during the comprehensive PREA 10-day education. In addition, this hotline number is listed in the Resident Handbook and is posted on posters throughout the facility.

All residents interviewed were aware of their right to contact the Blackburn Center Hotline. Residents interviewed also confirmed they received this information through PREA education received at intake and a more comprehensive PREA education received within 10 days of intake.

There are no residents placed at Alliance House 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

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| | Hotline at 1-800-656-4673.<br><br>(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.”<br><br>Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual harassment, sexual abuse, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Incident Data Form, notify the Shift Supervisor 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.<br><br>(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.”<br><br>Interviews with residents confirmed they are educated on ways to report allegations of sexual harassment or sexual abuse 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 Blackburn Center 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.<br><br>(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.”<br><br>Interviews with staff confirmed that they were aware that they are permitted to privately report allegations of sexual harassment and sexual abuse. All staff interviewed stated they would either contact the Childline Hotline, Agency PREA Coordinator, or the Agency Human Resources Office to make a private report. Staff interviewed also reported this is reviewed during annual PREA trainings at the facility.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Resident Handbook<br>3. Resident PREA Reporting Poster (English)<br>4. Resident PREA Reporting Poster (Spanish)<br><br>Interviews: |

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| | 1. Interview with Agency PREA Coordinator<br>2. Staff Interviews<br>3. Resident Interviews |

| **115.352** | **Exhaustion of administrative remedies** |
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| | **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:<br><br>1. Call a group/family meeting about your concern, following the standard procedure for getting a meeting.<br>2. Speak with counselors/caseworkers about your concerns.<br>3. Speak with the supervisor about your concern.<br>4. Speak with the program director about your concern.<br>5. Submit a written request to discuss the matter with the program director.<br>6. Submit a written request to discuss the matter with the Ethics Committee.<br>7. Speak with the county person who is in charge of your case or with his/her supervisor.<br><br>The Pennsylvania Department of Human Services 3800 Childcare 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.<br><br>All residents interviewed were aware of the grievance procedure. All the resident's files reviewed contained notification (signed acknowledgement form) of the grievance process.<br><br>(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.<br><br>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 the intake process (during their first day at the facility) and are aware of how to submit a grievance.<br><br>(c) Adelphoi Village Client Grievance Procedure notes if any step involves the person |

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| | with whom the resident has the concern, the resident is permitted to skip that step and go directly to step three (supervisor).<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Pennsylvania State Police – Uniontown Station and/or an agency investigator for investigation. It was noted during these interviews 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.<br><br>There were no grievances alleging sexual abuse at Alliance House during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program 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.<br><br>There were no grievances alleging sexual abuse at Alliance House during the past 12 months. This was confirmed by this auditor by reviewing grievances submitted during the past 12 months at the facility.<br><br>(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.<br><br>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 filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.<br><br>If the resident declines to have the request processed on his or her behalf, Adelphoi Village shall document the resident’s decision.<br><br>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.”<br><br>The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all parents/legal guardians be advised of the grievance procedure at |

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| | 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.<br><br>Residents interviewed were aware of third-party reports and understood other residents, parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.<br><br>There were no third-party grievances filed at Alliance House during the past 12 months. This was confirmed by reviewing grievances submitted at the facility during the past 12 months.<br><br>(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.”<br><br>An interview with the Agency PREA Coordinator revealed if anyone at Alliance House would receive a grievance alleging sexual abuse, it would be treated as an Emergency Report. A Safety Plan would then be implemented, and a final decision would be made within 5 days of receiving the grievance.<br><br>There were no grievances alleging sexual abuse during the past 12 months at Alliance House. This was confirmed by this auditor by reviewing grievances filed at the facility during the past 12 months.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed any resident who files a grievance alleging sexual harassment or sexual abuse in good faith would not be disciplined regardless of the outcome of the grievance submitted. In addition, they stated any resident who files a grievance alleging sexual harassment or sexual abuse in bad faith would be held accountable by losing privileges at the facility.<br><br>There were no grievances filed in bad faith at Alliance House during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Client Grievance Procedure<br>2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>3. Review of Residents Files |

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| | 4. Review of Facility Grievance Records<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Staff Interviews<br>4. Resident Interviews |

| **115.353** | **Resident access to outside confidential support services and legal representation** |
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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 “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.”<br><br>Upon intake, all residents at Alliance House are made aware of the services that are available to them through the Blackburn Center if they are a victim of sexual abuse at the facility. This includes notifying residents of the address and telephone number to the Blackburn Center. In addition, Adelphoi Village has a signed Professional Services Agreement with the Blackburn Center. This Professional Services Agreement states, Blackburn Center will provide any victim of sexual abuse a victim advocate. In addition to residents receiving the above-mentioned information at intake, the address and telephone number to the Blackburn Center is listed in the Resident Handbook and on posters posted around the facility. This information was reviewed by this auditor and noted during the tour of the facility.<br><br>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 Alliance House. Residents interviewed noted the address and telephone number to the Blackburn Center is listed in the Resident Handbook and is noted on posters that are posted throughout the facility.<br><br>(b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, |

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| | 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.”<br><br>Residents interviewed were aware of the services available to them from the Blackburn Cetner in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with the Blackburn Center is confidential and private. Residents noted during interviews this information is provided to them during their intake, is listed in the Resident Handbook, and is noted on posters that are posted through the facility.<br><br>There were no residents who made an allegation of sexual abuse at this facility to interview during the on-site portion of this audit.<br><br>(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.”<br><br>A Professional Services Agreement is in place with the Blackburn Center in accordance with this standard. This Professional Services Agreement confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator discussed this Professional Services Agreement and the advocacy services that are provided by the Blackburn Center to any victims of sexual abuse at Alliance House. This auditor contacted a representative from the Blackburn Center, and she confirmed the agency would provide confidential emotional support services to any victim of sexual abuse as noted in the Professional Services Agreement.<br><br>(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.”<br><br>Alliance House 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.<br><br>The Agency PREA Coordinator and Regional Program Director confirmed all resident |

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| | visits with their attorney and/or legal representation would be in private if requested by the resident or the attorney.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>2. Professional Services Agreement with Blackburn Center<br>3. PREA Posters<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Representative from Blackburn Center<br>4. Staff Interviews<br>5. Resident Interviews |

| **115.354** | **Third-party reporting** |
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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 “The agency shall publicly distribute information on how to report abuse, sexual abuse, and sexual harassment.”<br><br>Multiple methods used to receive third party reports of sexual harassment or sexual abuse is posted on the agency’s website to inform the public about reporting resident sexual harassment and sexual abuse on behalf of residents. In addition, there are posters which note ways third parties can report allegations of sexual harassment and sexual abuse 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, Unit 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.<br><br>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 harassment or sexual abuse on their behalf. All staff interviewed acknowledged that they would accept a third-party report of sexual abuse and respond in the same manner as if they had witnessed the abuse themselves. They also noted any |

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| | information from a third-party report of abuse would be documented on an Incident Data Form and reported to the supervisor on shift and the Pennsylvania Department of Human Services via the Childline Hotline.<br><br>There were no allegations of sexual abuse filed by a third party at Alliance House during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>2. Agency Website<br>3. PREA Posters<br>4. Tour of Facility<br><br>Interviews:<br><br>1. Staff Interviews<br>2. Resident Interviews |

| **115.361** | **Staff and agency reporting duties** |
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| | **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:<br><br>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.<br>2. Any retaliation against residents or staff who reported such an incident.<br>3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”<br><br>All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, 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 Shift Supervisor to report any information related to sexual harassment or |

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| | sexual abuse and report the allegation to the proper investigating agencies (Pennsylvania State Police –Uniontown Station, Pennsylvania Department of Human Services, and/or agency investigators). Staff also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the agency Human Resources Office or the Agency PREA Coordinator.<br><br>All staff at Alliance House are trained in mandatory reporting on an annual basis. Staff interviewed were able to discuss this training with this auditor during interviews.<br><br>(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.”<br><br>All staff interviewed were aware of their responsibility to report any allegations of sexual harassment or sexual abuse. 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 the Childline Hotline either by calling the toll-free telephone number or by submitting the allegation electronically. In addition, staff noted allegations of sexual harassment and sexual abuse would also be reported to the Shift Supervisor.<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed 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.<br><br>(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.”<br><br>Interviews with staff 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.<br><br>(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.”<br><br>There is one mental health staff (Therapist) employed at Alliance House. This |

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| | mental health staff was interviewed and confirmed that disclosure is provided to residents regarding the limitations of confidentiality and her duty to report at the initiation of treatment services. In addition, the mental health staff stated that she is required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the Shift Supervisor immediately upon learning of an allegation. This information is also reported to the Pennsylvania Department of Human Services (through the Childline Hotline) and/or agency investigators for investigation. The mental health staff interviewed also discussed completing Mandated Reporter training on an annual basis and was able to discuss her role as a mandated reporter during her interview.<br><br>There are no medical staff employed at Alliance House. Therefore, there were no medical staff for this auditor to interview.<br><br>(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.”<br><br>All staff interviewed stated that in addition to reporting the allegation to the Shift Supervisor, 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 Data Form. An interview with the Regional Program Director at this facility also confirmed that parents/legal guardians and contracting agencies (Juvenile Probation and/or Children & Youth) are immediately notified of any allegation.<br><br>(f) All allegations of sexual harassment, sexual abuse, 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 – Uniontown Station investigates 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.<br><br>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 Data Form and report the allegation to the Shift Supervisor and/or the Pennsylvania Department of Human Services via the Childline Hotline if they received a third-party report.<br><br>Interviews with the Regional Program 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 – Uniontown Station in conjunction with the Pennsylvania Department of Human Services (criminal investigations) or agency investigators (administrative investigations). The Agency PREA Coordinator |

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| | and Regional Program Director were 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 agency investigators.<br><br>There was one allegation of resident-on-resident sexual abuse during the past 12 months at Alliance House. This allegation was immediately reported to the Shift Supervisor, was forwarded to agency investigators, and an investigation was completed. This allegation was determined to be Unsubstantiated.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. CY47 Form<br>3. Coordinated Response Plan<br>4. Alleged Abuse Sexual Assault Checklist<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Staff Interviews |

| **115.362** | **Agency protection duties** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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.”<br><br>The Agency Head and Regional Program 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 Alliance House would ensure steps are taken to remove the risk to the resident which would 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.<br><br>The Agency Head and Regional Program 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 |

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| | implemented by the Unit Director or Shift Supervisor 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.<br><br>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, report the incident to the Shift Supervisor, and document the behaviors in an Incident Data Form. The Shift Supervisor would then develop a Safety Plan to ensure the safety of the residents.<br><br>There were no residents that Alliance House determined was subject to substantial risk of sexual abuse during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br><br>Interviews:<br><br>1. Interview with Agency Head<br>2. Interview with Regional Program Director<br>3. Staff Interviews |

| **115.363** | **Reporting to other confinement facilities** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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 Polices: Reporting and Investigating Child/Resident Abuse and Responding to Reports of Sexual Abuse and/or Sexual Harassment, and all Pennsylvania child abuse regulations.”<br><br>An interview with the Regional Program Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual harassment or sexual abuse involving a resident while in another facility. This was confirmed by this auditor by reviewing HCSIS (Home and Community Services Information System) reports that were filed during the past 12 months at Alliance House. |

(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.”

An interview with the Regional Program Director confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. He stated that he would contact the head of the facility where the alleged sexual abuse occurred immediately after being made aware of the allegation.

(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.”

An interview with the Regional Program Director confirmed he would document any notification of alleged abuse in an Incident Data Form, generate a HCSIS report, complete a CY47 form, and contact the Pennsylvania Department of Human Services via the Childline Hotline.

(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.”

The Regional Program Director was able to articulate what his responsibilities would be if he received an allegation from another agency/facility that a resident was sexually harassed or sexually abused while residing at Alliance House. He stated he would immediately generate a HCSIS report, complete a CY47 form, contact the Pennsylvania Department of Human Services via the Childline Hotline, agency investigators, and/or the Pennsylvania State Police – Uniontown Station (if the allegation appeared to be criminal in nature) to report the allegation of abuse. The Regional Program Director stated if the alleged abuser was still residing or employed at Alliance House, a Safety Plan would be developed immediately to ensure the safety of all residents.

Alliance House did not receive any allegations/notifications from other agencies/ facilities that any residents were sexually harassed or sexually abused during the past 12 months. This was confirmed by this auditor by reviewing HCSIS reports that were filed during the past 12 months at Alliance House.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. HCSIS Reports

Interviews:

1. Interview with Regional Program Director

| 115.364 | Staff first responder duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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:<br><br>1. Separate the alleged victim and abuser.<br>2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.<br>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.<br>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.”<br><br>Staff interviewed were able to 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. The staff’s responses were consistent as all staff noted they would separate the victim from the abuser, secure the scene, report the incident to the Shift Supervisor, and document the incident in an Incident Data Form. In addition, all security staff and Shift Supervisors 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.<br><br>There were no allegations of sexual abuse at Alliance House during the past 12 months that required staff to act as first responders.<br><br>(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.”<br><br>Non-security staff at Alliance House have been trained appropriately in the above-mentioned duties as first responders. 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 in an Incident Data Form in the event of an incident of sexual abuse at the facility where they are the first responder. 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 |

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| | security staff, secure the scene until a security staff arrived, and document the incident in an Incident Report.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Alleged Abuse Sexual Assault Checklist<br><br>Interviews:<br><br>1. Staff Interviews |

| **115.365** | **Coordinated response** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “The first responder shall:<br><br>1. Assess the immediate victim safety needs, separating victims and perpetrators to prevent further harm/injury.<br>2. Call for emergency medical assistance if needed.<br>3. Seal/preserve any crime scenes.<br>4. Reference and complete the Alleged Abuse Sexual Assault Checklist and execute the checklist.<br>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).<br>6. Report incident to appropriate outside authorities and investigators.<br>7. Communicate with other staff members as necessary to ensure optimal coordination and confidentiality of interventions.<br>8. The flow of communication is as follows:<br>  1. Unit supervisor<br>  2. Unit supervisor will communicate to program director.<br>  3. Program director will communicate to vice president of residential services.<br>9. Write a comprehensive report of the incident.<br>10. The unit supervisor/PREA compliance manager, in cooperation with the program director, will assign a trained and qualified internal reviewer.<br>11. The reviewer will follow agency policies and procedures related to investigating and produce a report with the determination of their findings.” |

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| | Adelphoi Village has developed a detailed Coordinated Response Plan and an Alleged Abuse Sexual Assault Checklist that is used in all agency facilities. 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.<br><br>Interviews with the Regional Program Director and staff indicated that all are knowledgeable of their responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar with the Coordinated Response Plan and their duties as they were trained in how to respond and what actions to take in the event of an incident of sexual abuse. In addition, a mental health staff was interviewed by this auditor. The mental health staff interviewed was also familiar with the Coordinated Response Plan and her duties in the event of an incident or allegation of sexual abuse at the facility. There are no medical staff employed at Alliance House. Therefore, there were no medical staff for this auditor to interview.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Coordinated Response Plan<br>3. Alleged Abuse Sexual Assault Checklist<br><br>Interviews:<br><br>1. Interview with Regional Program Director<br>2. Interview with Mental Health Staff<br>3. Staff Interviews |

| **115.366** | **Preservation of ability to protect residents from contact with abusers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a - b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment 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.” In addition, this policy states “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.”<br><br>An interview with the Agency Head confirmed this agency/facility has not entered |

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| | into any collective bargaining agreements since August 20, 2012. Due to not having a Union for staff at this facility, there were no contracts for this auditor to review.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br><br>Interviews:<br><br>1. Interview with the Agency Head |

| **115.367** | **Agency protection against retaliation** |
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| | **Auditor Overall Determination:** Exceeds 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.”<br><br>The Unit Director is responsible for retaliation monitoring of both residents and staff at Alliance House. This auditor interviewed the Unit Director and she confirmed she is responsible for monitoring retaliation and has been educated on the signs of retaliation. The Unit 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).<br><br>(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.”<br><br>The Unit Director responsible for monitoring retaliation was interviewed and stated while monitoring retaliation when a resident makes a report, she checks in with the resident who made the allegation on a weekly basis. In addition, she stated that she also reviews progress notes, behavior records, report cards, and educational reports. The Unit Director stated while monitoring retaliation when a staff makes a report, she checks in with the staff who made the allegation on a regular basis. In addition, she stated that she reviews employee attendance records, employee discipline, and employee evaluations. The Unit Director stated retaliation monitoring |

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| | is documented on a PREA Retaliation Monitoring Log and was able to describe this log and how it is utilized.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated and determined to be Unsubstantiated. This auditor was able to review the Retaliation Monitoring Log that was completed by the Unit Director following this allegation to confirm the above-mentioned statements and to confirm that retaliation monitoring was being documented.<br><br>(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.”<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated and determined to be Unsubstantiated. An interview with the Unit Director and a review of resident files, confirmed that retaliation monitoring is being completed as noted in Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy. This auditor requested and received the completed Retaliation Log to review to confirm compliance. It was noted after reviewing the Retaliation Monitoring Log that the Unit Director met with the resident who made the allegation on a weekly basis for 90 days and documented each check in with the resident on the Retaliation Monitoring Log. In addition, she also reviewed behavior reports and educational reports during the monitoring period. These reviews were also documented on the Retaliation Monitoring Log.<br><br>(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.”<br><br>The Unit Director monitors residents and staff for retaliation at Alliance House. This auditor interviewed the Unit Director who monitors retaliation and she stated that she monitors retaliation for a minimum of 90 days after an allegation of sexual harassment or sexual abuse is reported or until an investigation is completed and determined to be Unfounded. In addition, she was also able to describe what she would monitor when completing weekly status checks with a resident or staff member. She noted her weekly status checks, file reviews, incident report reviews, and/or housing change reviews for residents and employee attendance records, employee discipline, and employee evaluations for staff are documented on the PREA Sexual Abuse Retaliation Monitoring Log. This auditor was able to review the |

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| | form and confirmed this form document 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.<br><br>(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.”<br><br>An interview with the Unit Director who monitors retaliation at Alliance House confirmed appropriate measures are taken to protect the resident and/or staff who reports an allegation of sexual harassment or sexual abuse at the facility. She stated the safety of the residents and staff at the facility is paramount and a Safety Plan is developed to protect any individual who expresses fear of retaliation for reporting an allegation of sexual abuse at Alliance House.<br><br>(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.”<br><br>The Unit Director was interviewed and was aware that Alliance House’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 in the resident’s or staff member’s file.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>2. PREA Retaliation Monitoring Log Template<br>3. Completed Retaliation Monitoring Log<br><br>Interviews:<br><br>1. Interview with Person Responsible for Monitoring Retaliation |

| **115.368** | **Post-allegation protective custody** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment |

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| | 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.”<br><br>Isolation is prohibited by the Pennsylvania Department of Human Services 3800 Childcare Regulations. This includes Alliance House and all residential facilities in the Commonwealth of Pennsylvania.<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director 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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Pennsylvania Department of Human Services 3800 Childcare Regulations<br>3. Tour of Facility<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Resident Interviews |

| **115.371** | **Criminal and administrative agency investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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 – Uniontown Station of the allegation if it is criminal in nature and the Pennsylvania State Police – Uniontown Station will take the lead on the investigation. The Pennsylvania State Police – Uniontown Station will work in conjunction with the Pennsylvania Department of Human Services during any criminal investigation at Alliance House. |

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| | Interviews with the Agency PREA Coordinator and Regional Program Director confirmed all allegations of sexual abuse at Alliance House 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 – Uniontown Station by the Pennsylvania Department of Human Services and/or agency investigators. Administrative investigations are completed by agency investigators.<br><br>There was one allegation of resident-on-resident sexual abuse during the past 12 months at Alliance House. This allegation was investigated by agency investigators and was determined to be Unsubstantiated. It was noted that the alleged incident occurred while two residents were AWOL from the facility for several days and were not at the facility. This allegation was also referred to the Pennsylvania State Police - Uniontown Station but there was not sufficient evidence for them to proceed with a criminal investigation.<br><br>(b) Criminal investigations are completed by the Pennsylvania State Police – Uniontown Station in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by agency investigators. If at any time during an administrative investigation, the allegation appears to be criminal in nature, then that allegation is referred to the Pennsylvania State Police – Uniontown Station. The Pennsylvania State Police – Uniontown Station will then conduct a criminal investigation in conjunction with the Pennsylvania Department of Human Services.<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director 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 and/or agency investigators then refer the allegation to the Pennsylvania State Police – Uniontown Station for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is then completed by agency investigators.<br><br>Interviews with two agency investigators confirmed that they complete administrative investigations at Alliance House. Both 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 – Uniontown Station for investigation. All agency investigators completed the PREA investigator training titled “PREA Investigation What Happens After an Allegation” through the Relias Training System. This auditor was provided with training records confirming all agency investigators completed the above-mentioned PREA investigator training.<br><br>An interview with a representative from the Pennsylvania State Police – Uniontown Station confirmed investigators assigned to investigate allegations of sexual abuse at Alliance House have completed training specific to juvenile sexual abuse victims.<br><br>(c) An interview with a representative from the Pennsylvania State Police –Uniontown Station confirmed an investigator would report to the scene of the |

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| | allegation immediately after being notified of an incident of sexual abuse. He stated the investigator 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 – Uniontown Station noted the investigator 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.<br><br>Interviews with two agency investigators who complete administrative 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 witnesses (staff on shift at the time of the alleged incident and other residents who may have witnessed the alleged incident) as part of their investigation.<br><br>(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.”<br><br>Interviews with two agency investigators and a representative from the Pennsylvania State Police – Uniontown Station confirmed investigations are not terminated because the source of the allegation recants the allegation. They noted all allegations are investigated until a determination can be made.<br><br>(e) Criminal investigations are conducted by the Pennsylvania State Police – Uniontown Station. An interview with a representative from the Pennsylvania State Police – Uniontown Station confirmed whenever evidence supports criminal prosecution, he consults with the Fayette County District Attorney to avoid obstacles to subsequent criminal prosecution.<br><br>(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.”<br><br>Interviews with two agency investigators and a representative from the Pennsylvania State Police – Uniontown Station noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. They also stated all investigations are conducted in the same manner, as investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated by agency investigators |

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| | and was determined to be Unsubstantiated.<br><br>(g) All investigation reports are completed by agency investigators (administrative investigations) and the Pennsylvania State Police – Uniontown Station (criminal investigations). At the completion of any criminal investigation, the agency conducts an administrative investigation and prepares an investigation report. The investigation report clearly notes if the allegation was Substantiated, Unsubstantiated, or Unfounded.<br><br>There was one allegation of resident-on-resident sexual abuse reported at Alliance House during the past 12 months. This allegation was investigated by agency investigators, and the allegation was determined to be Unsubstantiated. An investigation report was completed at the end of this investigation and clearly noted the investigative process, determination, and recommendations. This auditor requested and was provided with this investigation report to review and confirm compliance.<br><br>(h) There was one allegation of resident-on-resident sexual abuse during the past 12 months at Alliance House. This allegation was investigated by agency investigators and the allegation was determined to be Unsubstantiated. Following the completion of this investigation, the investigators assigned noted their findings/ recommendations on an investigation report.<br><br>(i) All substantiated allegations of sexual abuse are referred to the Fayette County District Attorney for prosecution by the Pennsylvania State Police – Uniontown Station. This was confirmed during an interview with a representative from the Pennsylvania State Police – Uniontown Station.<br><br>During the past 12 months, there were no allegations of sexual abuse referred to the Fayette County District Attorney for prosecution. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Pennsylvania State Police –Uniontown Station.<br><br>(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.”<br><br>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 Alliance House during the past 12 months.<br><br>(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.”<br><br>Interviews with two agency investigators and a representative from the Pennsylvania State Police – Uniontown Station confirmed the departure of an alleged |

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| | or abuser or victim from the employment or control of the facility/agency does not provide a basis for terminating an investigation. There were no instances at Alliance House involving the alleged perpetrator or alleged victim departing the facility during the past 12 months.<br><br>(l) Adelphoi Village has a signed Letter of Understanding with the Pennsylvania State Police – Uniontown Station which requests the Pennsylvania State Police – Uniontown Station to adhere to the PREA investigative standards. A copy of the signed Letter of Agreement was reviewed by this auditor to confirm compliance.<br><br>(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.”<br><br>The Regional Program Director stated he and the Unit Director maintain contact with the Pennsylvania Department of Human Services and the Pennsylvania State Police – Uniontown Station during an open criminal investigation via telephone calls, emails, and on-site visits. This was confirmed during interviews with the Agency PREA Coordinator, Regional Program Director, and Unit Director. There have been no criminal investigations at this facility during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Management of Investigations Policy<br>2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>3. Letter of Agreement with Pennsylvania State Police – Uniontown Station<br>4. Investigator Training Records<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Facility PREA Compliance Manager<br>4. Interview with Human Resources Representative<br>5. Interviews with Agency Investigators<br>6. Interview with Representative from Pennsylvania State Police – Uniontown Station |

| **115.372** | **Evidentiary standard for administrative investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

(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.”

Administrative investigations are completed by agency investigators. There are three agency investigators at this facility who are trained to complete administrative investigations. All agency investigators completed the PREA investigator training titled “PREA Investigation What Happens After an Allegation” through the Relias Training System. This auditor was provided with training records confirming all agency investigators completed the above-mentioned PREA investigator training.

Interviews with two agency investigators confirmed administrative investigations at Alliance House are completed by agency investigators. Both agency investigators interviewed stated that no standard higher than the preponderance of evidence is used when determining whether allegations of sexual harassment or sexual abuse are substantiated during an administrative investigation. Both agency investigators were also understood the term preponderance of evidence and the difference between criminal investigations (which require proof beyond a reasonable doubt to convict) and administrative investigations (which only require preponderance of evidence to substantiate).

Interviews with the Agency PREA Coordinator, Regional Program Director, and two agency investigators confirmed a detailed investigation report is completed at the completion of any administrative investigation by the agency investigator(s) who investigated the allegation. This investigation report notes interviews that were completed, circumstantial evidence collected during the investigation, if the allegation was determined to be Substantiated, Unsubstantiated, or Unfounded, and recommendations.

There was one allegation of resident-on-resident sexual abuse during the past 12 months at Alliance House. This allegation was investigated by agency investigators, and the allegation of was determined to be Unsubstantiated. The investigation report was forwarded to this auditor for review. This investigation report clearly noted the evidence collected, determination, and recommendations. There were no criminal investigations conducted by the Pennsylvania State Police – Uniontown Station during the past 12 months at this facility.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Investigator Training Records
3. Letter of Agreement with Pennsylvania State Police – Uniontown Station
4. Investigation Report

Interviews:

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| | 1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Agency Investigators<br>4. Interview with Representative from Pennsylvania State Police – Uniontown Station |

| **115.373** | **Reporting to residents** |
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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.”<br><br>All investigations of sexual abuse are completed by the Pennsylvania State Police – Uniontown Station in conjunction with the Pennsylvania Department of Human Services (criminal investigations) and agency investigators (administrative investigations). It was noted during interviews with the Agency PREA Coordinator and Regional Program Director that all residents are notified of a determination following an investigation by the Unit Director. This notification is then documented in a Residential Individual Session Note.<br><br>There was one allegation of resident-on-resident sexual abuse during the past 12 months at Alliance House. This allegation was investigated by agency investigators and was determined to be Unsubstantiated. Following the completion of this investigation, the resident who made the report was notified of the determination by an administrative staff and the notification was documented in a Residential Individual Session Note. This auditor requested and received the Residential Individual Session Note to confirm the resident was notified of the determination at the completion of the investigation.<br><br>(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.”<br><br>During the past 12 months, there was one allegation resident-on-resident sexual abuse at Alliance House. This allegation was investigated by agency investigators and the allegation was determined to be Unsubstantiated. The resident who made the report was notified of the determination during an Individual Session and this notification was documented in a Residential Individual Session Note. |

(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 were no allegations of sexual abuse against any staff member at Alliance House. Interviews with the Agency PREA Coordinator and Regional Program Director confirmed in the event of an allegation of sexual abuse against a staff at the facility, a Safety Plan would be implemented to keep the resident safe. In addition, the staff the allegation was made against would be placed on Administrative Leave.

All investigations of sexual abuse are conducted by agency investigators (administrative investigations) or the Pennsylvania State Police –Uniontown Station (criminal investigations). It was noted during interviews with agency investigators that a detailed investigation report is completed following the conclusion of any investigation. This investigation report includes the determination that was made at the conclusion of the investigation and recommendations. Upon the conclusion of any investigation of sexual abuse, the resident is then notified of the determination and this notification is documented in a Residential Individual Session Note. This signed Residential Individual Session Note is then placed in the resident’s file.

(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.”

All investigations of sexual abuse are conducted by agency investigators (administrative investigations) or the Pennsylvania State Police – Uniontown Station (criminal investigations). It was noted during interviews with agency investigators that a detailed investigation report is completed following the conclusion of any investigation. This investigation report includes the determination that was made at the conclusion of the investigation and recommendations. Upon the conclusion of any investigation of sexual abuse, the resident is then notified of the determination

by an administrative staff and documented in a Residential Individual Session Note to document the resident was informed of the determination. This Residential Individual Session Note is then placed in the resident's file.

There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated by agency investigators and was determined to be Unsubstantiated. Following the investigation, the resident who made the report was notified of the determination and this notification was documented in a Residential Individual Session Note. This auditor requested and received a copy of the Residential Individual Session Note to confirm the resident was made aware of the determination following the investigation.

(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 Agency PREA Coordinator and Regional Program Director confirmed that residents are notified of the results of an investigation in writing. Both the Agency PREA Coordinator and Regional Director interviewed stated at the completion of any investigation, the resident meets with an administrative staff for an Individual Session to learn the determination of the investigation. A Residential Individual Session Note is then completed by the administrative staff who notified the resident noting the resident has received the determination of the investigation. The process described by the Agency PREA Coordinator and Regional Program Director was consistent with Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy.

There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was investigated by agency investigators and was determined to be Unsubstantiated. Following the investigation, the resident who made the report was notified of the determination and this notification was documented in a Residential Individual Session Note. This auditor requested and received a copy of the Residential Individual Session Note to confirm the resident was made aware of the determination following 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. Residential Individual Session Note (Resident Notification)

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Regional Program Director

| 115.376 | Disciplinary sanctions for staff |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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.”<br><br>Interviews with the Agency PREA Coordinator, Regional Program Director, and a representative from Human Resources confirmed any staff at Alliance House 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.<br><br>(b) Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states “Termination will occur in all founded allegations of sexual abuse.”<br><br>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 Alliance House. This was confirmed during interviews with the Agency PREA Coordinator, Regional Program Director, and a representative from Human Resources.<br><br>(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.”<br><br>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 Agency PREA Coordinator, Regional Program Director, and a representative from Human Resources.<br><br>(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.”<br><br>During interviews with the Agency PREA Coordinator and Regional Program Director, it was reported that Alliance House and the Pennsylvania Department of Human Services will contact the Pennsylvania State Police – Uniontown Station to lead any criminal sexual abuse investigation. The Pennsylvania State Police – Uniontown Station will then work in conjunction with the Pennsylvania Department of Human Services throughout the investigation until a determination is made. |

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| | There were no staff reported to the Pennsylvania State Police – Uniontown Station for violation of Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy during the past 12 months at Alliance House. This was confirmed during interviews with the Regional Program Director and a representative from the Pennsylvania State Police – Uniontown Station.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Human Resources Representative<br>4. Interview with Representative from Pennsylvania State Police – Uniontown Station |

| **115.377** | **Corrective action for contractors and volunteers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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.”<br><br>There were no contracted staff or volunteers reported to the Pennsylvania State Police – Uniontown Station for engaging in sexual abuse of residents during the past 12 months at Alliance House. This was confirmed during interviews with the Agency PREA Coordinator, Regional Program Director, representative from Human Resources, agency investigators, and a representative from the Pennsylvania State Police – Uniontown Station.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed that Alliance House would immediately remove the contracted staff or volunteer from the facility, contact the Pennsylvania Department of Human Services |

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| | through the Childline Hotline and/or the Pennsylvania State Police – Uniontown Station (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 contracted staff or volunteer(s) would not be permitted to return to the facility until the completion of an investigation and a determination is made.<br><br>There were no reported instances of sexual harassment or sexual abuse by the approved contracted staff during the past 12 months at Alliance House. This was confirmed during interviews with the Agency PREA Coordinator, Regional Program Director, agency investigators, and a representative from the Pennsylvania State Police – Uniontown Station.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Agency Investigators<br>4. Interview with Human Resources Representative<br>5. Interview with Representative from the Pennsylvania State Police – Uniontown Station |

| **115.378** | **Interventions and disciplinary sanctions for residents** |
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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 “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.”<br><br>During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at Alliance House. This was confirmed through interviews with the Agency PREA Coordinator, Regional Program Director, a mental health staff, agency investigators, and a representative from the Pennsylvania State Police – Uniontown Station. |

b) Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy states “Any disciplinary sanctions shall be 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.”

The Pennsylvania Department of Human Services 3800 Childcare 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 Alliance House. This auditor was able to interview the Agency PREA Coordinator, Regional Program Director, staff, and residents who all confirmed isolation is not used at Alliance House.

(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.”

Interviews with the Agency PREA Coordinator, Regional Program Director, a mental health staff, 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 that the resident’s mental health diagnosis is reviewed and considered during all Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated determination to ensure appropriate discipline was imposed. It was noted that disciplinary sanctions include loss of level, loss of privileges in the facility, and/or removal from the facility. If the allegation is criminal in nature, the Pennsylvania State Police – Uniontown Station would be responsible for filing charges through the Fayette County District Attorney’s Office.

(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.”

There is one mental health staff employed at Alliance House. This mental health staff was interviewed by this auditor during the on-site portion of this audit. This interview confirmed Alliance House does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The mental

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| | health staff interviewed stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.<br><br>(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."<br><br>There were no incidents of resident-on-staff sexual abuse at Alliance House during the past 12 months. This auditor was able to interview the Agency PREA Coordinator and Regional Program Director who 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 the facility prohibits all sexual activity. All residents receive a copy of the Resident Handbook upon their arrival at Alliance House.<br><br>(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."<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director 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 at Alliance House for making a report of sexual abuse in bad faith.<br><br>(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."<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed all sexual activity between residents is prohibited at Alliance House. This is also noted in the Resident Handbook that all residents received upon intake into the facility.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>2. Adelphoi Village Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>3. Pennsylvania Department of Human Services 3800 Child Care Regulations<br>4. Resident Handbook |

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| | Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Mental Health Staff<br>4. Interviews with Agency Investigators<br>5. Interviews with Members of Sexual Abuse Incident Review Team<br>6. Interview with Representative from the Pennsylvania State Police – Uniontown Station |

| **115.381** | **Medical and mental health screenings; history of sexual abuse** |
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| | **Auditor Overall Determination:** Exceeds 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.”<br><br>During the past 12 months, there were 20 residents who disclosed prior sexual victimization while being administered the Vulnerability Assessment Instrument. This auditor interviewed 3 residents during the on-site portion of the audit who disclosed prior sexual victimization during the intake screening, and they stated that they met with a therapist at the facility and were offered a follow up meeting with a mental health/medical practitioner in the community within 14 days of being administered the Vulnerability Assessment Instrument. This auditor was able to review completed Vulnerability Assessment Instruments of residents who disclosed prior sexual victimization and there is a section on each assessment noting that the residents were offered a follow up meeting with a mental health/medical practitioner in the community 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 in the community (in addition to meeting with a therapist at the facility).<br><br>(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 |

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| | days of intake.”<br><br>During the past 12 months, there were 10 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 previously perpetrated sexual abuse prior to their arrival at Alliance House. Residents who previously perpetrated sexual abuse meet with a therapist at the facility and have the option to accept or refuse this follow up meeting with a mental health staff in the community 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 any resident who discloses previously perpetrating sexual abuse on the Vulnerability Assessment Instrument is given the option to accept or refuse a follow up meeting with a mental health practitioner in the community (in addition to meeting with a therapist at the facility).<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator, Regional Program Director, a mental health staff, and staff who administer the Vulnerability Assessment Instrument confirmed any information from the Vulnerability Assessment Instrument is limited to administrative staff and staff who are work at Alliance House. It was noted that 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 a Safety Plan to ensure the safety of the residents.<br><br>(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. Most 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.”<br><br>During interviews with the Agency PREA Coordinator, Regional Program Director, a mental health staff, 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 residents upon intake of their reporting duties.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Stages of Care Policy<br>2. Resident Files |

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| | 3. Completed Vulnerability Assessment Instruments<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Mental Health Staff<br>4. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness<br>5. Interviews with Intake Staff<br>6. Interviews with Residents who Disclosed Prior Victimization during Screening for Risk of Victimization and Abusiveness |

| **115.382** | **Access to emergency medical and mental health services** |
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| | **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.”<br><br>Resident victims of sexual abuse at Alliance House receive emergency medical treatment at one of three Independence Health System hospitals (Latrobe Area Hospital, Frick Hospital, or Westmoreland Regional Hospital) and are offered crisis intervention services from the Blackburn Center. This auditor was provided with Memorandums of Agreement that Adelphoi Village has with each Independence Health System hospital and a Professional Services Agreement that Adelphoi Village has with the Blackburn Center to review and confirm compliance.<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed any resident victims of sexual abuse receive timely, unimpeded medical treatment at one of three Independence Health System hospitals (Latrobe Area Hospital, Frick Hospital, or Westmoreland Regional Hospital) and crisis intervention services through the Blackburn Center.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This allegation was reported several weeks after the incident occurred and the resident refused any follow up treatment. The resident’s refusal of follow up treatment was documented on a Refusal of Medical Treatment Form. This auditor reviewed the completed form to confirm compliance. |

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| | (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.”<br><br>All staff at Alliance House are trained annually in their responsibilities to protect any victims of sexual abuse 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. Staff interviewed also stated they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the Supervisor on shift, and document the incident in an Incident Data Form. 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 would then notify administrative staff and will arrange for the alleged victim to be transported to one of three Independence Health System hospitals for a forensic examination.<br><br>(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.”<br><br>During interviews with the Agency PREA Coordinator and Regional Program Director, they stated any resident victim of sexual abuse at Alliance House is offered timely information and access to emergency contraception and sexually transmitted diseases while at one of three Independence Health System hospitals and during follow-up medical appointments in the community while they are residing in the facility. The Regional Program Director stated that 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 Independence Health System, it was noted they would provide any resident victim of sexual abuse timely information, access to emergency contraception and sexually transmitted diseases, and follow up instructions.<br><br>(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.”<br><br>This auditor was able to interview the Agency PREA Coordinator and Regional Program Director during the on-site portion of this audit and they both confirmed that any victim of sexual abuse with penetration would be transported to one of three Independence Health System hospitals (Latrobe Area Hospital, Frick Hospital, or Westmoreland Regional Hospital) and receive medical and mental health treatment in the community at no cost whether they cooperated in the |

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| | investigation or not, as noted in the Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Stages of Care Policy<br>2. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>3. Memorandum of Agreement with Independence Health System – Latrobe Area Hospital<br>4. Memorandum of Agreement with Independence Health System – Frick Hospital<br>5. Memorandum of Agreement with Independence Health System – Westmoreland Regional Hospital<br>6. Professional Services Agreement with Blackburn Center<br>7. Refusal of Medical Services Form<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interviews with Staff<br>4. Interview with Representative from Independence Health System |

| **115.383** | **Ongoing medical and mental health care for sexual abuse victims and abusers** |
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| | **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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed any resident admitted into Alliance House who has been sexually abused in a confinement facility is referred to a mental health staff in the community 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 Alliance House during the past 12 months. Therefore, there were no residents at this facility 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 Regional Program Director confirmed all residents admitted into the facility are referred to be seen by a mental health staff (Therapist) at the facility (if they have been a victim of sexual abuse in a confinement facility or not). In addition, any resident admitted into the facility who has been a victim of sexual abuse at a confinement facility are also offered a follow up consultation with a mental health practitioner in the community. 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.

(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.”

An interview with a mental health staff at the facility confirmed the services offered to residents at Alliance House are consistent with the community level of care. The mental health staff interviewed noted residents have immediate access to mental health staff while they are residing at the facility. She stated that she can assess residents at the facility in a timely fashion and that residents in need of medical services are referred to a Primary Care Physician in the community and seen in a timely fashion.

(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 auditor was able to interview the Agency PREA Coordinator and the Regional Program Director, and both confirmed that any resident who is a victim of sexual abusive vaginal penetration at Alliance House would be offered a pregnancy test and all lawful pregnancy-related medical services as part of the follow up to the incident. Follow-up services would be provided by a Primary Care Physician in the community as there are no medical staff employed at this facility. There were no incidents of sexual abusive vaginal penetration at Alliance House during the past 12 months.

(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.”

Interviews with the Agency PREA Coordinator and the Regional Program Director confirmed any resident who would become pregnant as a result of sexual abuse at the facility would receive timely and comprehensive information about all

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| | pregnancy-related medical services available to them during follow up appointments with a Primary Care Physician in the community. There were no incidents of sexual abusive vaginal penetration at Alliance House during the past 12 months.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed any resident who is a victim of sexual abuse at Alliance House is offered timely follow-up for sexually transmitted diseases as part of follow up appointments in the community with a Primary Care Physician. This would occur if the victim was tested at an Independence Health System hospital or not.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. The resident victim refused all follow up medical treatment. This refusal was documented on Refusal of Medical Treatment Form.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program 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.<br><br>There was one allegation of resident-on-resident sexual abuse at Alliance House during the past 12 months. This resident victim refused all medical follow up services. This auditor reviewed the completed Refusal of Medical Services Form that was completed to confirm compliance.<br><br>(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.”<br><br>Interviews with the Agency PREA Coordinator and Regional Program Director confirmed any resident-on-resident abuser would be referred for assessment/ evaluation by a mental health practitioner in the community. The mental health practitioner would then assess the resident and complete an evaluation. Recommendations would be included in each assessment/evaluation.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment |

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| | Policy<br>2. Adelphoi Village Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment Policy<br>3. Refusal of Medical Services Form<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator<br>2. Interview with Regional Program Director<br>3. Interview with Mental Health Staff<br>4. Interview with Representative from Independence Health System |

| **115.386** | **Sexual abuse incident reviews** |
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| | **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.”<br><br>Interviews with the Agency PREA Coordinator and Facility PREA Compliance Manager confirmed they are 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 would head the Sexual Abuse Incident Review. Sexual Abuse Incident Reviews are conducted monthly during agency management meetings. It was noted that there is a PREA portion of the management meeting, and this is when any Sexual Abuse Incident Reviews are held.<br><br>During the past 12 months, there was one allegation of resident-on-resident sexual abuse at Alliance House. This allegation was investigated by agency investigators and determined to be Unsubstantiated. Within 30 days of learning the determination, a Sexual Abuse Incident Review was conducted. This auditor requested and received a copy of the completed Sexual Allegion Incident Review form to confirm the Sexual Abuse Incident Review was completed within 30 days of the facility learning of the Unsubstantiated determination.<br><br>There was also another allegation of resident-on-resident sexual abuse at Alliance House that occurred in the weeks prior to the 12-month reporting period. This allegation was also investigated by agency investigators and was determined to be Unsubstantiated. A Sexual Abuse Incident Review was conducted within 30 days of |

learning the determination. This auditor requested and received a copy of the completed Sexual Allegion Incident Review form to confirm the Sexual Abuse Incident Review was completed within 30 days of the facility learning of the Unsubstantiated determination.

(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 are 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 was one allegation of resident-on-resident sexual abuse at Alliance House that was determined to be Unsubstantiated. In addition, there was another allegation of resident-on-resident sexual abuse that occurred in the weeks prior to the 12-month reporting period at this facility. This allegation was also determined to be Unsubstantiated. Sexual Abuse Incident Reviews were conducted within 30 days of learning of the determinations. This auditor requested and received the Sexual Abuse Incident Reviews to confirm 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.”

Interviews with three members of the Sexual Abuse Incident Review Team confirmed the Sexual Abuse Incident Review Team includes the Agency Vice President, Agency PREA Coordinator, Regional Program Director, Facility PREA Compliance Manager, Agency Compliance Manager, Agency Investigators, Agency Medical Director, and Therapist from the facility where the incident occurred.

(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."

Adelphoi Village documents Sexual Abuse Incident Reviews on a Sexual Allegation Investigation Review form. All requirements listed in this standard are reviewed and considered by the Sexual Abuse Incident Review Team. There was one allegation of resident-on-resident sexual abuse at Alliance House that was determined to be Unsubstantiated during the past 12 months. There was also another allegation of resident-on-resident sexual abuse that occurred in the weeks prior to the 12-month reporting period. This allegation was investigated and determined to be Unsubstantiated. This auditor reviewed the Sexual Allegation Investigation Review forms that were completed by the Agency PREA Coordinator following the Sexual Abuse Incident Reviews to confirm compliance with this standard.

The Agency PREA Coordinator noted any time an allegation of sexual abuse is investigated and determined to be Substantiated or Unsubstantiated, a Sexual Abuse Incident Review is held within 30 days of receiving a determination at the completion of the investigation by agency investigators or the Pennsylvania State Police – Uniontown Station.

The Agency PREA Coordinator stated the Incident Review Team consists of Agency Vice President, Agency PREA Coordinator, Regional Program Director, Facility PREA Compliance Manager, Agency Compliance Manager, Agency Investigators, Agency Medical Director, and Therapist from the facility where the incident occurred. Three members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that takes place when an allegation of sexual abuse is determined to be either Substantiated or Unsubstantiated. They all stated the Incident Review Team convenes within 30 days upon the completion of an investigation by agency investigators or the Pennsylvania State Police – Uniontown Station for any Substantiated or Unsubstantiated allegations and recommendations include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. Sexual Abuse Incident Reviews are headed by the Agency PREA Coordinator.

All Sexual Abuse Incident Reviews and findings are incorporated into the agency Annual PREA Report by the Agency PREA Coordinator and submitted to the Agency Head before its dissemination on the agency website.

Reviewed documentation to determine compliance:

1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy
2. Investigative Reports
3. Sexual Allegation Investigation Review Template
4. Competed Sexual Allegation Investigation Reviews

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Regional Program Director
3. Interview with Facility PREA Compliance Manager
4. Interviews with Incident Review Team Members

| 115.387 | Data collection |
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| | **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.”<br><br>Adelophoi Village collects uniform data for all allegations of sexual harassment and sexual abuse. 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 harassment and sexual abuse. The Agency PREA Coordinator is responsible for ensuring all allegations of sexual harassment and sexual abuse are entered into the PREA Database.<br><br>This auditor interviewed the Agency PREA Coordinator who confirmed she collects uniform data for all allegations of sexual harassment and sexual abuse and enters this data into the Adelphoi Village PREA Database. This data is then reviewed and included in the agency’s PREA Annual Report. There was one allegation of resident-on-resident sexual abuse that occurred at Alliance House during the past 12 months. This allegation was listed in the PREA Database.<br><br>(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.”<br><br>An interview with the Agency PREA Coordinator confirmed she is responsible for gathering data on each reported incident of sexual harassment and sexual abuse to |

aggregate an annual report. This auditor was able to review the 2022 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. This auditor was able to review the agency PREA Database and confirmed this database contains all allegations of sexual harassment and sexual abuse for each calendar year. The information captured in the agency PREA Database includes the data necessary to complete the Department of Justice Survey of Sexual Victimization when requested.

(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 resident-on-resident sexual abuse during the past 12 months at Alliance House listed on the database.

(e) This provision 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 submit any Surveys of Sexual Abuse. Therefore, there was no documentation for this auditor to review.

Reviewed documentation to determine compliance:

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

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| | 3. 2022 Adelphoi Village PREA Annual Report<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator |

| 115.388 | Data review for corrective action |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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:<br><br>1. Identifying problem areas.<br>2. Taking corrective action on an ongoing basis.<br>3. Preparing an annual report of its findings and corrective actions for Adelphoi Village, as well as each of its facilities.”<br><br>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 harassment and sexual abuse. There was one allegation of resident-on-resident sexual abuse at Alliance House listed on the PREA Database during the past 12 months.<br><br>(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.”<br><br>Adelphoi Village completes an annual report which details statistics of reported allegations of sexual harassment and sexual abuse. 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 2022 Adelphoi Village PREA Annual Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions. |

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| | (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.”<br><br>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 2022 Adelphoi Village PREA Annual Report is posted on the agency website.<br><br>(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.”<br><br>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 2022 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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Agency Website<br>3. Adelphoi Village PREA Database<br>4. 2022 Adelphoi Village PREA Annual Report<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator |

| **115.389** | **Data storage, publication, and destruction** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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.” |

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| | All data collected at Adelphoi Village facilities is securely retained on the PREA Database titled “Survey of Sexual Violence Summary”. This data is inputted by the Agency PREA Coordinator. Access to the PREA Database is limited to the Agency Head, Agency PREA Coordinator, Agency PREA 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.<br><br>(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.”<br><br>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 2022 PREA Annual Report is posted on the agency website and was reviewed by this auditor to confirm compliance with this standard.<br><br>(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.”<br><br>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. This auditor was able to review the 2022 Annual PREA Report to confirm all personal identifiers were removed prior to posting on the agency website.<br><br>(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.”<br><br>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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Adelphoi Village Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>2. Agency Website<br>3. Adelphoi Village PREA Database<br>4. 2022 Adelphoi Village PREA Annual Report<br><br>Interviews:<br><br>1. Interview with Agency PREA Coordinator |

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| | 2. Interview with Facility PREA Compliance Manager |

| 115.401 | Frequency and scope of audits |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) Alliance House was audited during the first three three-year PREA cycles. This facility was last audited during the second year of the third three-year PREA cycle (audited on June 14 – 15, 2021, and found to be fully compliant on October 17, 2021). This re-audit occurred during the second year of the fourth three-year PREA cycle on February 18 – 19, 2024.<br><br>(b) Adelphoi Village has met this standard by having each of its facilities audited during the first, second, and third 3-year PREA cycles. One third of the agency's facilities were audited during each one-year period of the each PREA cycle (including the current fourth three-year PREA cycle).<br><br>(h) This auditor had unimpeded access to all areas of the facility during the on-site portion of this audit. The administrative team at Alliance House accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.<br><br>(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.<br><br>(m) This auditor was provided with a private area to conduct interviews with both residents and staff during the on-site portion of this audit.<br><br>(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 January 4, 2024). 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 the date the notices were posted (January 4, 2024) 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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Alliance House Pre-Audit Questionnaire<br>2. PREA Audit Notification<br>3. Photographs of PREA Audit Notification |

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| | 4. Tour of Facility<br>5. Agency Website |

| 115.403 | Audit contents and findings |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (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.<br><br>Reviewed documentation to determine compliance:<br><br>1. Agency Website |

| Appendix: Provision Findings | | |
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| **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** | |

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| | 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 | yes |

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| | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | |
| | 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 |

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| | 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 | yes |

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| | functions of the facility? (N/A for non-secure facilities ) | |
| **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 | yes |

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| | 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? | |
| **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: | yes |

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| | Residents who have speech disabilities? | |
| | 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 | yes |

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| | safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | |
| **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** | **Hiring and promotion decisions** | |

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| **(c)** | | |
| | 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 | yes |

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| | employees? | |
| | 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.) | na |
| **115.321 (a)** | **Evidence protocol and forensic medical examinations** | |

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| | 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 |

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| | 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 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 |

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| **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 |

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| | 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 |

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| **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 | yes |

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| | comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | |
| | 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** | |

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| | 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 |

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

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| **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.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| **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 | yes |

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| | the agency attempt to ascertain information about: Age? | |
| | 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 | yes |

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| | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | |
| **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 |

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| **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 | yes |

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| | making facility and housing placement decisions and programming assignments? | |
| **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 | yes |

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| | entity or office that is not part of the agency? | |
| | 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?<br>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** | |

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| | 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** | |

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| | 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 |

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| | 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 | yes |

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| | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | |
| **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 | yes |

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| | 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? | |
| **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 | yes |

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| | the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | |
| | 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 | yes |

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| | accordance with these standards? | |
| **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** | |

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| | 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 | yes |

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| | of sexual abuse, does the agency: Act promptly to remedy any such 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: 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 |

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| **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** | **Criminal and administrative agency investigations** | |

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| **(f)** | | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | 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 | yes |

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| | does not provide a basis for terminating an investigation? | |
| **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 | yes |

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| | 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? | |
| | 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 |

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| **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 |

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| **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 |

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| | 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** | |

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| | 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 | yes |

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| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| **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.) | yes |
| **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.) | yes |
| **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 | yes |

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| | cooperates with any investigation arising out of the incident? | |
| **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 |

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| | 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 | na |

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| | the confinement of its residents.) | |
| **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 | yes |

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| | publication would present a clear and specific threat to the safety and security of a facility? | |
| **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.) | yes |

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| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| **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 |