

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

Interim       Final

**Date of Report**    Click or tap here to enter text.

### Auditor Information

<b>Name:</b> John J. Prebish, Jr.	<b>Email:</b> jprebishjr@gmail.com
<b>Company Name:</b> Prebish Consulting Services, LLC	
<b>Mailing Address:</b> 984 Level Road	<b>City, State, Zip:</b> Lilly, PA 15938
<b>Telephone:</b> (814)-341-5226	<b>Date of Facility Visit:</b> January 28-29, 2019

### Agency Information

<b>Name of Agency</b> Adelphoi Village, Inc.		<b>Governing Authority or Parent Agency (If Applicable)</b>	
<b>Physical Address:</b> 1119 Village Way		<b>City, State, Zip:</b> Latrobe, PA 15601	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> (724)-804-7000		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Agency mission:</b> To assist children, youth and families to overcome social, emotional and behavioral difficulties			
<b>Agency Website with PREA Information:</b> www.adelphoi.org			

### Agency Chief Executive Officer

<b>Name:</b> Nancy Kukovich	<b>Title:</b> President/CEO
<b>Email:</b> nancy.kukovich@adelphia.org	<b>Telephone:</b> (724)-804-7000

### Agency-Wide PREA Coordinator

<b>Name:</b> Jennifer McClaren	<b>Title:</b> Director of Quality Assurance
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<b>Email:</b> Jennifer.mcclaren@adelphoi.org	<b>Telephone:</b> (724)-804-7000
<b>PREA Coordinator Reports to:</b> Mark Mortimer	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 21

### Facility Information

<b>Name of Facility:</b> Manor Secure/Manor Enhanced			
<b>Physical Address:</b> 557 Manor Drive Ebensburg, PA 15931			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> (814)-846-4214			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input checked="" type="checkbox"/> Other (Juvenile Treatment facility)
<b>Facility Mission:</b> To assist children, youth and families to overcome social, emotional and behavioral difficulties			
<b>Facility Website with PREA Information:</b> www.adelphoi.org			
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

### Facility Administrator/Superintendent

<b>Name:</b> Joseph Hinton	<b>Title:</b> Unit Director
<b>Email:</b> joseph.hinton@adelphoi.org	<b>Telephone:</b> (814)-846-4214

### Facility PREA Compliance Manager

<b>Name:</b> Jennifer McClaren	<b>Title:</b> Director of Quality Assurance
<b>Email:</b> Jennifer.mcclaren@adelphoi.org	<b>Telephone:</b> (724)-804-7000

### Facility Health Service Administrator

<b>Name:</b> Heather Kountz	<b>Title:</b> Director of Nursing
<b>Email:</b> heatherkountz@adelphoi.org	<b>Telephone:</b> (724)-804-7162

### Facility Characteristics

<b>Designated Facility Capacity:</b> 15/14	<b>Current Population of Facility:</b> 14/11
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Number of residents admitted to facility during the past 12 months		22/11
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		22/10
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		22/11
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		N/A
Age Range of Population:	12-21	
Average length of stay or time under supervision:		112/32
Facility Security Level:		Secure
Resident Custody Levels:		Dependent and Delinquent
Number of staff currently employed by the facility who may have contact with residents:		13/12
Number of staff hired by the facility during the past 12 months who may have contact with residents:		23/15
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		3/3
<b>Physical Plant</b>		
Number of Buildings: 1		Number of Single Cell Housing Units: 15/14
Number of Multiple Occupancy Cell Housing Units:		0/0
Number of Open Bay/Dorm Housing Units:		0/0
Number of Segregation Cells (Administrative and Disciplinary):		0/0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The facility is equipped with a new camera/CCTV system throughout both the Secure and Enhanced sides of the program. Cameras are all stationary (non-moving) and are located in all hallways, common areas, hallways, classrooms, visiting area, and gymnasium. They cover blind spot areas without viewing bathrooms or bedrooms.</p>		
<b>Medical</b>		
Type of Medical Facility:		N/A
Forensic sexual assault medical exams are conducted at:		Conemaugh Memorial Health System Johnstown, Pennsylvania
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		0/0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		5



# Audit Findings

## Audit Narrative

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

### **Background**

The audit of Adelphoi Village, Inc. Manor Secure facility was completed on January 28-29, 2019 at their Ebensburg, Pennsylvania facility by PREA Auditor John Prebish, a single auditor contracted with the agency. Discussions with the agency began back in April 2018 when the agency began renovating the facility. Over the months to follow the facility had a partial opening in May 2018 and went to full operations in October 2018. Jennifer McClaren, the agency-wide PREA coordinator became my primary point of contact. This is the first PREA audit for this facility, and our contract was signed in December 2018.

The parent company, Adelphoi Village, Inc. a non-profit agency has been in business since 1971 and operates 19 residential sites throughout western and central Pennsylvania specializing in a multitude of juvenile assistance programs. Their Manor Secure facility is their newest facility opening in May 2018. It was previously a juvenile detention facility operated by Cambria County and closed in 2017. Although named "Manor Secure" the facility operates 2 security levels at opposite ends of the facility. "Manor Secure" as it sounds is a secure facility where each resident has their own secured room, the wear institutional clothing, and keep very little items in their room. As a former adult correctional employee, I would identify it as a correctional setting with little free movement to and from room to schooling, program and dayroom. The "Manor Enhanced" is a step-down program similar to a Pre-release setting. Although bedroom doors are secured, the are dorm-looking rooms with less institutional beds, more personal items and the residents wear regular clothing. Some of the residents interviewed indicated they were on the secure side before stepping down to enhanced. They did indicate they were happy with their achievement being able to move to the enhanced program. Although the agency is not new to the PREA auditing system, this is the facilities first audit. The completely renovated facility operates two levels being a "secure" side with a more secure structure and a step down program known as the "enhanced" side, a less secure, more movement (plain clothing) pre-release type system.

Adelphoi has a website listing all of their programs throughout Pennsylvania. The Manor Drive Facility is not included yet, however being new it sometimes takes IT personnel time to establish this.

Prior to the audit I worked with the PREA Coordinator to establish a timeline, sent her postings announcing the audit and notice was posted on December 4<sup>th</sup>, 2018 at the facility. I received a photo showing this showing they were posted in English and Spanish throughout all common areas of the facility. The notice used did include a confidentiality statement for the residents indicating that all correspondence is confidential and would not be disclosed unless required by law. It also included specific legal exceptions for breaking confidentiality including but not limited to immediate danger to the resident, allegations of suspected abuse, or legal reasons where information would be subpoenaed. During the audit period and following the audit, I did not receive any correspondence from residents.

Items requested consisted of:

**A: Pre-Audit Phase: (All necessary items were received by 12/10/18 for the Auditors review)**

- 1) Pre-audit questionnaire given to the facility on November 27, 2018
- 2) Agency/Facility PREA-related policy
- 3) Discussion with Just Detention International (following Onsite Audit)
- 4) A complete employee roster including:
  - a. Agency Director
  - b. PREA Coordinator and Compliance Manager
  - c. Specialized staff (medical, mental health, training, intake staff, first responders, investigators, HR staff)
  - d. Contractors/Volunteers
  - e. Any SAFE/SANE staff or agency they rely on for this
  - f. Staff member monitoring any retaliation issues that would occur
- 5) A complete list of residents at the facility including:
  - a. Those Identifying as LGBTI (none identified)
  - b. Those in Segregation (Note: the facility does not use isolation, no one identified)
  - c. Those reporting any sexual abuse or victimization upon admission ( no one was identified)
  - d. Any with disabilities
- 6) Any grievances and incidents filed in the last 12 months
- 7) Any sexual abuse/harassment incidents reported including alleged, substantiated, unsubstantiated, and/or unfounded over the last year and investigating related to them.
  - a. This includes but is not limited to hotline calls, those reported to staff, 3<sup>rd</sup> party reporting, etc.
  - b. The number of criminal and administrative investigations that were complete or still being processed.
- 8) Multiple documents including policies and procedures for the facility including, but not limited to the following:
  - a. Zero-tolerance policy
  - b. Employee Training
  - c. Resident education and screening
  - d. Facility layout
  - e. Operations policies and PREA-related policies
  - f. Staffing policy
- 9) Facility layout and design

On November 27, 2018 myself and the PREA Coordinator discussed the Pre-audit Questionnaire that they retrieved from the PREA Website and began work therein. During the pre-audit phase, the agency staff sent all documentation securely through encrypted emails and flash drives over using the online system that they haven't used in the past. Upon receipt of the information I was able to review all information on the facility and created a list of questions for the onsite portion of the audit for both staff and I for items to review while at the facility. This allowed me to prepare when entering to see how the policies and procedures worked related to the facility.

During this period, I was able to reach out to the local Police department, Cambria Township and discuss with Chief Gary Makosy their role and the contract they have with the agency. He did confirm this, and it is also noteworthy that he is a certified PREA investigator. I also spoke to Lynn from Victims Services concerning the contract with Adelphoi Manor Secure for hotline services, victims advocate, and support services for victims of sexual assault and violent crimes. She referred me to their website for a full list of services that they will provide to the facility free of charge.

The agency also utilized Conemaugh Regional Health System in Johnstown, Pennsylvania approximately 30 minutes from their facility. Conemaugh has SANE/SAFE program in place and are partnered with Cambria County to provide Sexual Assault Response Team (SART) as well as one of first programs in the area working directly with the District Attorney's office. The county also operates the Cambria County Child Advocacy, a program providing full forensic interviewing along with SANE/SAFE program partnered with Conemaugh and servicing ALL agencies throughout the county including Manor Secure. I spoke with Megan Briggs from the Child Advocacy center regarding the SAFE/SANE Program that is offered through Conemaugh Hospital. She explained that they have a contract with the hospital for services free throughout the county and Adelphoi as well. She indicated that they work hand in hand with the police for forensic interviews and the hospital for the forensic exams. She discussed how they have trained all law enforcement throughout the county via the District Attorney on the services and how the SAFE/SANE program works and how quickly their response is.

### **B: On-site Audit:**

As mentioned earlier, the onsite portion of the audit occurred on January 28-29, 2019 require the two full days. To complete the walkthrough, interviews and review of files. Upon arriving at the facility, I was met by Steve Mortimer, the Program Director for Adelphoi's Residential facilities; Joe Hinton, facility director; and Jennifer McClaren, the agency-wide PREA coordinator. I was given a locked conference room off of the director's office to work out of and secure my items. We began with a brief meeting to discuss the format of the audit.

#### **a: *Onsite agenda***

- 1) Site Review
- 2) Meeting with those 3 for a short question and answer period that included:
  - a. Checklist review
  - b. Question review from Pre-audit phase
  - c. Discussion on the tour and facility challenges as well as setting a timeline for the audit.
  - d. Documentation including records that would be need reviewed including the following:
    - i. Incidents/investigations/hotline calls – All
    - ii. Facility documents used including Intake documents, round logs,etc.
- 3) Discussed logistics of the audit including full access to the facility, practiced based auditing, and set the goals for the audit.
- 4) We discussed if there would be a corrective action period, and also an extended period for receiving the audit as I was under probationary status and there would be an additional time before receiving their report.
- 5) Random Staff Interviews – 13 Interviews
- 6) Resident Interviews – 12 interviews
- 7) Targeted resident interviews – 3
- 8) Secondary question and answer
- 9) Closing session and preliminary reporting

I began my review of the documentation in late December on and off through January. During that period making numerous notes and reaching out to the Jennifer McClaren for any additional information.

#### **b: *Document review***

- 1) Personnel and training – The agency keep automated record keeping on all employee's company-wide and I had the opportunity to review Personnel Records/Training files on 8 staff members on day two. They have 33 personnel at the facility including 13 security staff on Secure side and 12 on the Enhanced with another with four who are cross-trained in both areas. The training records selected covered security personnel through management at the facility. The agency keeps an up to date automated training system from Relias Learning for all personnel listing the date, class name, trainer, the status of the class and the hours attended. It

allows the agency to track the online training and also those classes taught by Adelphoi staff. The staff were selected randomly off the staff roster to include managers and line staff with various start dates, however all employees at the facility are within one year since the facility is newly opened. It should be noted that there are no volunteers at the facility, but there are two contracted teachers contracted via the local Intermediate Unit and both have completed necessary courses in relation to PREA and also the agencies standards and mandatory reporting standards.

**c: Inmate Files**

- 1) A total of six resident files from each side of the facility in random order were reviewed on day two at the facility. One was of a targeted group for filing an allegation against a staff member that was deemed unfounded. The allegation was investigated by the local police and an internal review also occurred. The resident disclosed that he was angry with the employee and filled the report but indicated nothing had occurred. He also made the same statements when I interviewed him. The agency showed documentation that they followed up with the resident and had documented logs following up with the designated retaliation coordinator for this incident.

**d: Grievances and Incident Reports**

- 1) Since opening in May, there were **no** grievances filed and only the **one** incident filed for a sexual abuse allegation. The case was initiated when a resident called the hotline making a sexual abuse allegation. Victims services immediately notified the Cambria Township police of the allegation and they promptly responded to the facility according to Chief Makosy. Upon his arrival, the agency notified facility director, PREA Coordinator, Program Director, and Agency Head. When discussing this issue, Adelphoi staff were not directly contacted by victims' services, but by the police when coming to the facility. During a follow up call with Chief Makosy, he indicated he immediately went to the facility following the phone call to victims' services to investigate the incident. The contract with victims' services does indicate their immediate notification to the facility. I was able to follow up with victims' services about the notification. They indicated they notified the police whom advised them within a few minutes they were on scene and made the notification to the facility and this was done before they made the actual call to the facility. It was discussed that this notification should occur immediately as it is with the police.

**e: Chart outlining reports**

	Sexual Abuse		Sexual Harassment	
	Resident/Resident	Staff/Resident	Resident/Resident	Staff/Resident
Grievances	0	0	0	0
Reports to staff	0	0	0	0
Reported by staff	0	0	0	0
PREA hotline	0	1	0	0
3 <sup>rd</sup> part reports	0	0	0	0
TOTALS	0	1	0	0

**Site Review**

- 1) Enhanced housing unit. On day one we completed the facility tour to review the facility and observe the operations. During this process, I observed staff/resident interactions in day areas, classroom settings, and in a one on one supervision. The facility is clean and well maintained. We first went to the Enhanced section of the facility and observed the majority of the residents in class with an Intermediate Unit 8 Teacher. There was a security staff member positioned in the classroom with the residents and the teacher was located at the front of the room. The door was open to the dayroom where another staff member was completing intake paperwork with a resident at the large table in the center of the room. The resident rooms circled the dayroom and were all secured as I



tried to open the doors. The laundry facilities for this side were in the rear of the left bathroom (2 identical bathrooms on rear wall). According to the sign in chart and discussion with residents they do their laundry under the same rules as bathroom usage, only one at a time with staff approval and sign in and out on the door. The bathrooms resemble that of a school-type bathroom, solid entry door and an enclosed stall around the toilet as well as a full curtain on the shower in the rear of the bathroom all offered complete privacy for the residents. On the far side of the dayroom near the entry hallway was a secure storage room. The room was used for minor storage and their secure medical cart that is moved around the facility by staff only. It is under secure key that must be signed for. This housing unit had a very open floorplan for staff observation in the dayroom but provided for privacy when changing with smaller rectangular windows on the bedroom doors.

- 2) Secure housing unit: We moved to the Secure side of the facility located in the original building. There is a visiting/intake room on the way over isolated in the hallway that is used for both visiting and interviewing new arrivals to the facility. In discussions with the Assistant Director, they will complete all intake information in this room with two staff members sitting at a security table in the room. The room is under camera surveillance as well so he described how only the interview is conducted in this area, any clothing changes occur in the bathrooms of the facility. When entering the Secure side, because it is the older section of the facility the resident rooms are linear style lining the hallway. Each room is security-style with a permanent bed and desk in each, outside view security window and a small rectangular window in the door to provide privacy. There was an individual under one on one watch when we walked through. The resident was getting out of bed and the door remained open and staff sat in a chair in the hallway. In speaking to the staff member, he indicated that the resident would move to the bathroom and then down to the classroom and he would remain with him. I questioned how he would monitor him when he went to shower. He responded that he would allow him to go into the bathroom and he (staff) would pull the large curtain that is right in front of the door to completely close off view of the bathroom. The resident would then close the inner curtain when entering the shower. We were able to view this as the boy moved to the bathroom. The large shower-type tan curtains were efficient in providing the resident with privacy but allowing staff to hear and speak to him. We moved to the dayroom for this section. Also included therein were the Facility Directors office, secure conference, and supervisor's office and storage. Later in the day I observed the residents in this area that doubles as their dining hall. They had assigned seating and three staff members were in the area at all time, sometimes more. While observing, it was evident that the residents follow a strict procedure for use of the dining hall. The cam in single file and went directly to one of the assigned picnic table seats.
- 3) Secure side Classroom/Facility mechanical Area: This area is in the basement of the facility through access off of the housing area hallway. At the bottom of the stairs the classroom is to the right down 10-foot hallway. To the immediate left at the bottom of the stairs is secure storage with personnel property of the residents inside. It is a staff-only room under secure lock. When entering the classroom, there were approximately 7 residents in class with the teacher and a staff member. This room also included security cameras. The residents were in individual desks and the staff member located in the right rear. In a small secure room was the laundry facilities behind locked door. I was instructed that staff member take care of the laundry for the residents therein. Beside that door was a secure door with all mechanical equipment for the facility. It is a secured door opened by the control unit with administrative approval. Located within was their hot water tanks, HVAC system, and electrical equipment. The Director stated that this room is off limits to security staff and residents. The Auditor noted that the stairway to the basement was the only area lacking a security camera. I observed residents moving through this area and staff were kept at both the top and bottom of the stairwell to assure constant supervision as they residents moved through. There were concave mirrors placed at the bottom to give view around the corner into the classroom as well. I did speak with residents about going up and down and both stated that only occurs with a staff member, they are never allowed to go on their own.

- 4) *Medical/food service/recreation/record storage*: As noted throughout the report, there is no on-site medical department at this facility. Staff are responsible for med pass and for the portable medical cart that includes emergency equipment. The facility has a large indoor gymnasium to the rear of the facility that is used in the evening separately for each housing unit. The door is under control lock only given access under approved recreation times and with minimum staffing requirements in place and it included cameras on both sides giving full camera view. The residents had their own “cubby” for their athletic shoes in the gym. I was unable to see the gym in use while on site. The dayrooms in both housing units double as dining halls. Trayed food is brought into the facilities small kitchenette for staging then moved by staff to the dayrooms for the residents. While observing this process there were 2 to 4 staff members present and moving about the day area observing the meal period. Records for all residents were kept digitally on a secure system that Adelphoi Village, Inc. maintained. There were subfiles kept in the director’s office as well as logs for announced rounds, incident reports, and grievances.

**General site review Information** – during the tour the Auditor was give unimpeded access to all areas of the facility. I was able to speak to staff and residents alike and discuss issues. Residents during interviews were ask about a typical day in relation to that specific day and they did not report any deviation in duties, security, or activities. Staff felt the same, indicated that they were aware I was going to be there, but their daily routines remained the same. During the tour I noted there were several posting for the residents to report sexual abuse or harassment in all common areas, day areas, and beside each phone in the facility. The notices were printed in English and Spanish and laminated to keep them from being torn down. The residents were aware of the notices and also the use of the phone system specifically the PREA direct dial extension on every phone including office phones. The Auditor noted in both housing units that female staff members came in on tow of three occasions and announced their presence on the block upon entering. Residents and staff when questioned all could report that this occurs regularly. I discussed and reviewed classification and intake information as well as observed the education process of the residents. There are no specific isolation cells noted and according to the PAQ they do not use isolation. In conversations with staff members in both units about how residents are isolated they all said that it is not used as was noted in resident interviews. There were no visible signs of isolation noted. Being that the facility was remodeled just a few months ago, the camera and security systems are new. The only area deemed to have a “blind spot” was the stairway and operations have been adjusted to assure staff are always in the area as well as mirrors being added to enhance staff view. It is recommended that a camera be placed there with any future upgrades.

### **Interviews, Q&A**

The auditor, PREA Coordinator, and Program Director met to go over my questions and discuss document review and files that would be needed. I was provided with a secure conference room for a and confidential area to work and conduct all staff interviews. Security staff were randomly selected from a provided employee roster and covered all three shifts at the facility including a few newer employees. I utilized the PREA staff questionnaire for this process. All except for 2 employees were randomly selected. The two in question were working the overnight shift and held for me to interview on day one. Of the staff, all worked directly with the residents and were titled as Counselors or Counselor II, based on their seniority status. I selected these individuals from both housing units. Some are specifically assigned to Secure and some Enhanced, while a few are trained to work both areas.

Specialized staff were interviewed as specified by the standards. As with other agencies, some personnel are responsible for than one specific area, and interviews were conducted to reflect that. For example, all personnel are trained as 1<sup>st</sup> responders, select security staff as well as the Assistant Director conduct intakes on new arrivals. When this occurred, I utilized the PREA questionnaire specifically related to that individual.

<b>Staff Interviews</b>	<b>Totals</b>	<b>By category</b>
Random Staff	12	12
Specialized staff	6	6
<i>PREA Coordinator</i>	1	1
<i>PREA Compliance Manager</i>	1	1
<i>Facility Director</i>	1	1
<i>Program Director/Agency Head</i>	1	1
<i>Assistant Director</i>	1	1
<i>Therapist</i>	1	1
<i>Intakes</i>	1	1
<i>First Responder</i>	15	15
<i>Training/Personnel(for HR)</i>	1	1
<i>Contractors</i>	2	2

I was able to review the intake process for all residents and sample the questions the documents that are used throughout this process. I was also able to interview both contracted teachers at the facility on day one. On day two, I continued with a few staff interviews and finished by focusing on the resident interviews. There were 25 total residents at the facility on both days of the audit.

A total of 12 were selected to be interviewed half from the Secure, and the other half from the Enhanced side selecting an age range from oldest to youngest and using the amount of time in the facility to get an accurate measurement. The Auditor received a list of residents the week prior to the audit that had a breakdown of residents, identifying which housing unit (secure or enhanced) they were in, if identified as LGBTI, prior sexual or physical abuse, disabilities, and vulnerability to abuse. Of the 12 selected 4 were within the target range

<b>Categories</b>	<b>Targeted Residents</b>	
	<b>Number reported</b>	<b>Number Interviewed</b>
LGBTI	0	0
Physical Disabilities	0	0
Blind, Deaf, Hard of Hearing	0	0
LEP	0	0
Cognitive disabilities	0	0
Isolation	N/A	N/A
Reported Sexual Abuse	1	1
Vulnerability to Victimization	3	3

There was only one targeted resident to interview whom reported sexual abuse. This individual was interviewed along with his file reviewed. In discussions with the PREA Coordinator regarding targeted residents, she disclosed that no one fell into a targeted range and with the resident list provided screening information on each one and no identifiers were noted for any of the residents. This was also verified when conducting resident interviews. There were 3 whom on their initial screening were listed as vulnerable to victimization and all 3 were included in the interview process. One was reassessed at the facility and was deemed to not fall within this category under the reassessment based on his adjustment while in the facility. When interviewed, these 3 denied any abuse or previous abuse. They all were able to articulate the facilities PREA policy, zero tolerance policy, and multiple ways to report.

The facility has not to date held anyone with disabilities. Through discussions with the Program Director and review of the PAQ, they have not been confronted with a request or transfer of a person with disabilities. Although the facility has one level access for physical disabilities, the classroom for the secure unit is in the basement without elevator access. They are also not blind-equipped and through their selection process would not take these individuals for this facility.

I was able to use the answers from the interviews with the document review and the pre-audit materials to map out the operations of the facility and their PREA status. Throughout the interviews both staff and residents were able to articulate their understanding of the documentation, training, and overall PREA readiness of the facility.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The facility is in rural Cambria County, Pennsylvania and previously served as the county-run juvenile detention facility. The average daily population since opening is 23 residents. The facility is male-only with an age range from 12 to 21 years old. Of the 23, 10% were African-American, 1% Hispanic, and 89% White.

In 2017 Adelphi leased the building from Cambria County and throughout late 2017 and early 2018 the facility underwent a major renovation inside, as well as secure man-trap fencing on exterior egress areas. The facility named for the road it sits up (Manor Drive) has a parking lot to the upper left the roles right to the rear of the facility where the main entrance is. Access is via security gate with camera/intercom access that brings you to a foyer area outside their control center. To the far left is a large indoor gymnasium with a full basketball court. Making a slight right is the locked door leading to the "Enhanced" side of the facility. After a very short hallway, there is an open day room area with secure one-person rooms on both the left and right of the dayroom all doors are secure, and the residents have a dorm-like environment associated with the enhanced, pre-release type of setting. In the rear are 2 bathrooms, one larger with a laundry facility. The bathrooms are one-resident at a time, require permission to enter and must sign in before approval to enter. In the rear right of the dayroom is the classroom for this group of individuals. It is a typical school-type classroom with both the teacher and Adelphi staff present. This enhanced section has a capacity of 14 males, with 11 in house during the audit.

Upon return the foyer where you enter the facility, there is a door and mirrored window directly across from the entrance. This is the control center with a staff member monitoring all CCTV systems and operating all door controls throughout the facility. They have radio communications with all staff as well as phone communications with staff and exterior lines. Turning right in the foyer there is a "sally-port" door, with access insist it to a multipurpose room used for visiting and initial intake with residents when they are transferred in. it is a simple room with security tables and chairs.

Through the next sally-port door leads to the Secure sided. There is a linear hallway with individual housing rooms on each side of the hallway. They have a total capacity for 15 males, with 14 there during the audit. Turning right, the resident's rooms line the hallway that leads to the dayroom and the administrative offices of the facility. These resident rooms are also secured doors, one-person rooms with less property, more cell-like layout. All have security windows and securely mounted beds and desks. Halfway down the hallway was access to a kitchenet with stainless steel industrial appliances line a hotbox, and industrial refrigerator. Meals are contracted out through the local school district that is about 2 miles away. Going down the hallway on the right were bathroom and shower areas. The layout was well designed with 2

shower stalls on the left side, with ceiling to floor sliding curtains that had the same look as a curtain in a hospital room but heavier. These shower curtains divided each shower and the staff area to assure privacy. I liked the design as they were secure at the left and slid to the right, with the farthest being the longest assuring safety and privacy for the two stalls from each other and from staff view. Across the hallway from the bathroom area was a secure door to the basement classroom used for the Secure unit. The only area that presented potential blind spots, the agency had safety mirrors installed at the turn at the bottom to allow staff to see up and at the bottom turning right into the classroom. They also had a policy in place mandating anytime the stairs are used their must be staff in the area during transition up and down. To the immediate left at the bottom of the stairs is secure storage with personnel property of the residents inside. It is a staff-only room under secure lock.

The classroom was a large open school type-classrooms with staff placed throughout during use. When entering the classroom, there were approximately 7 residents in class with the teacher and a staff member. This room also included security cameras. The residents were in individual desks and the staff member located in the right rear. In a small secure room was the laundry facilities behind locked door. I was instructed that staff member take care of the laundry for the residents therein. Beside that door was a secure door with all mechanical equipment for the facility. It is a secured door opened by the control unit with administrative approval. Located within was their hot water tanks, HVAC system, and electrical equipment. The Director stated that this room is off limits to security staff and residents. The Auditor noted earlier that the stairway to the basement was the only area lacking a security camera. I observed residents moving through this area and staff were kept at both the top and bottom of the stairwell to assure constant supervision as they residents moved through. There were concave mirrors placed at the bottom to give view around the corner into the classroom as well. I did speak with residents about going up and down and both stated that only occurs with a staff member, they are never allowed to go on their own.

Back upstairs at the end of the hallway past the bathroom was a secure door leading to the dayroom. Inside were security tables and a tv watching area at the back. On the right side was the facility directors and supervisors' offices along with a secure conference room.

Throughout the facility were secure electronic locking doors, some with fob access, and some with only management fob access. A closed-circuit television system (CCTV) with 40 cameras. They were placed throughout the facility to maximize their view of common areas. Each dayroom had placement at each corner as did every hallway and the gymnasium. Classroom corners had cameras as did every secure door. I also noted that every exit door had camera monitoring on the exterior. All were stationary, non-movable to assure privacy in bedroom and bathroom areas. The curtains and sell doors provided privacy for the residents, and all indicated that they felt they had privacy and were not exposed to staff or other residents. As I toured the facility, I noted the angle of the camera was away from "privacy areas" and while in the control unit I took note of the view to assure privacy. The system is brand new to the facility, monitored from the control unit, director's office, and off-site access is also available to the Program Director. I feel the camera placement was good but would like to see one placed facing up the stairs and at the bottom of the stairs when turning left towards the classroom. Adelphoi has adapted this are via policy and mirrors to meet their needs.

There is a therapist on staff that works with residents in groups in the day areas of both sections and also out of the secure and confidential room on both sides of the facility. She was in the visiting/intake conference room at one point when I was crossing through the facility.

There is not an active medical department on site only the med cart described above instead utilizing Conemaugh Health Systems for hospital in Johnstown and contract with Conemaugh's' Physicians Group for regular doctor services. They maintain an office in Ebensburg. The facility offers mental health services

through their parent agency and through county-offered agencies such as victims services, and Cambria County Behavioral Health.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Adelphoi Village, Inc. renovated their Manor Secure/Enhanced Facility and opened their Secure-side in May 2018, the Enhanced-side in October 2018 and this is the first PREA audit for this facility. Over the past 9-months the facility had one (1) allegation of sexual abuse that was unfounded. The allegation was deemed unfounded after initial criminal investigation by the Cambria Township Police Department. Although unfounded by the police, the agency did put the incident through their Sexual Abuse Incident Review (SAIR) Committee, this is their Agency name for the Administrative investigation as required by the PREA Standards. It is comprised of agency-wide PREA Coordinator, Program Directors that oversee multiple facilities and Facility Director and Assistant.

Overall, the interviews the Auditor conducted with residents reflected that they were aware of and understand the PREA protections and the agency’s zero tolerance policy of the facility. All residents indicated that they viewed what they termed as the “PREA Video” upon intake and some reported that they saw it more than once during their stay at the facility. They reported they received documentation on PREA and their rights under the law. During resident interviews they pointed out various posting about PREA, reporting and various ways to report, most specifically they pointed out the labeled direct-dial one every phone in the facility. They were able to tell this Auditor what they would do to report and who they could tell if sexual abused/harassed and all indicated they felt safe at the facility.

All facility staff interviewed indicated that they had received detailed PREA training and could articulate the meaning of the agency’s zero tolerance policy. They spoke highly about the interactive training program used through Relias Training, Inc. They all could explain their duties as first responders and could answer questions on reporting and investigations, although a few seemed a bit unsure when questioned, but knew the chain of command and relied on taking an issue “up the chain”. The facility has multiple contracts in place to address PREA including investigative services with the Cambria Township Police; Victims Services of Cambria County for hotline, victims advocate and counseling services; and Conemaugh Memorial Medical Center for physician services and SANE/SAFE forensic services.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency is compliant with all Juvenile Standards. It is recommended that the agency consider refresher training for staff, specifically toward their reporting requirements. It is also recommendation that if cameras are added, one should be added to the hallway/stairs bottom for better blind spot coverage

**Number of Standards Exceeded:** 0

Click or tap here to enter text.

**Number of Standards Met:** 41

Click or tap here to enter text.

**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

It is recommended that the facility offer refresher training for all staff on their responsibilities as mandated reporters and also reporting responsibilities under PREA – Recommendation only.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interviews with Staff, PREA Coordinator, and Residents
- 4) Agency and facility organizational chart
- 5) Observations while completing onsite audit

### Provision 1

This Auditor reviewed the Agency-wide comprehensive PREA Policy that within mandates a zero-tolerance policy that prohibits all sexual contact, sexual abuse, and harassment between residents and with employees/volunteers/contractors. The policy breaks down education for staff and residents and trains personnel on prevention related to sexual abuse, harassment, and mandated reporting. The policy addresses staff reporting, resident report as well as 3<sup>rd</sup> party reporting. It identifies the Programs director or designee's response to allegations of abuse or harassment. It identifies the posting of signage, criminal history and background checks, intake screen process and staffing minimums to assure compliance. The agency policy along with Human Resources documentations and handouts to new employees address zero tolerance and mandates criminal history and background checks on all employees, volunteers and contractors.

### Provision 2

Under Section C of the Policy, It discusses the responses necessary to address allegations and reporting as part of the responses including an Administrative review team made of program managers as well as the PREA Coordinator, facility director, and other personnel while describing the role and time lines associated with the process. This is also seen through the agencies organizational chart



showing the flow of personnel responsible for this review and timely action in any case. It spells out the use of the Counties Victims Services and Crisis Intervention personnel as well as the mandated involvement of the PA Department of Human Services for mandated reporting and local law enforcement.

### **Provision 3**

The PREA Coordinator (PC) along with PREA compliance personnel are spelled out in the policy and are charged with the education/training/compliance toward all residents/staff/contractors. This is also spelled out through job descriptions provided via HR. They are given time to establish and assure training is completed for all personnel and proper screening of staff. Each facility with the PREA coordinator will monitor and implement plans for staffing to meet the national PREA standards as well as those mandatory minimum standards required by PA DHS. Each facilities PREA compliance manager along with the PREA coordinator will annually or more frequently review that specific facilities "Operational Vulnerability Assessment", automated data that is kept on the facility keeps. The PC is agency-wide Director of Quality Assurance and addresses all 19 residential facilities. She falls directly under the Chief Operating Officer of the Agency. The PREA Compliance Manager is also the Facility Director with a background for 15 years in Juvenile Detention employed as an assistant director with Justice Resource Institute prior to coming to Adelphoi Village, Inc. in the last 2 years. The both showed a vast knowledge in to the PREA standards specifically the Zero-Tolerance policy.

### **Summation**

Evidence provided in the pre-audit shows a well written zero-tolerance policy and documentation on hand both in the policy and in human resource documentation provided. During the onsite audit, signage was visible throughout the facility. While conducting interviews, all personnel could actively articulate the policy and quote specifics back to me. Residents as well showed an understanding and were able to describe aspects of it and indicated their knowledge of posting and receiving information related thereto. Files showed training records for staff and intake documentation showed resident education as well.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.311 and all aspects therein. There is no corrective action required.

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

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

#### **115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Interviews with Program Director, Facility Director, and PREA Coordinator

### Provision 1

Adelphoi Manor Secure/Enhanced holds those individuals under court order from various counties in Pennsylvania. They work directly with the courts and representatives such as Juvenile Probation and the Counties Protective services/Children and Youth services. This was discussed with both the Program Director and PREA Coordinator when meeting. There are no contacts in place.

### Summation

Through discussion with management and the PREA Questionnaire none of the residents being held at Manor Secure/Enhanced are their under contract with any agency.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.312 and all aspects therein. There is no corrective action required.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Staffing Policy
- 3) Interviews with Staff, PREA Coordinator, and Residents
- 4) PREA Coordinator Job Duties
- 5) Agency and facility organizational chart
- 6) Observations while completing onsite audit
- 7) Pennsylvania Department of Human Services staffing criteria
- 8) PREA policy regarding unannounced rounds
- 9) Unannounced rounds log
- 10) CCTV system placement and viewing
- 11) Adelphoi Manor Secure/Enhanced Procedure Manual

### Provision 1

### 115.313 (a)

This Auditor reviewed the agency-wide PREA Policy along with the agency-wide “PREA Staffing Policy” indicating mandatory 1:8 ratio for waking hours and uses a tighter than required 1:12 ratio for night hours.

According to the Program Director, the agency-wide staffing plan was developed to meet state mandates before PREA was introduced, and it is part of agency policy, reviewed and updated annually as needed. This Auditor has reviewed the policy for staffing, and it indicates an agency-wide policy that shall be adopted to each facility with annual reviews. The PREA Coordinator did indicate that they will begin annual review of agency-wide policy. The existing policy indicates review and update dates, but not origination date.

The facility being recently renovated has a new Closed-Circuit Television system (CCTV) system with video monitoring including all hallways, day areas, classrooms, etc. there are 2 on-site monitoring areas, terabyte recording capabilities along with Program Director off-site monitoring. One area without a camera is the bottom of the stairs to the classroom, where there is a right turn into the classroom however Adelphoi has addressed the issue with staffing standards in the area and mirrors for staff to see around the corner. I would be recommended that if there are any upgrades considered that a camera be placed in this location just for more coverage. The Program Director indicated that the CCTV system is not counted for replacing of staff in monitoring residents, but in addition to.

This Auditor reviewed Pennsylvania Department of Human Services (PA DHS) standards for Juvenile Confinement Facilities, verifying mandated standards that the agency uses. The PREA Coordinator indicated that the Facility was not under any type of findings of inadequacy or oversight from a third party. This Auditor’s research gave negative results for this as well.

The auditor observed supervisors assigned to both the Secure and Enhanced sections of the facility while touring the facility on day one. The Facility Director indicated that there is at least one supervisor per shift in the facility moving between both sides. Policy dictated that supervisors assumed an on-call status every couple weeks should an exigent circumstance arise they will be called in to assure facility staffing numbers were within minimum standards. When this occurred, the issue was documented in the supervisor’s office.

During my walk through and discussion with the contracted teachers, they both indicated that all classes occur on the daylight shift and they are contracted for those hours. The facility assistant director corroborated this information indicating all is done during the day on weekdays. This was noted during my walk through and while at the facility.

**(b)**

The staffing plan is referred to in the PREA Policy and outlines the reporting of exigent circumstances, showing that documentation is required in the form of an incident report and logged in the supervisor’s office should this occur. The facility director explained that if there is a call off for instance they will hold (mandate) an employee(s) to cover until replacement staff could be brought in. He also described the on-call procedures used for supervisors whom could be brought in to fill for security staff to assure full staff compliance.

Although the facility has a recording method for exigent circumstances, they do not have any issues logged. The facility director indicated that they haven’t had to deviate from staffing. Upon question, it is believed that with their on-call status, mandating employees, and the fact that they have just recently moved to full compliment of residents and staff they haven’t experienced this yet.

**(c)**

During the walk-around and throughout the 2-day on site, the staff ratio seen was within the standard, with the Director and Assistant not counted in the ratio but were “extra staff” at that point.

The staff schedule maintained indicated that they keep to minimum staffing ratios (1:80 during daylight and (1:12)that is better than the required 1:16 recommended for evening hours. The Auditor reviewed this in their PREA policy and the facility director confirmed that ratios are always met and their mandating of staff and on-call supervisors have assured they achieve this.

The Facility Director indicated all staff are trained as first responders, but not all are considered in the staffing ratio for security. For example, the Therapist was able to explain the first responder duties, but indicated they she does not work with residents as security in housing units.

The agency and facility along with their Staffing Policy and PA DHS Standard are required t; 1) establish mandatory minimum staffing requirements within the overall agency policy to work for that specific facility and; 2) assure that a staff schedule is posted within 2 weeks to meet requirements. Supervisors are assigned to both the Secure and Enhanced side of the facility and are interchangeable to support each are in its staffing needs

During staff interviews on staffing and how issues are handled if they are short. Some indicated that they are not short-staffed stating that staff are held from the previous shift stating that the supervisors make sure there is an adequate number in place. During some of these interviews staff members were able to give more detail indicating that staff are held over and if replacements could be called in, they are permitted to leave once the mandatory staff level is met. In both case, all staff were aware of the on-call procedure for supervisors to come in should someone have a reason to leave to fill the spot until someone could be brought in.

Any deviation in staffing is recorded in the facility incidents and the Facility and Program Directors are notified. Through review of documentation, there are no incidents of exigent circumstances happening.

**(d)**

The agency-wide PREA Policy also dictates that a review of the staffing plan, patterns and the use of the CCTV by the PREA Coordinator and Facility Director every 12 months or as deemed necessary by either party or the Program Director. According to the facility director, this has occurred on 2 occasions at the facility, initially when opening, and again this past fall when opening the Enhanced side and having full complement of residents and staff. This was discussed with management whom explained their process, but the auditor did not review any documentation.

The PREA Coordinator discussed their Vulnerability report that she generates from data such as this review, and facility concerns like camera placement to make annual adjustments to staffing and facility needs. A copy of this report was provided in the pre-audit phase and reviewed by this Auditor. Based on this information, staffing could be increased if there is a need shown, or in the case of this facility more staff cross-trained to work in both sides of the facility. According to the Facility Director they have made staffing increased based on the additional housing unit opening. Two of the staff I interviewed were recently hired to work the secure housing since the opening of the enhanced and staff were moved there.

**(e)**

The agency-wide PREA Policy outlines unannounced rounds in the facility by upper management personnel, and when speaking to the Facility Director, Assistant Director, and Program Manager they all confirmed that unannounced rounds of both units, housing, day areas, and classrooms are completed regularly. I was able



to verify this through round sheets sent during the Pre-audit phase. I also had the facility director retrieve their round log that was kept in his office. The spreadsheet document had notations from all three individuals for rounds made weekly to by-weekly and done at various times and also shifts assuring there was no pattern in place. I was able to review logs from the last 4 months.

### Summation

Adelphoi has agency-wide policies for PREA and PREA Staffing that is adapted to all of their residential facilities. They break down specifics to meet not only PREA standards but federal and state standards specifically under PA DHS mandating minimum staffing standards and have protocol in place to monitor and adjust for variations if necessary. Their managers and supervisors are available on-call to address any void that would occur. They have a new CCTV system in place with a multitude of cameras and recording necessary to assist with providing a safe environment. Although facility policy covers the stairway and classroom hallway, it is a recommendation of this auditor that a camera be installed at the base of the stairs to cover this area, adding an extra layer of safety.

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

## Standard 115.315: Limits to cross-gender viewing and searches

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

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility 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  No



- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

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

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 44-51
- 3) Agency-wide Procedure Manual, pg.262-267
- 4) Interviews with Staff, Management, and Residents
- 5) HR Attachments
- 6) Search form and Log

- 7) Resident intake screening log
- 8) Observations while completing onsite audit
- 9) Agency-wide PREA Training through Relias online training

## **Provision 1**

### **115.315 (a, b, c)**

The Auditor reviewed the agency-wide comprehensive Procedure Manual PREA standard and their agency-wide PREA Policy, with an expanded view into specifics like searches.

The policies and procedures prohibit all cross-gender body searches (pat/unclothed) by agency personnel. The PREA Policy spelled only “same gender personnel” are permitted to conduct body searches and ALL searches must be approved by a supervisor. A “search authorization form” is used for all searches performed and the agency requires 2 same-gender personnel present when the are completed. All residents indicated during our interviews that they have only been searched by males and females were never present. Staff were able to articulate the policy (both male and female staff) and indicated there is never cross-gender searches.

## **Provision 2**

### **115.315 (d)**

The agency has 3-bathroom areas with shower, one double shower area in the secure and 2 separate identical bathrooms with showers in the Enhanced side. The Auditor reviewed Procedure manual and PREA Policy spelling out that no cross-gender observation is permitted under any circumstances. The Procedure manual describes the use of the facilities under both sides.

During my tour of the facility I observed that the enhanced had closed doors, one person signed in at a time use. The secure side has open door policy with a staff member in the hallway behind a large hospital-type curtain assuring privacy in changing and showering without view of private parts. This is an all-male facility with a majority of the staff being male.

The Auditor read in the agency-wide PREA policy that all female employees are required to announce themselves before entering housing area and also the dayroom areas of the facility. This Auditor observed this on several occasion while onsite, and it was articulated from both staff and residents when questioned.

## **Provision 3**

### **115.315 (e, f)**

This Auditor reviewed the agency-wide PREA Policy and Procedure Manual prohibits searching to determine gender as well as providing direction related to medical exam. When looking at the training curriculum it explains in detail the practice is prohibited, including examples therein.

Outlined in the PREA Policy and Training curriculum provide the standard components used to determine genital status...” questioning the resident, medical file/documentation/and steps for medical exam if necessary”. I also noted that the PREA Policy offer those of transgender and intersex the ability of a gender-specific staff member to make the search less intrusive.

## **Summation**

Staff members including the PREA Coordinator, Program Director, and Facility Director were able to verbalize the components of this standard. In discussions with residents, they could clearly explain that only male staff members conduct searches. The also indicated that during their intake, and on

periodic reviews were ask sexual preference-related questions in relation to PREA. Residents also explained that they were ask questions about intersex and transgender, but at no time were ever physically searched.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.315 and all aspects therein. There is no corrective action required.

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

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

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

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

#### 115.316 (c)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 25
- 3) Interviews with Staff and Residents
- 4) Observations while completing onsite audit
- 5) Pennsylvania Department of Human Services requirements
- 6) Adelphoi Manor Secure/Enhanced Procedure Manual, pg. 16-16, 22, and 115
- 7) Postings throughout facility
- 8) Americans with Disabilities Act
- 9) Intake, Educational, and Vulnerability Screenings

**Provision 1**

The Auditor found that the agency-wide PREA policy and Procedure Manual both have criteria to address ADA issues providing equal opportunity and assistance to address the issues outlined in the standard. Reference in both the PREA Policy and Procedure manual to initial intake screening and therapist review all residents for vulnerability in specific areas including their intake screening documentation, literacy screening, low functioning screening, and medical file review/screening. Screening forms were reviewed by the Auditor for verification.

**Provision 2**

The Auditor determined through review if the Procedure manual that a multitude of testing is offered should the resident be deemed necessary for clinical support (psychiatric, MH/MR, abusive history, etc.). All are explained throughout the PREA policy and Procedures manual. The agency offers services for all areas discussed in the standards, however there were no residents in the past 12 months that required services related to hearing, blind, language barriers, or handicap issues. This was also noted through interviews and file review.

**Summation**

Throughout discussion with Management personnel, they have indicated the ability to have specific interpreters available, and approved for use (background checks, etc.) at the facility but have yet to use them in the settings. They have articulated the procedures with staff for assessment of low functioning or reading/writing barriers and procedures to assist them are in place. The auditor compared the policy and procedure to those questions asked of staff and management and was able to ascertain the components were met. Since opening the facility, they have not had any language barriers, handicap individuals, blind, or deaf residents to activate these services. They do, however offer screen and support for psychiatric, learning disability, and other concerns and disabilities for residents. This was also vocalized when interviewing residents to assistance provided to them.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.316 and all aspects therein. There is no corrective action required.

**Standard 115.317: Hiring and promotion decisions**

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

**115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg.26
- 3) Human Resource
  - a. PREA Attachments 1-4
  - b. Chapter 18 – Employee Discipline
  - c. Chapter 17 – Conflict Resolution
- 4) Interviews with Program Director, PREA Coordinator, and Facility Director
- 5) Adelphoi Manor Secure/Enhanced Procedure Manual, pg. 104-115; 144
- 6) PA DHS Standards for Juvenile Facilities
- 7) Personnel Files – Criminal History checks performed

### **Provision 1**

#### **115.317 (a, b)**

The Auditor first reviewed agency-wide Human Resources information in both the PREA Policy and Procedure Manual, and also the provide Human Resources policy attachments. The agencies policies discuss specifically the “promotion, hiring, and contracting (contractors). The PREA Policy, pg. 26 explains the hiring procedure and that Adelphoi “shall not” hire anyone that falls under the components of this standard. The policy lists hire, promote, and contractor therein as outlined in the PREA standard.

### **Provision 2**

#### **115.317 (c, d, e)**

The Auditor reviewed the PRES policy and HR policy that mandates ALL new employees will have criminal history checks, as well as PA DHS checks (PA Childline) will be done on all new hires, contractors, and volunteers entering the facility. The agency will consult any child abuse registry, and any previous institutions that the individual may have been employee or contracted with. “Criminal Record Checks” performed through the Pennsylvania State Police were present in all staff files reviewed. The Program director spoke on the process used after an individual applies for employment before any interview is conducted the review the State Police information along with contacting PA DHS and examining other reporting agencies. All agencies that the individual previously worked at are contacted as well. The Policy also shows that a 2<sup>nd</sup> check is completed within the 5-year standard mandate.

### **Provision 3**

#### **115.317 (f, g h)**

The Auditor while reviewing the PREA policy and procedure manual discovered the interview criteria for all personnel with direct questions related to the standard concerning any related issues. This is also part of the application process when a potential employee will complete their initial application. Those



existing employees through the Procedure Manual are mandated to notify of any allegation and/or conviction in relation to this standard and other criminal violations.

The Auditor also reviewed Pennsylvania law related to working with children and noted that it is mandated under the law to report. Omissions are also regarded as violations and include up to and including termination. The agency is also mandated under Pennsylvania law and DHS standards to report all violations and terminations of employees for violations under this standard. PA DHS Childline requires reporting and maintains records of all violations to avoid future hiring.

### Summation

The Auditor was able to correlate the standard components were written within the standards, and a detailed hiring procedure was provided by the Program Director. That data along with the personnel files provided gave a clear view into the practice showing that the agency is compliant with the standard. It was clear when analyzing the information that they work to assure compliance with the standard and also Pennsylvania law.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.317 and all aspects therein. There is no corrective action required.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

#### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Interviews with Program Director, PREA Coordinator, and Facility Director
- 4) Facility tour

### **Provision 1**

Before auditing this facility, I was here in April 2018 to discuss contracting to audit this facility and had the advanced opportunity to see the construction phase of the facility. This facility was completely overhauled and renovated in 2017-18 and outfitted with a completely new CCTV system, terabyte recording capability, and inhouse/off site video monitoring.

The auditor reviewed the agency-wide PREA policy that includes the use of CCTV for staffing as included in standard 115.313 and addresses the use of CCTV and the enhancements it can bring to the facility.

### **Summation**

Through a visual walkthrough of the facility and interview with the Program Director it is apparent that the agency through a vulnerability review placed cameras in areas to 1) maximize the protection of residents for both sexual abuse/harassment and from any type of assault. The Program Director discussed the use of stationary cameras to avoid any inadvertent view of staff while dressing or using the facilities. The placement is obvious to cover not only blind spots but common areas to assure safety.

I would recommend placement of a camera at the bottom of the classroom stairs and hallway for added protection, however the present policy and mirror system does meet the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.318 and all aspects therein. There is no corrective action required.

## **RESPONSIVE PLANNING**

### **Standard 115.321: Evidence protocol and forensic medical examinations**

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

#### **115.321 (a)**

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

#### 115.321 (b)

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

#### 115.321 (c)

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

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 5-19
- 3) Agency-wide Procedure Manual
- 4) Interviews with Program Director, PREA Coordinator, and Facility Director
- 5) Contract for criminal investigative services with the Cambria Township Police Department
- 6) Discussion with local police chief and Hospital SANE/SAFE program
- 7) PA Coalition against rape policy

**(a)**

The Auditor discussed investigations with both Program Director and the PREA Coordinator. The both indicated that Adelphoi Village, Inc. handles the administrative end of investigations, this is noted in their PREA Policy and has a section located in their Procedures Manual. Both the PREA Policy and Procedure Manual established a standard for evidence protocol allowing the Auditor to determine the Agency provided information and training to their first responders to secure the scene and physical evidence. The staff training policy for “first responders” address proper methods as well (scene security, clothing, no washing, etc.). During interviews with staff (all levels) they could explain these steps back to the Auditor when asked.

Cambria Township Police Department completes all criminal investigations. Adelphoi has a policy in place called their Sexual Abuse Incident Review (SAIR) that is comprised of agency-wide PREA Coordinator, Program Directors, and selected management personal trained in PREA investigation to handle to administrative investigations working hand in hand with the Cambria Township Police Department who handles criminal investigations. I was provided with a copy of the Memorandum of Understanding signed into effect earlier this year with the police. I did not receive a copy of the SAIR policy but relied on the discussion with the Program Director who explained in detail the protocol.

**b)**

This Auditor was able to speak with Chief Gary Makosy of Cambria Township concerning this memorandum. It is not worthy that I previously worked with Chief Makosy when he worked for the local county as a Detective for the District Attorney. He is a certified PREA Investigator trained in both Adult and Youthful investigations regarding sexual assault. I have personal knowledge the he was certified because of my former role as their county Warden and his investigations at my facility.

Chief Makosy verified that he investigated an allegation at the facility a few month ago that was unfounded, and he filed his report with the facility.

**(c)**

The agency-wide PREA Policy indicates that ALL residents are offered a forensic medical examination outside the facility at a local hospital, specifically Conemaugh Memorial Medical Center located about 30 minutes south of the facility. In discussion with the PREA Coordinator, she indicated that they also have a contract with Physicians group for medical services at a newly build University of Pittsburgh Medical Center (UPMC) about 10 minutes from the facility. The policy does indicate that the services would be offered free of charge to anyone.

Conemaugh Hospital is operated by Duke Life Point offers in coordination with Cambria County a program called Sexual Assault Response Team (SART). The program organized the hospital SANE with law enforcement and a Victims Advocate. According to Conemaugh’s Website, the program is offered 24 hours a day, 7 days a week and free of any charges for exam or associated services.

Because the facility has not had any need for these services, there are no documented efforts to provide the services, however the policy and discussion with the PREA Coordinator verify their steps to assure it is in policy.

The Auditor notes that the agency-wide PREA policy has serviced available, including SAFE/SANE programs with the Conemaugh Memorial Medical Center offering both forensic programs at their hospital, 30 minutes away. The Program Director advised that there have been 0 examines since the facility opened in May 2018.

The Auditor checked with the hospital and reviewed their website and notes that they do offer forensic exams with their SAFE/SANE program and it is available to the Facility.

**(d)**

The Auditor was provided with a contract for Victims Services of Cambria County a community-based non-profit agency that was signed into use in mid 2018. The contract aside from providing for hotline services, also in their Memorandum of Understanding provided for 24/7 certified Victims Advocate service for forensic medical exams, counseling services for victims and court-related victims advocate. The PREA Coordinator reported that their agency maintains seven other contracts for services that would be available but no documentation was provided. She indicated that they would provide emotional support and counseling services and also advocacy programs that work with the Pennsylvania Office of the Victims Advocate.

I spoke with Lynn from Victims Services, Inc. who verified the memorandum with Adelphi Village, Inc. for services at the Manor Secure/Enhanced Facility. She also spoke of the SART Program offered via Conemaugh Hospital and Cambria and how they would offer the services regardless of the contract that is in place. She also indicated the program was in compliance with a rape crisis center and is available through the Emergency Room 24/7.

**(e)**

In exploring Cambria County Victims Services, Inc. and discussing their services with Lynn, their representative she indicated they will provide Victims advocate services immediately at the hospital, for forensic medical examination, follow up medical appointments, criminal and juvenile court proceedings, and complete assistance with police and the district attorneys staff. Through review of the SART website information and discussions with victims' services they offer counseling and emotional support services directly through victims' services and also through Cambria County Behavioral Health. The PREA Coordinator indicated the contract was entered into with Victims Services prior to occupying the facility for both 24/7 hotline calling and victims advocate services.

**(f)**

When this Auditor reviewed the contracts with Cambria Township Police and victims' services there are outlined steps for both agencies to follow. The PREA Policy and Procedures Manual address steps for first responders and the facility -specific duties. In discussions with the Facility Director, they will seek immediate emergency medical assistance. The Police memorandum states:

- 1) The Police will immediately notify the hospital and victims services of the alleged incident and follow up with the hospital and SART staff as soon as possible.

Victims services will upon notification provide victims advocate services and Victims services indicated to me that they will immediately begin SART protocol and that that is a standard procedure for all sexual assault victims entering the hospital.

**Summation**

The information reviewed and discussions local police, local hospital, local victims services agency combined with the statements of the Program Director and PREA Coordinator, The Auditor finds sufficient information that the facility meets the components of this standard. They have an established system and made proper connections to assure the standard.

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

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

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

### 115.322 (a)

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

### 115.322 (b)

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

### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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  No  NA

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 36
- 3) Agency-wide Procedure Manual, pg. 82
- 4) Interviews with Program Director, PREA Coordinator, Facility Director, and police chief
- 5) Incident report form
- 6) Contract for criminal investigative services with the Cambria Township Police Department

Observations of operations

#### **Provision 1**

The Auditor reviewed the agency-wide PREA policy and Procedure Manual, Contract with Cambria Township Police for criminal investigations for this standard. During interviews with the Program Director he articulated the agency policy for immediate notification through the chain of command from the Facility Director to the Program Director. In the last 12 months, there was one hotline filing of an alleged sexual assault. Victims services directly notified the Cambria Township Police upon receipt of the call. The Police notified the facility whom was unaware until that point, however the goal was the same, immediate notification.

The contract with Cambria township mimics the required components of this standard as does the agency-wide PREA Policy.

#### **Summation**

The auditor was able to align the PREA policy, police department contract and the articulation of the interviews with the components of the standard. Cambria Township Police contract completes the requirements for criminal investigations while the agency fulfills that of the needs for the administrative end. agency has a comprehensive policy on criminal and administrative investigations.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.322 and all aspects therein. There is no corrective action required.

## **TRAINING AND EDUCATION**

### **Standard 115.331: Employee training**

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

#### **115.331 (a)**

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No



- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
 Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy
- 3) Agency-wide Procedure Manual
- 4) Training files reviewed on site and maintained
- 5) Training websites data the Relias
- 6) PREA Annual handout
- 7) Discussion with the PREA Coordinator, Facility Director, and Staff

### Provision 1

#### 115.331 (a)

The Auditor was advised through the PREA Coordinator that Adelphoi Village, Inc. has entered into a contract with Relias, Inc. for a multitude of staff-related training including:

- 1) “PREA: Dynamics of sexual abuse In Corrections”, a 2-hour interactive online program covering the PREA Standards
- 2) “Recognizing child abuse”, a 3-hour similar program
- 3) “PREA annual refresher course for 2-hours for all employees.
- 4) “PREA: Staff roles, responsibilities, and reporting”, a 2-hour program.
- 5) New Employee Orientation – 3 hours done inhouse by the agency staff.

The Auditor reviewed Relias PREA training programs on their website and was able to review details of each class outline. Documentation in each employee file and included a review of policies and procedures as well as PREA standards. These programs are developed to meet standard 115.331 (a) needs.

## Provision 2

### 115.331 (b, c, d)

The Auditor reviewed the Agencies training programs that were provided in the pre-audit phase. The PREA Coordinator provided training printouts for selected employees that are tracked electronically with a reminder for any program requiring updating. She also provided documentation on the annually notification for mandated refresher PREA Program through Relias as well as providing a handout (PREA Policy information) to all staff. The training is nongender specific, although this facility is all male, it will cover both male and female to meet the needs of the entire agency.

### Summation

The Auditor was able to review the documentation that shows that employees must meet training needs before working directly with staff. During interviews with staff and management it was articulated that they were not able to be alone initially even after receiving training until they spent x-number of hours with a senior employee or supervisor. The training curriculum developed by Relias meets the standard, and the facility staff indicated they had their own inhouse orientation to meet staff training needs. All staff could tell me what training they had, but a small amount struggled with some of my questions on reporting, and their role. They had to think a bit on if they could or whom they should report an allegation of abuse or harassment to. I must point out that these individuals were relatively new employees and were very nervous. They did know the proper response but had to think a bit on it. Interestingly, they all know they were mandated reporters and offered that quickly. This aside, the facility does meet the standard, but I feel necessary to recommend that the agency give follow up training to staff on reporting and the term they fall under as mandated reporters. They did answer but i believe that giving them a training handout on the duties of a mandated reporter and showing the true lines of reporting would help refresh for them.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.331 and all aspects therein. There is no corrective action required.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 29 section C, 2
- 3) Training files reviewed on site and maintained
- 4) PREA Facility Handouts
- 5) Discussion with the PREA Coordinator and contracted teachers
- 6) Provided documentation of contractors that have read, received and signed

#### Provision 1

The auditor reviewed the agency-wide PREA policy, interviewed 2 contracted teachers working daily in the facility, and reviewed pre-audit signed documentation on the contractors. The teachers were able to explain their training, describe the Zero-tolerance policy in relation to the residents at the facility. All volunteers and contractors must receive the handout and training or the policy instructs that they will not be permitted in prior. There are presently 3 contractors at the facility, the 2 teachers and one Communications worker that works with cameras and facility security. 2 have all day contact with the residents, and 1 is in sometimes less that 2x per month.

#### Summation

The Auditor was able to connect the agencies PREA policy, training standards and the vocalized information from the contractors to meet the components of this standard. The contractors were able to articulate the training the received that met the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.332 and all aspects therein. There is no corrective action required.

### Standard 115.333: Resident education

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

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

**115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

**115.333 (c)**

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  Yes  No

**115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 29 section C 2
- 3) Resident Files
- 4) PREA Training video
- 5) PREA Facility Handouts
- 6) Discussion with the PREA Coordinator, Assistant Director, Intake staff
- 7) Discussion with Resident
- 8) Posted information (PREA hotline, Zero-tolerance, agencies, etc)

#### (a)

The Auditor reviewed the agency-wide PREA Policy that indicated that all residents will receive PREA related training during their initial intake process, resident files/intake screen documents, PREA video, and discussed the standard with staff and residents.

During resident interviews they indicated they did watch the video on PREA when they arrived at the facility. When asked to be specific, most stated the same day I came in, a few stated the thought they were pulled out 4 or 5 days after coming in and interviewed by staff and read the PREA Policy. When discussing the video, all residents stated they could understand the content and indicated that it covered the facilities zero-tolerance policy, ways to report, and what happens should they report.

This was given to the inmates both in a document and via the video according to the assistant director.

**(b)**

The Auditor reviewed the agency-wide PREA policy that spelled out that all information related to their right to be free from sexual abuse/harassment be provided to the residents in a clear form for age appropriate residents to understand within 10-days of commitment to the facility but as soon as possible. Policy covers their right to be free from retaliation for reporting. Residents indicated that they met with staff members in the 10-day period and were asked questions and provided with more documents on what they termed as "PREA".

This auditor discussed the video with the assistant facility director as well as intake staff whom all indicated that they have showed the video themselves. They document and review the Resident PREA Form with the residents and have them sign that they received the necessary documentation. During resident interviews, they were able to verify this as well as explain back to me they reviewed the zero-tolerance policy, they had the right to be free from sexual abuse/harassment and retaliation.

**(c)**

According to the Facility Director all residents have received this training. Of the residents I interviewed they all indicated they have received the training as well. In reviewing the population list I received, there is notations therein showing that all residents have completed the process, and some have gone through it a second time while moving from Secure to Enhanced.

I asked how residents are treated when transferred here from another facility even that operated my Adelphoi Village, the intake staff stated all are treated as new and put through the same process as a new commitment. Two of the residents I interviewed indicated they were transferred here from another facility and both did receive the same intake process as all other residents.

**(d)**

The assistant director and intake staff member indicated that information is provided in both English and Spanish through documentation, the agency-wide PREA Policy also indicates this. The agency does not have any products in place for someone who is deaf and indicated that initially. They however can be completely selective with residents they will accept at this specific facility and would not hold someone who is hearing impaired transferred in.

They do not have any visually impaired individual at this time and when asked of the facility director, they were not sure that they would have any placed due to their selection process, however they indicate through policy that they have the ability to address their needs. They list the video could be heard and the intake documents read to the individual. This Auditor feels that someone who is blind would be housed in a different facility better equipped for that person.

I discussed the issue of those with learning disabilities with both the assistant director and therapist. The therapist explained that she meets with all residents after their intake and would readdress the requirements of the PREA standard. She was able to explain the steps of the initial PREA intake requirements back to me. She spoke of working with individuals when needed to explain the rights that they have and the steps available under the PREA policy.

**(e)**

The agency-wide PREA policy outlines requirements for the facility to assure proper records related to education of the residents. This was listed and also discussed with the facility director and PREA Coordinator. I was provided with copies of the PREA Screening from intake that they have each



resident sign. Samples of the 10-day information sheets that were signed by the residents were provided. I could also view the data on their resident list as well as the vulnerability report.

**(f)**

During the facility tour, I noted multiple posting in each dayroom, classroom, and hallway of the facility when resident would have ample opportunity to see. The posting included the zero-tolerance policy and included their right to be free from any sexual abuse/harassment/and retaliation for reporting such incidents. Residents also indicated when interviewed they were aware of the information.

Residents I interviewed could vocalize the steps of the video and the discussions with staff. They All (100%) interviewed indicated that they received this information initially when coming to the facility, and more information within the next couple days (4 to 5). One resident I spoke to had been on the Secure side and was stepped down to the Enhances side and indicated he went through all the PREA information and video again when transferred over.

### **Summation**

The Auditors was able to take the documentation along with staff and resident interviews and align them to meet the standard. Although they have not had any dealing with residents with disabilities, the information meets the components of the standard for compliance.

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

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

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

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

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### **115.334 (b)**

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA



- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 30, section C 3 and pg. 31 section D 1a.
- 3) Agency training documentation
- 4) Training Files
- 5) Discussion with the PREA Coordinator and Program Director
- 6) Agency-wide Procedure Manual

#### Provision 1

The Auditor reviewed pre-audit information regarding the agency having 7 individuals whom are certified investigators under the PREA standards. I also reviewed the Agency-wide PREA policy and Procedure Manual, training files and interviewed management staff. The policy detailed the components of the standards, as did the discussion with the Program Director whom serves on the agency-wide Investigative committee.

The Auditor learned from the Program Manager that the 7 trained investigators serve on the investigative committee. He indicated that those investigators were all trained in certified DOJ PREA Investigator Training Sessions.

## Summation

The Auditors review of documentation along with the interview with the Program Director gave a clear picture of the agencies standard for investigative training. Through their own certified investigators, the local police chief, and the documented policies, the facility is in compliance with this standard. The facility is under the umbrella of the Agency will conduct the administrative portion of the investigations through their investigative committee that does involve management employees with investigative certification. With that said they do not have to meet portions of the standard as they are covered by local police, however they do have certified investigators available for the administrative portion.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.334 and all aspects therein. There is no corrective action required.

## Standard 115.335: Specialized training: Medical and mental health care

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

### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- 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?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 30 section A5
- 3) Agency training documentation
- 4) Interview with the Facility Therapist
- 5) Discussion with the PREA Coordinator and Program Director
- 6) Agency-wide Procedure Manual

#### Provision 1

##### 113.335 (a)

The Auditor reviewed the agency-wide PREA policy, section C 5 indicating that all full and part time medical, and mental health personnel are trained to meet PREA standards, agency-wide procedure manual, and interviewed the Facility Therapist, PREA Coordinator, and Program Director. Manor Secure/Enhanced does not employ any medical personnel but does have a Therapist on staff. Through the interviews with her, she could accurately articulate her training, specifically the same as all employees, including Zero-tolerance, first responder, etc. The Program Director indicated that as with security staff the therapist is given training in detection of an incident, how to preserve evidence, whom to report to, and how to deal with juvenile victims. The agency spells out specific training designed for Medical and Mental Health personnel that is given via their main office in Latrobe, Pennsylvania.

##### 113.335 (b)

This section is not applicable.

### 1113.335 (c, d)

The agency does offer their Therapist the same training as all other personnel utilizing the online Relias training program. If the facility would use contractors in this capacity they would also be trained in the same manner as indicated in the PREA policy.

### Summation

The auditors review of the documentation on medical staff training and the interviews with key staff linked the components of this standard together to meet this standard. In my interview with the Therapist, she was able to explain her training in relation to this standard, as well as articulate her understanding of duty to preserve evidence, detect signs of abuse, whom to report to and how to deal with juvenile victims. She indicated that she was a mandated reporter and have various certification prior to working for Adelphoi that were PREA related specifically in dealing with juveniles.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.335 and all aspects therein. There is no corrective action required.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

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

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

## Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 31, Section 1(a, b, c,); section 2 (a, b, c, d)
- 3) Intake Screening and vulnerability forms
- 4) Facility vulnerability Assessments and spreadsheet
- 5) Discussion with the PREA Coordinator and Assistant Facility Director
- 6) Interviews with residents
- 7) Agency-wide Procedure Manual pg. 30-32

### Provision 1

#### 115.341 (a, b, c)

The Auditor reviewed the agency-wide PREA policy and Procedure Manual intake screening documents, vulnerability assessments, and interviews with the PREA Coordinator, Assistant Facility Director, and residents. Of the residents interviewed all indicated their reviews took place within the first 24 hours of their being sent to the facility. The data in the records indicated the this as did the interview with the Assistant Facility Director whom oversaw all intake procedures.

Although there were not any new residents coming in, I was able to have the Assistant Director walk me through the process. Residents are interviewed for risk assessments for victimization and sexually aggressive behavior. Information is obtained through medical record review, questions with the residents and review of or having a psychological evaluation completed. The objective screening includes questions on previous sexual abuse or victimization. At this point they are screened for sexual preference and status that they may identify (LGBTI). The Intake Screening documents used by the agency are kept confidential with the resident files. During this process the document the resident height, body stature, and any disabilities. The Procedure Manual pages 30-32 identify this intake screening in depth listing screening for learning disabilities, cognitive functions, IQ scoring, and identifies reassessment standards and timelines.

Residents interviewed were able to vocalize their experience with the process and confirmed the process as required via the standard.

The facility has intake staff trained both through their training standards and also under PREA standards to specifically screen on those vulnerability issues. The Assistant Facility Director completed screening and oversaw those staff completing them as well.

## Summation

The agency-wide PREA Policy and Procedure Manual were shown through the screening forms and articulated through the resident interviews and the intake instructions provided by the Assistant Director aligned the components of the standard. The PREA Coordinator provided examples of the vulnerability assessment spreadsheet that is utilized to gather data and identify any problem areas or concerns with residents. The data gives them the opportunity to have further evaluations and assessments or further training for the residents. This automated tracking provided valuable information is assuring not only resident safety but allows the agency to identify areas to focus education and also staff training to better serve the residents.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.341 and all aspects therein. There is no corrective action required.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)



- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  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?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy, pg. 31, Section 2,a
- 4) Intake Screening Forms
- 5) Facility vulnerability Assessments and spreadsheet
- 6) Interviews with Residents

- 7) Discussion with the Program Director and PREA Coordinator
- 8) Agency-wide Procedure Manual pg. 33-37

**Provision 1**

**115.342 (a, b)**

The Auditor reviewed the agency-wide PREA policy page 32, section 2-a, Procedure manual, vulnerability assessment, along with interviews with the Program Director and PREA Coordinator.

The PREA Coordinator verified that the information from the vulnerability assessments is used for housing, educational placement, work assignment, etc. While the standard addresses isolation, the facility and agency do not isolate, however keeps the individual separated, utilizing their classification system and supervision to provide safety. the individual identified are not restricted from programing, education, or recreation activities.

**Provision 2**

**115.342 (c, d, e, f, g, h, i)**

The Auditor used the agency-wide procedure manual, discussions with the PREA Coordinator and compliance manager, and residents. The interviews with the PREA personal indicated how the information is used for those identified as LGBTI through their vulnerability assessment but does restrict housing or program placement specifically on that criteria.

Both staff and resident interviews revealed that isolation is not used at the facility. The assessment tool provided safety precautions to be established.

During the tour of the facility the auditor noted that all housing is single cell-type allowing for each individual privacy. The same is true for bathroom and shower usage, all residents are given the ability to use the facilities privately without viewing from staff and other residents alike. Under sections H and I, the agency does not use isolation for any of their residents.

**Summation**

When looking at this standard, there were a few things to consider. First, although the facility addressed the standard, the isolation factor changes the dynamics of how it works at the facility. The review of documentation was matched with that of the employees and residents, and all did confirm that isolation was not used.

The standard speaks of isolation. By not using this component, it does not mean the facility is deficient, only that this component is not used, thus meaning the facility is compliant with this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.342 and all aspects therein. There is no corrective action required.

## REPORTING

### Standard 115.351: Resident reporting

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

**115.351 (a)**

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy, pg. 31-33, Section E 1, 2, 3
- 4) Resident and visitor postings in the facility
- 5) Interviews with Residents
- 6) Staff Interviews
- 7) Victims Services of Cambria County contract for hotline services
- 8) Discussion with the Program Director and PREA Coordinator
- 9) Agency-wide Procedure Manual pg. 33-37

**(a)**

The Auditor reviewed the agency-wide PREA Policy describes multiple ways for residents to privately report including via the hotline, through a 3<sup>rd</sup> party, via a grievance form through their grievance policy, or privately to a staff member. Residents during interviews at first reaction pointed to a telephone where every phone in the facility had a PREA preprogrammed button that call ed Victims Services 24-hour line. When pressed on the issue, they all provided various examples including telling your parents, telling a trusted staff member, or filing a grievance and placing it in the box or even giving it to a supervisor. While at the facility this Auditor did use phone and call the hotline. The phone was answered by victims services and I explained that I was testing the system for Manor Secure in Ebensburg and was completing their PREA audit.

The facility does provide was to privately report retaliation as provided in their policy and articulated by residents whom all again indicated they could call the PREA line, file a grievance, or call their parents or attorney. A couple of the residents reported how they monitor retaliation by having a specific manager meet regularly with anyone who reported. The PREA policy spells out the monitoring steps and private ways to report retaliation, neglect, or abuse and many of the residents felt that telling that individual would be kept confidential.

**(b)**

The PREA policy includes steps for this. The PREA Coordinator explained their main way to report is the hotline with victims' services and the residents have access to report through Childline operated by the PA Department of Human Services. Each system allows the residents to report anomalously as well. The residents have access to the phone and their address is posted available for residents to write to them if they choose. Their information is provided as well, and the resident could explain to me their ability to use it.

No one at the facility according to the program director is being held for civil immigration purposes.

**(c)**

The Auditor reviewed the agency-wide PREA Policy that states staff will accept reports of sexual abuse/harassment made verbally, written, anonymously, or from a 3<sup>rd</sup> party. During interviews with staff, all were able to articulate this including that they would first notify a supervisor or director them immediately place it in a written report as required for facility record.

**(d)**

The procedure manual and PREA policy both described the facility grievance system and the process for residents to use it and staff responses therein. Residents knew of the grievance system, although none had used it to date. They could explain the form and told me they would put them in the box, but most would just hand them in to staff. Residents indicated that they are provided with grievances, request slips, and

paper/pencils on a regular basis and would have the ability to write. Mail materials are provided to them as well should they want to report that way.

**(e)**

In discussions with staff, they all indicated that they could confidentially report an incident to their supervisor on behalf of a resident or if a resident came to them wanting to report on behalf of another it would be kept confidential. The Facility Director could easily explain the process of a report being forward to him and they beginning the investigation process being able to keep the process confidential.

**Summation**

The documentation that was provided was verified by both staff and residents at the facility. They were able to articulate steps to report, and residents appeared comfortable in using the multiple methods to report. They did not appear to have any reluctance to report to any staff member if they needed to. The same was true with staff, they could identify facility PREA reporting standards and all went on to explain their roles as “mandate reports” under PA DHS and all understood how they were mandated to report in the facility and through PA Childline.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.351 and all aspects therein. There is no corrective action required.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned

upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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



**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy, pg. 32, section 3a
- 4) Client Grievance Procedure
- 5) Interviews with Residents
- 6) Staff Interviews
- 7) Discussion with the Program Director and Facility Director

**Provision 1**

**115.352 (a, b, c)**

The Auditor through the pre-audit material and discussions with the PREA Coordinator that the facility is not exempt from this standard. The Auditor reviewed their use of the grievance system in the Agency-wide PREA Policy page 32, section 3a, their "Client Grievance Procedure, that goes into more detail on the process. According to the PREA policy, staff shall accept all grievances and must act on the grievance immediately. The Client Grievance Procedure lists that anyone can file a grievance on their own behalf and any that is related to sexual abuse or harassment can have the assistance of a 3<sup>rd</sup> party. During interviews with residents, they could discuss the grievance system and know about it but no one has used the system. The Facility Director confirmed that no grievances filed over the past year. He was able to articulate the policy has no limitation for residents, the can still report sexual abuse/harassment without using the grievance system and indicates that the grievance is not referred to the staff member whom may be involved.

**115.352 (d, e, f, g)**

The Auditor interviewed the Program Director, reviewed the PREA Policy listed above, and the Client Grievance Procedure list above. As the system has not been used at his facility yet, the Program Director explained the components related to time lines for filing and answering. He confirmed a 48 hour turnaround with and official response within 5 days from Adelphoi Village, Inc. and general grievances within 90 days with up to a 70- day extension.

The Auditor notes that the PREA Policy and Client grievance policy (CGP) address 3<sup>rd</sup> party filing. This is found on pg. 33 section 4a, and in detail in the GCP. These 3<sup>rd</sup> party filing can occur and the policy addresses that all are logged and that a resident can have it not acted on, but it becomes part of the grievance log. The Procedure manual outlines discipline and does include for "bad faith". The Program Director discussion provided that say if a parent wanted to file a complaint, it does not have to be on the form, can be done verbally or in writing. There was not data to review as indicated earlier, no grievances requests for relief have been filed by a resident or 3<sup>rd</sup> party.

**Summation**

The Auditor was able to evaluate the written procedure and compare it to interview information received as well as how it is handled agency-wide. The facility through use of the Agency-wide PREA ang Vlient Grievance Procedure falls within the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.352 and all aspects therein. There is no corrective action required.



## Standard 115.353: Resident access to outside confidential support services and legal representation

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

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

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

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Pre-audit provided materials
- 3) Agency-wide PREA Policy, pg. 57, section 2d, 1 & 2
- 4) Interviews with Residents
- 5) Posters/posting throughout the facility
- 6) Victims Services of Cambria County Contract
- 7) Discussion with the Facility Director and Therapist

**(a)**

The Auditor reviewed the agency-wide PREA Policy page 57, the agreement the facility has with Victims Services, interviews with residents, and Facility Director. Victims services information is available at the facility posted for residents with addresses as well as the hotline for them to call. The contract lists therein the services of the victims advocate as well. The Childline service also will provide such information and is available to residents. Victims Services is associated with national services including the Cambria County SART team that provides victims advocate.

The facility does not hold residents for civil immigration purposes.

In speaking with victims' services and the facility staff, all calls to victims services through the hotline are confidential as are any letter sent to them by a resident. The stated that is a standard feature that they require with any contract they have. The phone call is a direct dial, pre-programmed button on the phone that does not require a PIN number and is a free call. Any mail going out is considered as legal mail and not subject to any searches.

**(b)**

The residents understand that somethings they do will be monitored. When speaking with them they indicated they were told that phone calls can be monitored, so they believe all calls are monitored/recorded. When speaking to staff and also victims' services, they indicated that specific calls such as hotline calls, and attorney calls are NOT monitored or recorded. The residents did understand that if staff had knowledge of a sexual abuse/harassment they are mandated to report as part of their job.

**(c)**

The memorandum with victims' services covers emotional support services through language in the contract. In discussions with the PREA Coordinator she indicated they have an additional 7 contracts with victim-type agencies they are available to the facility that provides for counseling and victims advocate. I did note in postings throughout the facility there were toll free numbers available for the residents to call for assistance. The numbers were for victims advocate/counseling/support services. I did not have the opportunity to review these contracts.

**(d)**

The agency-wide PREA policy indicates that residents will have full access to their attorneys and/or legal representatives, in many cases their Probation/Parole officer. Residents when questioned indicated that they can call their attorney any time and that they are confidential calls. The facility staff confirmed that they have allowed the residents calls to their attorneys and they do give them privacy in doing so.

Same is true regarding their parents or guardians. Residents expressed that they have not had any issues with contacting or seeing their parents.

### **Summation**

The auditor was able to view the policy, see signage and informational posters about the facility for residents, and compare with the interview information and make a determination that the facility is in compliance with this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.353 and all aspects therein. There is no corrective action required.

## **Standard 115.354: Third-party reporting**

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

#### **115.354 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### **Auditor Overall Compliance Determination**

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

### **This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 33 section 2b
- 3) Interviews with PREA Coordinator and Residents

- 4) Facility postings
- 5) Adelphoi website - [www.adelphoi.org/prea/](http://www.adelphoi.org/prea/)

**Provision 1**

The Auditor reviewed PREA Policy pg. 33, section 2b refer to 3<sup>rd</sup> party reporting is listed as fellow residents, family members, staff members, attorneys, or other advocates may assist or report on behalf of a resident any incident of sexual abuse/harassment. The policy also indicates the grievance system could be used as well as verbal reporting to staff, via the hotline, or directly to PA DHS. The agency website [www.adelphoi.org/prea/](http://www.adelphoi.org/prea/) also provides a directory of agencies that someone could report to. It also lists specific police departments for area-specific facilities.

**Summation**

The agency provides sufficient information to meet this standard through information in policy and on their website. During interviews residents were aware of the postings and their right to report on behalf of another and also that someone including family could report on their behalf.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.354 and all aspects therein. There is no corrective action required.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

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

**115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Human Resources PREA Policy handout – Section #4
- 3) Human Resources Policy – Mandated Reporting of suspected child abuse – Child Protective Services Act
- 4) Agency-wide PREA Policy, pg. 35, section F, 3 d-e
- 5) Interviews with PREA Coordinator, Facility Director, and Program Director
- 6) Interviews with staff
- 7) Relias PREA Training Curriculum

**Provision 1**

The Auditor reviewed the agency-wide HR Policies list that all employees immediately report any incident of sexual abuse, harassment, including knowledge, suspicion, or information. I also reviewed the agency-wide PREA policy, the Relias training curriculum, and conducted interviews with the PREA Coordinator, Facility Director and staff. During staff interviews, they could articulate their responsibilities in reporting, and doing so immediately. All except one understood the meaning of mandated reporting, use of the hotline, and their requirements under PA DHS reporting. The facility director articulated steps that are taken when reports are made and discussed the confidentiality in the report, as did staff. He was able to articulate the Human Resources and Investigative response to monitor for 90 days to assure that no victim is retaliated against and monitor staff and resident involvement. All staff under PA DHS are classified as mandated reports and HR policy indicates to the employee that they are a mandated reporter must follow these steps: 1) immediately report to PA Childline (800)-932-0313; 2) immediately notify supervisor or person in charge; 3) form CYS 47 (PA state form) must be submitted within 48 hours of the report. Discussing the HR policies with the Facility Director, he indicated that all employees, no matter title are mandated under this including medical and mental health.

**Provision 2**

The Auditor reviewed the agency-wide PREA policy pg. 35 section 3 d-e and interviewed the Program Director. The director identified that he or his designee will notify the residents parents/guardian, welfare agency if applicable and/or juvenile court. He confirmed that the PREA policy indicates that all allegations will be reported to local law enforcement for review. This was also articulated during staff interviews with lower line staff and the PREA Coordinator. Various examples were asked, and all lead to the same responses with mandated reporting. The Facility Director expanded on the retaliation issue on how a manager is assigned to work directly with the resident over the 90-day period and report directly to the Program Director and Human Resources.

**Summation**

The Auditor triangulated the information of the standard with the written PREA policy and the information gathered from interviews with staff and residents to confirm the facility is in compliance with this standard. There are steps built in that both management and line staff could discuss and give feedback on.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.361 and all aspects therein. There is no corrective action required.

## Standard 115.362: Agency protection duties

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

### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 34, section 2
- 3) Interviews with PREA Coordinator, Facility Director
- 4) Interviews with staff
- 5) Interview with targeted resident
- 6) Staff PREA Training and facility orientation

### Provision 1

The Auditor reviewed the agency-wide PREA Policy indicates that “when Adelphoi Village learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident in accordance with Adelphoi Village Policies: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment and Responding to Reports of Sexual Abuse and/or Sexual Harassment”.

Staff interviewed were able to vocalize their understanding of protecting the resident and all through their responses were confident in their role as a guardian, per say, to assure the safety of the residents. The one resident that filed a sexual abuse complaint this year was also able to articulate the agencies response to the alleged incident and their response to his needs.

### Summation

The Auditor was able to show through the data provided and interviews with both staff and residents that the facilities response is within the components of the standard. Staff interviewed were able to vocalize this procedure of the facility and as a mandated reported under PA DHS as well as part of their PREA and initial facility training. Through document review and interviews there is substantial information to show that the facility meets this standard. Over the past year there were no incidents falling within this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.362 and all aspects therein. There is no corrective action required.

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 34, section 3 a-e
- 3) Interviews with Program Director

### Provision 1



The Auditor reviewed the agency-wide PREA Policy, pg. 34, section 3 a-e and interviewed the Program Director. The agencies policy spells out: "Upon receiving an allegation that a resident was sexually abused while confined to another facility, the Program Director that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred. Allegations of sexual abuse and/or sexual harassment shall also be reported in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse and Responding to Reports of Sexual Abuse and/or Sexual Harassment, and all Pennsylvania child abuse regulations".

The Agency policy provides for the Agency Director or their designee to follow the following steps:

"b. Notification to the facility head or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

c. The facility shall document that it has provided such notification. This information shall be documented as an incident data.

d. The facility head or agency office that received such notification from Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards.

e. Adelphoi Village is responsible to investigate and report in accordance with the PREA juvenile standards when notification is received from another facility."

The Program Director acting as the Agency Director could easily explain the above process fo both addressing an issue and reporting an issue to another facility.

### **Summation**

The Auditors evaluation of the overall policy and information provided from the Program Director pulls the information together for the facility to meet basis of this standard. Although they report not having any incidents in the past year, the Program Director provided detailed steps of the procedure.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.363 and all aspects therein. There is no corrective action required.

## **Standard 115.364: Staff first responder duties**

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

#### **115.364 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 35, section 4 & 11
- 3) HR PREA Policy for all employees
- 4) Interviews with Facility Director
- 5) Interviews with Staff
- 6) Employee Training Documents – First responder duties
- 7) Agency-wide Procedure manual

#### Provision 1

The Auditor reviewed Agency-wide PREA Policy pg. 35, sections 4 & 11, reviewed training documentation, conducted interviews with staff and reviewed Human Resource material provided during the pre-audit. The PREA policy explains that, "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with Adelphoi Village Policies: Reporting and Investigating

Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment, Responding to Reports of Sexual Abuse and/or Sexual Harassment and DHS Child Abuse Regulations” The policy also instructs the employee to separate the alleged abuser and victim, preserve and protect the crime scene, calls for the collection of physical evidence (clothing, not washing or brushing teeth, going to the bathroom, drinking or eating.

The Policy gives direct statements to the employee specifically, “The Employee Shall:’, including the above information including contacting emergency medical, immediate notification of supervisor or Facility Director, seal the scene, notify the authorities, and notify additional staff to assist with the incident. Staff interviewed were able to recite the specific criteria that make of the components of the standard. They appeared well trained in this area and also understood with their responsibility was.

### Provision 2

The interview with the therapist reviled her understandings of her duties as a first responder, and could provide feedback, in detail as to the steps she would follow, specifically those in the policy the are part of this standard.

### Summation

The Auditor feels the policy criteria and the information feedback from all staff interviews knowing their roles as first responder was clearly understood by all and they could when ask give specific detail to responding to a sexual assault in the facility, this meeting this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.364 and all aspects therein. There is no corrective action required.

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) Manor Secure PREA-Audit Questionnaire

- 2) Agency-wide PREA Policy, pg. 35, section 5
- 3) HR PREA Policy for all employees
- 4) Interviews with Facility Director
- 5) Interviews with Staff
- 6) Employee Training Documents – First responder duties

**Provision 1**

The Auditor reviewed the agency-wide PREA Policy that outlines the following: “The Employee Shall:”, and also includes contacting emergency medical, immediate notification of supervisor or Facility Director, seal the scene, notify the authorities, and notify additional staff to assist with the incident.

Additional steps include:

- 1) Reference and complete the Alleged Abuse Sexual Assault Checklist and execute the checklist.
- 2) Request victims not to take any actions that could destroy physical evidence (including washing, brushing their teeth, changing their clothes, urinating, defecating, drinking or eating).
- 3) Report incident to appropriate outside authorities and investigators.
- 4) Communicate with other staff members as necessary to ensure optimal coordination and confidentiality of interventions.
- 5) The flow of communication is as follows:
  - a. Unit supervisor
  - b. Unit supervisor will communicate to program director
  - c. Program director will communicate to vice president of residential services

When this Auditor interviewed staff as with standard 115.364, they could articulate the steps outlined from the PREA Policy, as well as that of the Facility Directors responsibilities.

**Summation**

The Auditor found sufficient evidence to show staff knowledge of the PREA policy is evident and the necessary tools are in place to meet the standards as outlined in their PREA Policy and was easily articulated among staff interviews.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.365 and all aspects therein. There is no corrective action required.

**Standard 115.366: Preservation of ability to protect residents from contact with abusers**

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.366 (b)**

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Preliminary discussions with the PREA Coordinator
- 3) Interview with the Program Director

### Summation

During preliminary discussions with the PREA Coordinator and while interviewing the program director he reiterated that the agency does not have any collective bargaining units within including Manor Secure/Enhanced and have no issues therein.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.366 and all aspects therein. There is no corrective action required.

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures 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  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy, pg. 36, section 7
- 3) HR PREA Policy for all employees
- 4) Interviews with Facility Director
- 5) Interviews with Assistant Facility Director

#### Provision 1

The Auditor reviewed the agency-wide PREA Policy pg. 36, section 7 indicates that, “Adelphoi Village shall ensure all residents and/or staff who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation in accordance with Adelphoi Village Policies. Unit supervisors/compliance managers will be designated as the monitors for possible retaliation and will report all suspicion of retaliation to the program director”. The unit supervisor by agency definition is the Facility Director. In discussion with him he could verify this status as the monitor for the facility.

#### Provision 2

The Auditor reviewed the agency-wide Human Resources PREA policy, section 4 provides for 90 days of monitoring by the Human Resource Department and the Facility Director for any retaliation from the report of sexual abuse/harassment by staff or residents. I also interviewed both the Facility Director and Assistant Director regarding this standard. The Director indicated via policy that he is charged with monitoring for 90-days as stated in their PREA Policy. Because there was one allegation filed against the Director that was unfounded, the Assistant Director was the official charged to monitor the resident for th 90-day period.

#### Provision 3

The Auditor discussed monitoring with the Facility Director and Assistant Director regarding the PREA Policy component regarding monitoring. The Director indicated via policy that he is charged with monitoring for 90-days as stated in their PREA Policy. Because there was one allegation filed against the Director that was unfounded, the Assistant Director was the official charged to monitor the resident for th 90-day period. He was able to give knowledge of the procedure and PREA policy.

## Summation

The Auditor found that the agency-wide PREA policy and HR policy provide necessary detail for the standard as did the Directors and Assistants knowledge on how to properly assure someone is free from retaliation thus meeting the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.367 and all aspects therein. There is no corrective action required.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Interview with Facility Director
- 3) Interview PREA Coordinator
- 4) Interview with Program Director
- 5) Interviews with staff and residents

### Provision 1

The Auditor first reviewed the information provided in the Audit Questionnaire during the pre-audit phase. The agency responded that isolation is not used at the facility marking the standard as not applicable. I interviewed the the Facility and Program Director and PREA Coordinator they do not use isolation in any form at the Manor Secure/Enhanced Facility. While touring the facility the Director pointed out that all housing area were single-person units with intensive staff monitoring. It was also noted that they conduct one to one staff monitoring for individuals instead of isolation. It was noted while observing the facility that there were no isolation areas apparent and residents under special



sanctions like one to one staffing were able to move to necessary programing with that staff member. He indicated that although permitted to, they had and agency-wide policy not to use isolation in any form, but address issues in a different manner.

### Summation

It is this auditors' findings that the facility meets the requirements of this standard for the following reason. First, the standard is built to assure that no resident is punished for being a victim or making a report, and second to assure that the resident received necessary programs (i.e. medical, educational, need-based programing). The agency is able to meet the components of this standard by not isolating at all.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.368 and all aspects therein. There is no corrective action required

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside 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  No  NA

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg. 13, section a1 and 37, section g1, a-e
- 3) Interview PREA Coordinator
- 4) Interview with Program Director
- 5) Procedure Manual
- 6) Facility Contract with Cambria Township Police Department
- 7) Interview with Chief Makosy, Cambria Township Police
- 8) Review of alleged sexual assault - unfounded

#### (a)

The Auditor reviewed the agency-wide PREA Policy, it offers criteria for investigations at the facility indicating that the will investigate all incidents promptly, thoroughly and objectively, referring to law

enforcement when necessary. It indicates that the county child and youth agency along with Cambria Twp. Police will be brought in to assist. In my interview with the program director, he discussed the agencies SAIR program as described earlier and how they will immediately organize to begin an investigation if an allegation is made. He discussed that once the incident comes to light, the Cambria Township Police department is notified and brought in immediately and given full access to investigate the incident, speak to witnesses, the victim, and the alleged perpetrator. The program director provided ample information concerning the SAIR although I did not have the ability to review any manual or directive on its policy.

When I spoke to the resident who filed the allegation via the hotline, he did indicate that with in a very short period (could not give an exact time) of time the police officer came to see him at the facility.

The Auditor observed in the agency-wide PREA Policy that ANY allegation provide will be investigated and deemed as founded or unfounded, no matter how it was received by the facility. The program director when questioned was able to vocalize this was agency-wide policy.

**(b)**

The program director indicate that they have 7 certified PREA investigators agency-wide that are part of they SAIR team. The memorandum with the Cambria Township Police Department is for criminal investigations, and does not specify "PREA Certified", however the Police Chief is a certified PREA investigator and indicates he was trained in adult and juvenile work.

**(c)**

Agency-wide PREA policy specifies that staff be trained in the perseveration of evidence including physical and DNA. This was articulated during staff interviews with those trained as first responders. They could articulate how to keep clothing secure, not clean up the area and assure the victim did not wash. The program director spoke about the CCTV system and how everything is backed up on digital data storage and available to download a copy. This was also discussed with Chief Makosy on evidence collection and preservation related to his training as a police officer and through the PREA investigators training.

The Police department is responsible under memorandum of understanding to take the lead in all investigations until deemed not criminal. According to their chief, they will enter the scene, secure evidence, and interview the victim, perpetrator, and any witnesses to the alleged incident. He indicated that during the normal course of an interview he would request any previous complaints on the individual.

**(d)**

Chief Makosy indicated that he and his department will complete all investigations they begin. He indicated that some would take longer than other depending on the circumstances, evidence and statements given. The same appeared true for the facility and their administrative investigations. After the one alleged incident that was deemed unfounded by the police when the resident indicated the report was false due to him being upset with a staff member, the agency continued to follow their investigative protocol until completion.

**(e)**

Because the police complete the criminal investigation in the process, they then take the lead according to the program director. That being said, the make the decision to pursue the charges with the district attorney for prosecution.

**(f)**

The program director indicated they look at each resident on a case by case basis, and are not bias to anyone. The protocol is followed for each individual the same.

There is no information listed for polygraph in the policy, nor do the police use the same before moving forward. Chief Makosy indicated that a polygraph is not part of their investigative protocol.

**(g)**

The Program director indicated that the final phases of the SAIR investigation it to 1) determine preventative measures; and 2) to determine if policy or staff error or negligence contributed to the action. Chief Makosy stated that this is something they review as well to assure criminal negligence is not related to staff.

During our discussion the Program director discussed how they have to wrap up all investigations that are started and develop a conclusion with recommendation (if any). He indicated they will then deem the investigation closed.

**(h)**

Chief Makosy indicated that all their criminal investigations would end with a report being filed to the facility. He said they use standardized police reporting software that would include the incident, those involved including witnesses and all interviews, and a list of physical evidence recovered. I was not able to see one of these reports while completing the audit.

**(i)**

Both the police chief and program director when questioned on if a substantiated investigations are referred for prosecution, the both stated yes they would.

**(j)**

According to the PREA Coordinator reports submitted to the agency are kept according to the PREA standard plus 5 years after released or employed. The PA DHS standard mimics this as well.

**(k)**

The agency-wide PREA policy indicated that any investigation will be completed no matter if either the abuser or victim have left or been removed from the facility. In interviews with Chief Makosy, the program director, and PREA coordinator they all explained that the investigation would continue fully until completed.

**(m)**

Agency-wide PREA policy give full cooperation to the police department conducting the investigation and state they the facility will provide information and full access to the facility. The memorandum with the police department spells out the departments responsibility to keep the agency "in the loop", When questioned, Chief Makosy confirmed this.

## **Summation**

The policy and document review along with the answers provided from the Police Chief and Program Director have let the auditor to evidence that the agency meets the requirements of this standard regarding criminal and administrative investigations. The written policy and the ability to articulate this were clear.

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

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg. 37, section 2
- 3) Information provided on unfounded allegation
- 4) Interview with Program Director
- 5) Interview with Gary Makosy, Cambria Twp. Police Chief

### Provision 1

The Auditor reviewed the Agency-wide PREA Policy, pg. 37, section 2, that states, "Adelphoi Village shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". During Interviews both the Program Director and Police Chief were able to vocalize this as part of their procedures for investigations. The indicated that as with the case that was unfounded this year, all steps were followed with the resident.

### Summation

The PREA policy and the information provided from interviews shows that the facility follows and understands this section and are in compliance with the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.372 and all aspects therein. There is no corrective action required.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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  No  NA

#### 115.373 (c)

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

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

### 115.373 (e)

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

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg. 9 section E 1-6; pg.37, section 3
- 3) Interview with Program Director
- 4) Interview with Facility Director and Assistant Director
- 5) Interview with targeted resident

### Provision 1

The auditor reviewed the Agency-wide PREA Policy, pg. 37 section 3 that indicated, “Following an investigation into a resident’s allegation of sexual abuse alleged to have occurred in an Adelphoi Village facility, the facility shall report to residents in accordance with Adelphoi Village Policy: Reporting and Investigating Child/Resident Abuse, Sexual Abuse, and/or Sexual Harassment”. I also reviewed page 9, section E 1-6, a more comprehensive outline with all required reporting requirements of the standard.

### Provision 2

I discussed the provisions of this standard with the Program Director and facilities Director and Assistant director. Each could articulate the policy as written, the Program Director added examples of their reporting from their incident earlier this year. I conducted a follow up interview with the resident making the allegation. He reported that the Program Director and Assistant Facility Director reported to him at different times regarding the incident as well findings.

### Summation



The Auditor through review of policy and interviews this auditor was able to link the policy with the response of personnel in following the standard. There is evidence to show that adequate reporting to the resident occurred.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.373 and all aspects therein. There is no corrective action required.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg.37, section H 1-a, b, c
- 3) Interview with Program Director
- 4) Human Resources Discipline Policy
- 5) Human Resources PREA Policy, sections 5-6
- 6) Interview with Facility Director

**(a)**

This Auditor reviewed the agency-wide Human Resources PREA Policy and also their Staff Disciplinary Policy. I also reviewed the agency-wide PREA Policy pg. 37 section H 1-a, b, c, "Disciplinary Sanctions for Staff", giving detail that all employees will be subject to disciplinary action up to and including terminations.

I discussed the process with the Facility and Program directors on the policies. The Program director explained that there are several levels addressed in their policy, however under both the PREA and facilities zero-tolerance policy, they would be terminated.

**(b)**

Termination according to the Program Director would be presumptive for the zero-tolerance violation and the fact the PA Department of Human services states that an individual convicted in relation to a child abuse/sexual abuse shall not be permitted to work in any such facility in Pennsylvania.

**(c)**

The HR PREA policy does describe levels of disciplinary sanctions regarding issues of sexual abuse/harassment. The policy specifically addresses the zero-tolerance and sexual abuse/harassment issues with staff/residents. Under the Pennsylvania Office of Labor Relations, they describe disciplinary sanctions against an employee must be standardized and equal when administered. The Program director indicated that Adelphi followed these guidelines in their policies and the PREA standards.

**(d)**

Policy dictates that all information on ANY allegation is reported to law enforcement for investigation. The program director explained that this is mandatory in all cases and would occur upon immediate notification of the incident. I asked what if you learned about an incident of sexual abuse from 3-months ago and the employee is no longer working here, and his reply was "yes" it would happen in all cases. He again referred to the zero-tolerance policy.

The Program director indicated that PA Department of Human Services mandates every licensed agency within the state to immediately notify them of the violation, the individual and whether they were terminated and/or disciplined as well as the status of the criminal investigation. I was able to find this information through internet research of PA DPW.

### Summation

Upon review of the policies and having the Directors vocalize the information back, I see that the elements of the standard are in place and there is an understanding by personnel as to the process that could occur for an employee.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.376 and all aspects therein. There is no corrective action required.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg.38, section H, 2 a-b
- 3) Interview with Program Director
- 4) Interview with Facility Director
- 5) Interview with 2 contracted personnel

**Provision 1**

This Auditor reviewed agency-wide PREA Policy pg. 38 section H, 2 a-b, “Corrective action for Contractors and Volunteers”, stating that anyone with inappropriate contact with a resident will be referred to law enforcement for prosecution as well as reporting to any licensing authority.

**Provision 2**

Interviews with the Facility Director reiterated this information. When interviewing the contracted School Teachers, they both were able to vocalize this and also offer up that as teachers their license would be revoked. They provided detail that each class has Adelphoi security staff positioned in the room and when working one on one, they are available as well. They were able to explain reporting steps the the agency-wide PREA Policy required for staff, contractor, and first responders.

**Summation**

The auditor was able to review the policy and see the components of this standard were present therein. The interviews with various individuals provided the auditor verification of the policy.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.377 and all aspects therein. There is no corrective action required.

**Standard 115.378: Interventions and disciplinary sanctions for residents**

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

**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

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

### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 6) Manor Secure PREA-Audit Questionnaire
- 7) Agency-Wide PREA Policy pg. 10, sections F, 1-3
- 8) Interview with Program Director
- 9) Interview with Facility Director
- 10) Interviews with residents and targeted resident

**Provision 1**

This Auditor reviewed agency-wide PREA Policy pg. 10 section F, 1-3, “Interventions and Disciplinary Sanctions for Residents”, that includes each specific step of the standard looking at the resident’s history, providing educational and recreational programs, considering mental health issues, and assuring medical and mental health visits as needed. Cases of “good-faith” reporting are not looked at as a disciplinary issue. The policy also prohibits any sexual contact even if consensual.

**Provision 2**

When the Auditor reviewed of pre-audit information and inhouse documentation, it was noted that the agency does not use isolation and has not had any reports of resident on resident abuse in the previous year. Although their policy allows for disciplinary standards for false reporting, they did not use it in their one, unfounded report filed this year. In discussion with the resident filing the report, he openly admits it was false and only done because he was mad, but indicates he received no disciplinary sanctions. The Facility Director was able to verbalize the components of the policy and how they applied to the standard.

**Summation**

The auditor was able to review the policy and see the components of this standard were present therein. The interview with a targeted resident provided background to the agencies policy that the do not isolate for discipline and do not always place disciplinary sanctions in place.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.378 and all aspects therein. There is no corrective action required.

**MEDICAL AND MENTAL CARE**

## Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency Vulnerability Assessment

- 3) Agency-Wide PREA Policy pg. 38, sections I, 1-3
- 4) Facility-Wide Procedure Manual, "Clinical" and "Medical" section on medical and mental health services
- 5) Interview with Therapist
- 6) Informed Consent/Confidentiality Form

### **Provision 1**

This Auditor reviewed agency-wide PREA Policy pg. 38, sections 1-3, Medical and Mental Healthcare listing the prompt access to medical and mental health services to include ongoing care for sexual abuse victims and abusers. The Vulnerability Assessment is a tool to screen for previous sexual abuse, victimization, and potential abusers, and has been completed on ALL residents. The agency-wide PREA Policy requires its completion during initial facility screening. The facility Therapist during her interview indicated that through the Vulnerability Assessment will establish within 14 days screening for those whom are previous victims or deemed as a previous/potential abuser. The Informed Consent Form is completed with each resident and the Therapist during their initial intake.

### **Provision 2**

The documentation along with interviews with the Facility Therapist aligned the information in the standard with the procedures in house. She was able to explain the process within the Policy. M I was able to review the Vulnerability assessment information that is gathered on all residents at the facility.

### **Summation**

The auditor was able to review the policy and see the components and how they work. The therapist was able to articulate the policy and how the vulnerability Assessment data was used, providing additional data that fulfills the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.381 and all aspects therein. There is no corrective action required.

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

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

#### **115.382 (a)**

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

#### **115.382 (b)**

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



- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

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

#### 115.382 (d)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-Wide PREA Policy pg. 38, Section I, 3
- 3) Contract with Victims Services of Cambria County
- 4) Agency-Wide Procedure Manual – Medical and Mental Health Services
- 5) Interview with the Facility Director
- 6) Interview with Program Director
- 7) Visual observation of an emergency medical incident
- 8) SAFE/SANE Posters in facility

#### Provision 1

This Auditor reviewed agency-wide PREA Policy pg. 38 section I, 3, “Medical and Mental Health Care” and outlines unimpeded access to emergency medical and mental health care by residents. Victims Services contract offers victims advocate, and counseling services. The SAFE/SANE posters in the facility provide residents with another level of information on the standard. The Facility Director during his interview was able to vocalize the agency offered complete medical care as needed to all residents. He went on to explain that if there were a need related to a sexual assault, one of the immediate steps taken would be to contact Ebensburg Area Ambulance and have the individual taken for treatment immediately.

#### Provision 2

This Auditor reviewed the agency-wide Procedure Manual “Medical” section and I was onsite at the facility when they had a general medical emergency. Although not related to a sexual assault, I was able to witness how staff reacted to the issue, moving through supervisors to the Facility Director and they quickly worked through their protocol to summon emergency medical services to address the issue. The Facility Director was able to explain the process of acquiring any treatment for resident through Conemaugh Physicians Group located in Ebensburg.

### Summation

The Auditor found that the facility PREA Policy, contract with Victim’s Services, and the Procedures manual related to medical and mental health services specifically breaks down the standard components to address resident needs. The interviews completed allowed the Facility Director to share his knowledge of the agencies standards. The Faculty works within the components of the standard by their written policy and actions in addressing medical needs. I observed management take immediate precautions to assure the safety of a resident. In discussing the action, the Program Director was able to explain the steps utilized to assure all resident safety.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.382 and all aspects therein. There is no corrective action required.

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

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

#### 115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.383 (g)

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

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Vulnerability Assessment form and data
- 3) Agency-wide PREA Policy pg. 34, Section F 3
- 4) Contract with Victims Services of Cambria County
- 5) Interview Therapist
- 6) Interview with Program Director

### Provision 1

This Auditor reviewed the vulnerability assessment tool, and data collected indicating ongoing treatment for victims and abusers; PREA Policy pg. 34, section F3, "Reporting to/from other confinement facilities". I also reviewed the contract with Victims Services that provide on-going Victims advocate and treatment counseling services to the facility. There is no medical facility or unit onsite at

the Manor Secure/Enhanced facility. According to the Program Director, the use Conemaugh Physicians Group at a satellite medical center located a few miles from the facility also in Ebensburg, PA. He indicated that residents are seen as needed and also for follow up appointments.

### **Provision 2**

The Therapist and Program Director were interviewed and provided information related to victims services providing ongoing care for any individuals identified as a victim or abuser. The therapist reviewed the Vulnerability Assessment tool and the PREA coordinator provided the spreadsheet of bulk data to review.

The Facility Director shared that testing a victim for any transfer of disease would be offered through medical services of Conemaugh Physicians Group and also discussed the contract they have with Victim's Services for a "Victim's Advocate" whom would work with the facility and victim in this case. All testing is according to the policy is free to the Resident. The Therapist shared that she would work with anyone whom would be labeled as a victim if a sexual assault occurred. She would be working with Victims Services on establish mental health evaluation if needed. There wasn't any mention of the 60 day period for this, however the PREA Policy and practices present this standard for all to review.

Note: Sections e & d are not applicable – all male facility).

### **Summation**

The Auditor reviewed the information provided and the answers to questions ask to review the components to get a picture of this standard. Although I wasn't given a 60-day window, I do not believe that misrepresents the facilities understanding and following of the standard. It is easily identified and the practice of the facility is "immediate response". Looking at the information presented, the facility meets the components of this standard. through the documentation and understanding of the standards.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.384 and all aspects therein. There is no corrective action required.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.386: Sexual abuse incident reviews**

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

#### **115.386 (a)**

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

#### **115.386 (b)**

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

#### 115.386 (c)

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

#### 115.386 (d)

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

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy pg. 39 Section J, 1 a-e
- 3) Survey of Sexual Violence Summary
- 4) Interview with the PREA Coordinator
- 5) Interview with Program Director

**Provision 1**

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy pg. 39 section J 1 a-e, “Data Collection and Review” that lists all the components of this standard and listed as:

“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 supervision by staff.
6. Prepare the Sexual Abuse Incident Review (SAIR) form including, but necessarily limited to, determinations made pursuant to section one through five of this section, and any recommendations for improvement and submit to the Program Director and Facility’s PREA Compliance Manager”.

**Provision 2**

The Program Director and PREA were interviewed on this standard and provided the “Survey of Sexual Violence Summary” as part of their Sexual Abuse Incident Review to gather data. The agency had one unfounded sexual abuse allegation and Director provided detail as to how the team continued to review the incident within the allotted time frame and maintained documentation on the case. The information was maintained through required data collection and retention.

**Summation**

The Program Director was able to articulate the use of the SAIR team and how it worked within the PREA Policy. The agency-wide PREA Policy outlines necessary components of the standard. Through their SAIR team he explained that the criteria of the standard are outlined and walked through with the committee. The Auditor was able to use the data along with his understanding of the process and component to establish that they are the components of the standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.386 and all aspects therein. There is no corrective action required.

**Standard 115.387: Data collection**

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

**115.387 (a)**

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

**115.387 (b)**

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

**115.387 (c)**

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

**115.387 (d)**

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

**115.387 (e)**

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

**115.387 (f)**

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

**Auditor Overall Compliance Determination**

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

1) Manor Secure PREA-Audit Questionnaire

- 2) Agency-wide PREA Policy pg. 40 Section J, 2a-e
- 3) Survey of Sexual Violence Summary
- 4) Interview with the PREA Coordinator
- 5) Interview with PREA Facility Compliance Manager
- 6) Interview with Cambria Township Police Chief
- 7) PA Department of Human Services Data retention

### **Provision 1**

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy pg. 40 section J 2 a-e, "Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction". Listing the duties of the Facility Compliance Manager, and PREA Program Coordinator in relation to the standard. I also noted that there was one sexual assault reported in the last year that was investigated and deemed as unfounded. I reviewed the incident with both the Coordinator, Compliance Manager, and a phone interview with the local Police Chief. The PREA Coordinator indicated that all data is maintained as are electronic records such as the vulnerability Assessment.

### **Provision 2**

The PREA Coordinator explained during our interview that data collection process from an agency-wide view and the Compliance Manager (CM) on that view related to Manor Secure/Enhanced. In its' first year, the facility has only and one unfounded allegation of Sexual Assault and have not reported report on an annual basis since they have been open less than one year. The CM wasn't completely clear on data collection but as the conversation went on he could articulate the standards. The PREA Coordinator accurately vocalized her responsibilities as well as the components of the standard.

### **Summation**

The Auditor through the agency-wide PREA policy and interview with the PREA Coordinator was able to correlate the policy and data I reviewed that was articulated by PREA staff. They were able to related how they handled this data back to the Auditor and also discuss how the PA DHS standard related. This information together brings the facility into compliance with the components of this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.387 and all aspects therein. There is no corrective action required.

## **Standard 115.388: Data review for corrective action**

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

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response



policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Manor Secure PREA-Audit Questionnaire
- 2) Agency-wide PREA Policy pg. 40 Section J, 2f-h
- 3) Survey of Sexual Violence Summary
- 4) PA Department of Human Services date retention
- 5) Interview with the PREA Coordinator
- 6) Interview with Program Director

#### Provision 1

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy pg. 40 section J 2 f-h, "Data Collection and Review - Data Collection, Review for Corrective Action, Storage, Publication, and Destruction".

"Adelphoi Village shall meet, no less than annually, to review information collected from all SAIRs and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, practices and training including:

1. Identifying problem areas.
2. Taking corrective action on an ongoing basis.
3. Preparing an annual report of its findings and corrective actions for Adelphoi Village, as well as each of its facilities".

### **Provision 2**

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components. She provided documentation of the vulnerability data that is gathered from agency-wide facilities, how the data is prepared and how they address corrective action. The Program Director detailed the committees review of data and corrective action plans.

### **Summation**

This auditor was able to review the policy and match the information provided my both the Program Director and PREA Coordinator to see the components of the standard. I should also note that the agency publishes and annual report and it is posted on their website.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.388 and all aspects therein. There is no corrective action required.

## **Standard 115.389: Data storage, publication, and destruction**

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

#### **115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### **115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.389 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

**This auditor gathered and retained information from the agency that provided evidence for this standard:**

- 7) Manor Secure PREA-Audit Questionnaire
- 8) Agency-wide PREA Policy pg. 40 Section J, 2h-j
- 9) Interview with the PREA Coordinator
- 10) PA Department of Human Services data retention

#### Provision 1

This Auditor reviewed the PREA Audit questionnaire and the Agency-wide PREA Policy pg. 40 section J 2 f-j, "Data Collection and Review". They achieve this through the following:

"The annual report shall be approved by Quality Council and made readily available to the public through the Adelphoi website. Adelphoi Village may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Adelphoi Village shall also remove all personal identifiers from the reports. Adelphoi Village shall maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise".

#### Provision 2

Through the interview with the PREA Coordinator she was able to vocalize the agencies procedures related to the components and she is largely responsible for the data maintained. She provided a variety of spreadsheets showing this. The Facility and agency also are mandated under PA Department of Human Services at data collection, retention, and long term storage.

#### Summation

The information provided to the auditor to review has all the components to adequately meet this standard. The PREA Coordinator provided detail of the storage and retention policy and how the data is made public.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### This auditor gathered and retained information from the agency that provided evidence for this standard:

- 1) Auditor informational poster that were hung throughout the facility
- 2) Resident interviews
- 3) Interview with PREA Coordinator

#### Provision 1

The Manor Secure/Enhanced is a new facility to the Adelphoi Village line of secure juvenile facilities. Previously a County Juvenile Detention Facility, it was closed in 2016-17. Later the county leased the facility to Adelphoi.

In late 2017 early 2018 a complete renovation was done and the Secure section opened in May 2018, and the Enhanced in October 2018.

#### Provision 2

The facility was open for 9 months before this audit was scheduled. The Auditor was given complete access to the facility and able to observe various activities of the facility. I was provided with a digitally secured conference room to store my items and conduct interviews on staff and Secure-side residents and was given a secure multipurpose room to interview the Enhanced-side residents and ALL interviews were completed privately in these rooms.

#### Provision 3

During my interviews I questioned resident on my information being available to them and if their ability to contact me. They all were aware, pointing to the poster in the rooms we were using on many occasions, and were able to vocalize their ability to contact me.

#### Summation

Through the Auditors observation, information provided and interviews with residents, the facility was within the components to meet this standard.

Based on available evidence and analysis at the facility this auditor has determined that the facility is in full compliance with standard 115.389 and all aspects therein. There is no corrective action required.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Summation

Being a new facility opening in 2018 this will be Manor Secure/Enhanced first official PREA Audit.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

03/29/2019

**Auditor Signature**

**Date**

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

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