

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report October 24, 2018

Auditor Information

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Company Name: Raquet Justice Consultants LLC	
Mailing Address: PO Box 724	City, State, Zip: Saint Peters, Pa. 19470-0274
Telephone: 484-366-7457	Date of Facility Visit: June 18, 19, 20, 21, 2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Adelphoi Village		NA	
Physical Address: 1119 Village Way		City, State, Zip: Latrobe, Pa. 15650	
Mailing Address: s/a		City, State, Zip: s/a	
Telephone: 724-804-7000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Private not for Profit
Agency mission: “to assist children, youth and families to overcome social, emotional and behavioral difficulties”			
Agency Website with PREA Information: www.adelphoi.org			

Agency Chief Executive Officer

Name: Nancy Kukovich	Title: CEO
Email: Nancy.kukovich@adelphoi.org	Telephone: 724-804-7000

Agency-Wide PREA Coordinator

Name: Jennifer McClaren	Title: Director of Quality Assurance/PREA Coordinator
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Email: Jennifer.mcclaren@adelphoi.org	Telephone: 724-804-7004
PREA Coordinator Reports to: Mark Mortimer: President	Number of Compliance Managers who report to the PREA Coordinator 23

Facility Information

Name of Facility: Greystone Intensive Supervision Unit			
Physical Address: 537 Lincoln Highway, Boswell, Pa. 15531-2523			
Mailing Address (if different than above): s/a			
Telephone Number: 814-629-6365			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other Juvenile residential
Facility Mission: “to assist children, youth and families to overcome social, emotional and behavioral difficulties”			
Facility Website with PREA Information: www.adelphoi.org			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Larry Huffman	Title: Greystone Supervisor
Email: Larry.Huffman@adelphoi.org	Telephone: 814-629-6365

Facility PREA Compliance Manager

Name: Larry Huffman	Title: Greystone Supervisor/PREA Manager
Email: s/a	Telephone: s/a

Facility Health Service Administrator

Name: Heather Kountz	Title: Director of Nursing
Email: heather.kountz@adelphoi.org	Telephone: 724-804-7162

Facility Characteristics

Designated Facility Capacity: 15	Current Population of Facility: 15
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Number of residents admitted to facility during the past 12 months		35
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		34
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		35
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-18	
Average length of stay or time under supervision:		113 days
Facility Security Level:		secure
Resident Custody Levels:		secure
Number of staff currently employed by the facility who may have contact with residents:		13
Number of staff hired by the facility during the past 12 months who may have contact with residents:		6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		5
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 3 single bedrooms
Number of Multiple Occupancy Cell Housing Units:		6 double bedrooms
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		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>There are no cameras presently, but they are scheduled to be installed in the bedroom hallways later this year. There was a "Guard One" System installed in the bedrooms and motion sensors in the multiple person bedrooms.</p>		
Medical		
Type of Medical Facility:		Community Hospital
Forensic sexual assault medical exams are conducted at:		Excela Health Latrobe
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Audit of Greystone Intensive Supervision Unit was conducted on June 18, 19, 20, 21, 2018 by Maureen G. Raquet, Raquet Justice Consultants LLC (RJC), a Department of Justice Certified PREA Auditor for Juvenile Facilities. Another RJC staff, trained and supervised by the Auditor, helped to conduct staff and resident interviews. This Audit was conducted as part of three facility Audits of the same agency, Adelphoi Village, during the same time period. Greystone Intensive Supervision Unit was initially audited during the first PREA cycle in June 2015 and was found to be in full compliance on July 28, 2015. This Audit, conducted on June 18, 19, 20, 21, 2018, is a re-audit of the facility conducted during the second year of the second PREA three year cycle. Notice of the Audit, in both Spanish and English, was posted on May 7, 2018 and I received an email with pictures of the posting in the living and common areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on June 18, 2018. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 5-8-18, I received a flash drive with the completed Pre-Audit Questionnaire and the requested important documentation. During this six week period, through emails and phone calls with the PREA Coordinator and the Quality Assurance Caseworker, the uploaded information and important documentation was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 6-9-18. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator, the Adelphoi Village COO, Vice President of Residential Services, Program Director for Greystone, and the Compliance Caseworker. The timeline and expectations for the Audit were discussed as well as discussion regarding the physical changes to the main campus. Rosters of both staff and students were reviewed with the PREA Coordinator.

The tour of the facility was conducted on 6-18-18 by the Greystone Supervisor along with the Program Director. The facility was clean and well maintained. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center.

While on the tour, I saw the "PREA Hotline" that is available on any phone through a speed dial button and that is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. I requested a volunteer and a resident told me how he would ask to use the phone, took me into the staff office for privacy and then pressed the button for Blackburn. He handed the phone to me and it went directly to the Hotline. During the pre-Audit time period, I contacted the Blackburn Center (a member of the Pennsylvania Coalition Against Rape, PCAR) and spoke to the Director. The Director confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She also stated that, although there have been allegations of sexual abuse at the facility in the past 12 months, policies and procedures were followed. She was unaware of any ongoing issues at Greystone.

Residents were not in school during the onsite portion of the Audit, because the regular school year had ended and summer school had not yet begun. The residents attend school on the Adelphoi Main campus in Latrobe. During the tour, the residents were in the living room in a group. Ratio of 1:8 was exceeded. They stated they had received PREA education and knew how to report. As mentioned above, one resident volunteered to demonstrate the Hotline. I spoke to staff persons who received training and they told me that Administration conducts unannounced rounds on a regular basis. There are no cameras in the

facility, so therefore there are no recordings of unannounced rounds. However, I saw the unannounced round log during the Audit. Cameras are scheduled to be installed later this year.

There were PREA postings throughout the building.

All Greystone residents receive Physicals in the Community from Community providers. Physicals are conducted at Excelsior Health Latrobe Family Medicine. The residents also see the dentist and eye doctor in Latrobe. Mental Health follow up is provided by Primary Health Network in a building on the Adelphoi campus owned by Adelphoi and leased to PHN. While on a tour of this building, there were patients from the community as well as Adelphoi residents in the waiting room. I saw private offices with locked file cabinets that contain charts and notes.

Directly after the tour of the facility, and for the following days, interviews were conducted privately at Greystone and in the Administration building on the main campus. The following staff and residents were interviewed:

Chief Operations Officer

Vice President of Residential Services

PREA Coordinator

Program Director who conducts Random Unannounced Rounds

The Supervisor/PREA Manager who monitors retaliation and conducts Unannounced Rounds

Human Resources Director

Registered Nurse

Two Mental Health Therapists (one a PHN contractor, one an Adelphoi employee)

A Greystone staff who conducts Intake education

The Greystone Caseworker who administers the Risk Assessment

Quality Assurance Caseworker, who is a member of the Sexual Abuse Incident Review Team

Two contractors by phone

There are no Volunteers

10 random residents

And 13 full time staff which also includes the Caseworker and the Cook. (one by telephone)

Staff are full time and work rotating first and second shifts with rotating days off. Third Shift staff work permanent midnights with rotating days off. Agency "fill-in" staff can be utilized to fill staff vacancies to meet ratio. A roster of the 13 Greystone staff was provided to me and we interviewed 100% of all Greystone staff from all shifts including the cook, who can count in ratio. One interview was by phone call. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 15 facility residents, which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, who were disabled or non-English speaking. Of the 15 total residents, ten (10) residents were interviewed. That represents 66% of the total population on the days of the Audit. There was one resident who reported a sexual abuse that occurred at Greystone and he was interviewed. There was one resident who was identified as a victim of sexual harassment at

the facility and he stated he was not a victim and declined that portion of the interview. There were no LGBTI residents in the population. There were no disabled or non-English proficient residents. There were no residents who disclosed a prior victimization.

I reviewed the files of 7 staff for required documentation including three hired within the past 12 months and one who was promoted. I looked for Child Abuse, Criminal History and FBI clearances as well as documentation of PREA training and refreshers.

I reviewed the files of 12 residents: 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed. I looked for timely education and administration of the Risk Assessment as well as documentation of required Medical and Mental Health follow up and consideration for risk based housing.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment including, as mentioned above, The Blackburn phone, "PREA Hotline". Also posted are the numbers for Child Line, another 24 hour reporting line run by Pa. DHS for any sort of alleged abuse. Addresses for the Blackburn Center were posted throughout the facility in both Spanish and English, including the area that is used for visiting. This information is contained in resident brochures given to the residents during Intake. They also watch an age appropriate video during the Intake process entitled: "Safeguarding your Sexual Safety – A PREA Orientation Video". Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits as well as some home visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time.

Staff and residents both knew the reporting avenues and knew that they could report verbally, in writing, anonymously and through third parties.

There are also MOUs with Excelsa Health Latrobe for Forensic Examinations and an MOU with the Pennsylvania State Police, Somerset who conduct Criminal Investigations. Pa. Child Line conducts investigations of any staff on resident sexual abuse or staff on resident sexual harassment. This information is posted on the facility website.

During the past 12 months, there have been 5 allegations of resident on resident sexual abuse at Greystone. All 5 were substantiated. There was one unfounded allegation of staff on resident sexual abuse. There were 3 substantiated allegations of resident on resident sexual harassment. It should be noted that one perpetrator was responsible for 4 of the sexual abuse allegations and 3 of the sexual harassment allegations. As part of the safety plan, the perpetrator was immediately removed from Greystone and sent to another facility. The allegations were investigated by the state police and charges were filed. The court process is ongoing. There have been no reports from other facilities of abuse at Greystone and Greystone has not received reports of sexual abuse at other facilities. Documentation of these incidents was provided to the Auditor. Reporting protocol was followed and documented.

At the conclusion of the onsite Audit, a brief Exit interview was held with the following staff on Thursday June 21, 2018: Adelphoi COO, PREA Coordinator, Compliance Caseworker, and two Program Directors. The preliminary results of the Audit were discussed as well as a plan for corrective action.

Facility Characteristics

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

Adelphoi Village was established in 1971 as a home for boys. Through the years, foster care and a private residential school were added. Today, Adelphoi provides an extensive network of community based programs and services to over 1,200 youth and families on a daily basis. The mission “to assist children, youth and families to overcome social, emotional and behavioral difficulties” is the foundation behind the continuum of care that includes: group homes, foster/adoptive care, a charter school, in-home services such as multisystemic therapy, education programs, mental health services, elementary age partial hospitalization, secure care, drug and alcohol treatment and sex offender treatment. In 2017, the Adelphoi residential programs received 446 admissions.

Anchored by a 20 acre campus in Latrobe that includes a school building, administration building, three secure units, a substance abuse residential facility, four sex offender treatment units, a new Medical Building, a Mental Health clinic, and a multi-purpose recreational center, Adelphoi has program sites in over 30 counties throughout Pennsylvania. Expansion on the main campus is continuing with plans for an Admissions/Visitor Center, a “Student Union” and the “greening” of the campus to include re-locating parking lots and planting grass for a park like campus. This expansion was in Phase II and ongoing during the onsite portion of the Audit

Adelphoi Village is a component of Adelphoi USA. The juvenile residential component is comprised of 22 group homes of which 5 are female and the rest are male. These units are located in Westmoreland, Blair, Fayette, Lycoming, Somerset and Armstrong Counties. A new secure male facility has just opened in a former juvenile detention center in Blair County. Adelphoi Village is considered a juvenile treatment facility and has a large sex offender population. Adelphoi Village is certified in the Sanctuary Model and is accredited by JCAHO. The counselors, teachers, therapists, along with administration, and supervisory staff, make up a workforce of nearly 650.

This Audit was conducted at Greystone Intensive Supervision Unit in Boswell, Somerset County, Pa., about 30 minutes from the main campus in Latrobe. Two other residential facilities were also audited at this time. Greystone is a 15 bed male unit, with resident ages between 12-19, licensed under the Pa. Dept. of Public Welfare 3800 regulations. In 2017, there were 24 admissions and the average length of stay was 3.7 months. Residents are primarily from Pennsylvania and Ohio and can be delinquent and/or dependent. Most are committed by their respective Juvenile court but can be transferred from other Adelphoi programs, such as the Shelter or the secure programs, with Court permission.

On the date of the Audit, there were 15 residents in this unit. Residents from Greystone are transported to the central Latrobe campus to attend the Robert Ketterer Charter School on the main campus. They are transported there in a van by Adelphoi staff. They eat lunch on the main campus as part of the National School Lunch Program. In addition to education, all residents receive both individual and group counseling and family counseling if warranted. They also perform community service.

The Audit occurred during the school break between the school year and summer school. The boys spend this time in group, such as ART (Aggression Replacement Training), BARJ (Balanced and Restorative Justice), Sanctuary Groups and recreation, including fishing in the onsite pond.

They are no Medical or Mental Health staff at Greystone. The residents receive all Medical and Mental Health services in the community. This includes physicals. They are transported there by Greystone staff. If a community provider cannot schedule a Mental Health assessment within 14 days, as required, a Mental Health Therapist employed by Adelphoi in one of the secure units can and does conduct the assessment.

Visiting takes place at Greystone. Adelphoi will assist with visiting if need be, by providing gas cards, lodging and sometimes transportation to parents/families who live far from the facility.

The 13 staff include the Supervisor, Caseworker, Cook and Direct Care staff. The Direct care staff perform Intakes and PREA Intake education for the residents. The Caseworker administers the Vulnerability Assessment and acts as a liaison between the parents, probation officer and the facility.

Greystone is a 5500 square foot stone home located in Boswell, Jenner Township, Somerset County, in rural Pennsylvania. It is owned by Adelphoi and sits on 5 acres with two ponds, one with a Gazebo, the other with a covered bridge, on the historic Lincoln Highway (Route 30). No other houses are visible from Greystone. It is very old and was possibly a stagecoach stop and was a bed and breakfast before its most recent use. As you walk in the front door, the stairway is directly ahead and the living room with a stone fireplace is off to the right. The first floor has been renovated, opened up, for recreational purposes as well as line of sight. The dining room and kitchen are off of the living room. To the rear is an addition, which contains an office area, with a rear exit. There is one bathroom on the first floor. The second floor, accessed by both front and back stairs

to the addition, consists of 9 bedrooms, six doubles, three singles and two bathrooms. The bedrooms are sparsely furnished with wooden beds and open closets/wardrobes. The bathrooms, where the children shower separately, contain a shower, toilet, and sink.

There are no cameras at Greystone, however they are scheduled to be installed in the bedroom hallway on the second floor before the end of the year. There are motion sensors in the multiple bed rooms and a “Guard One” system which downloads onto the administrators’ computers. The staff are required to make room checks every 8 minutes during the sleeping hours. The “Guard One chip” is in the resident room and requires the staff to enter the room to scan it.

There is also a large basement with two separate rooms for laundry and recreation. Outside doors are accessed by keys and the exits have a panic bar alarm delay. There is an outside basketball court adjacent to the small staff parking area. Interviews of both staff and children were conducted at Greystone and in the administration building on the main campus across the parking area from the school.

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.

Number of Standards Exceeded: 3

Click or tap here to enter text.

Number of Standards Met: 40

Click or tap here to enter text.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. Due to the incidents of sexual abuse and sexual harassment that occurred during the last 12 months, the admission process has been reviewed to ensure a more rigorous screening for those who may be sexually aggressive. Staff have received

additional training regarding recognizing the signs of sexual abuse and several midnight staff were terminated for not adequately supervising the residents, which may have contributed to an incident. The physical plant was studied at length and recommendations regarding the installation of cameras is being implemented, motion sensors are being deployed earlier in the evening and furniture was bolted down in the bedrooms so that it could not be moved.

This facility was Audited 3 years ago during the first PREA cycle. It was re-audited during this second year as part of the Agency having 1/3 of its facilities audited each year of the three year cycle.

There is a PREA Manager, who is the Supervisor of the Facility. He also monitors retaliation in his role of PREA Manager and conducts random unannounced rounds. The PREA Coordinator and her management team have developed and implemented policy and procedure to ensure compliance with the PREA Standards. The staff and residents have demonstrated that they have not only received but understand the education and training.

There is an ongoing relationship and an MOU with the Blackburn Center that allows for victim advocacy, emotional support and reporting. This agency is a member of PCAR, the Pennsylvania Coalition against Rape. There is an MOU with Excelsior Health Latrobe for Forensic Medical Examinations for Residents and there is an MOU with the Pennsylvania State Police, Somerset to conduct criminal investigations. This information is posted on the website.

The residents receive all education at Intake. An Intake staff on the main campus conducts all education. If a resident is transferred or admitted to Greystone after office hours, the Greystone staff conduct education and document it. The Greystone Caseworker conducts the Risk Assessment within 72 hours of Intake. There are informational postings throughout the facility to act as ongoing education for both residents and staff. The resident files showed timely education and documentation of it for all residents.

The Vulnerability Assessments and the resultant medical follow ups were all done in a timely fashion. Electronic Health Records includes the Vulnerability Assessment, Medical and Mental Health follow up and the documentation of risk based housing. The documentation also includes electronic signature of the resident either accepting or refusing follow up. The Greystone Caseworker and PREA Coordinator reviewed these records with me. There were no issues with any of the resident files, including those of two discharged residents.

All staff files were complete for both education/training, child abuse and criminal history clearances. All staff have clearances before hire and every two years according to Adelphi policy. Four of the seven staff files required and had clearances every two years and the other three were new hires with appropriate and timely clearances.

The following standards require corrective action:

Standard #353: Resident Access to Outside Support Services:

The residents, when interviewed, were not always aware of the Blackburn Center services that were available for residents who were victims. There are posters, in both Spanish and English, that are laminated and on the bulletin board in the dining room, describing these services. One resident used the Blackburn Center as a reporting avenue. Another resident was offered the services and declined them and this was documented. However, not all residents who reported were offered the services. This is part of the Adelphi Coordinated Plan and is outlined in their PREA policy. The following plan of correction and timeline was submitted by the Agency and will be monitored by the Auditor:

Training

- Contact Blackburn for training materials for training of PREA Managers
- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training on services offered and documentation
- The PREA Managers will take the training back to their shift leaders and review.

Documentation

- Revise the Alleged Abuse and Sexual Assault Checklist. Revise the Sexual Allegation Incident Review form

- If a report of sexual abuse (not harassment, only allegation of sexual abuse) is made, the offering of Blackburn services made and/or acceptance/refusal being documented.
- This will also be reviewed during the Sexual Incident Allegation Review Team Meeting

Completion Dates

- Forms revised by August 15, 2018
- Training will be completed August 31 for PREA Managers and September 15 for shift leaders

The PREA Auditor will conduct phone interviews during October 2018 to ensure transfer of learning. If any allegations are made during this time period, they will be submitted to the Auditor.

On 10-16-18, I received documentation of PREA training for the PREA Managers. On 10-24-18, I conducted a phone interview with the PREA Manager/Unit Director. He was able to discuss what Blackburn Services will be offered to residents who report a sexual abuse and where it will be documented. There is a documentation process for declining services as well. The PREA Manager stated that he has trained his staff regarding this standard. This training was also documented. There have been no allegations of sexual abuse since the onsite in June that necessitated Blackburn services. The documentation and interviews satisfy the plan of correction and demonstrate compliance with the standard. This standard has been met.

Standard#367 Retaliation Monitoring:

The review of paperwork submitted for the allegations of sexual abuse and sexual harassment that occurred at Greystone in the past 12 months included a safety plan for both the victim and the perpetrator as required by Pa. Bureau of Human Services. It documents the separation of the victim and alleged perpetrator and may include a change in bedroom, transfer to another facility and in the case of staff, suspension or termination. It also includes documentation by staff on every shift of the resident's needs and behavior. This could include monitoring for retaliation, but it does not specifically state that and it is not being done by the staff person (Greystone supervisor/PREA Manager) who is tasked with monitoring retaliation. The following plan of correction and timeline was submitted by the PREA Coordinator:

Training

- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training on retaliation monitoring and documentation
- The PREA Managers will take the training back to their shift leaders and review.
- PREA Manager will monitor retaliation against AND from
 - Sexually abused or harassed client
 - Reporting client
 - Staff

Documentation

- Revise the Alleged Abuse and Sexual Assault checklist. Revise Sexual Allegation Incident Review form
- Create Retaliation log

Completion Dates

- Forms created and revised by August 15, 2018
- Training will be completed August 31 for PREA Managers and September 15 for shift leaders

The PREA Auditor will conduct phone interviews during October 2018 to ensure transfer of learning. If any allegations are made during this time period, they will be submitted to the Auditor.

On 10-16-18, I received documentation of training for both the PREA Manager and the Greystone staff regarding Retaliation Monitoring. In addition, I was provided with a new Retaliation Monitoring Form. On 10-24-18, I interviewed the PREA Manager/Unit Director by telephone to discuss his training and his role as the Staff designated with monitoring retaliation. He was able to demonstrate his knowledge of the policy and procedure. Subsequent to the onsite portion of the Audit, there was an allegation of resident on resident sexual harassment. The PREA Manager completed retaliation forms for 90 days for the two resident victims. These were provided to me. The interview and documentation of training and retaliation monitoring satisfy the plan of correction and demonstrate compliance with the standard. This standard has been met.

Standard #373 Notification of Residents

The Sexual Abuse Incident Review that is always conducted after all investigations, regardless of outcome, documents the notification of the resident of the outcome of the investigation. This is not always being completed. In many cases, the child has already been discharged prior to the completion of the investigation and the SAIR and this should be noted with the date of discharge. In other cases, the notification is not being documented.

The following plan of correction and timeline has been submitted by the PREA Coordinator:

Training

- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training with one of the agenda items being retaliation monitoring and documentation
- The PREA Managers will take the training back to their shift leaders and review.

Documentation

- Revise the Alleged Abuse and Sexual Assault Checklist. Revise Sexual Allegation Incident Review forms
- The notification being made will be documented in the EHR as an individual session and on the Sexual Allegation Incident Review.

Completion Dates

- Forms revised by August 15, 2018
 - Training will be completed August 31 for PREA Managers and September 15 for shift leaders
- The PREA Auditor will conduct phone interviews of the PREA Managers during October 2018 to ensure transfer of learning. If any allegations are made and the case has been closed during this time period, this information will be submitted to the Auditor.

On 10-16-18, I received documentation of training for the PREA Manager and Greystone staff. On 10-24-18, I interviewed the PREA Manager/Unit Director by telephone. He was able to discuss this training with me and discussed a substantiated resident on resident sexual harassment that occurred since the onsite. He documented the victim notifications and they were provided to me.

The interview and documentation satisfy the plan of correction and demonstrate compliance with this standard. This standard has been met.

The following standards have been exceeded:

#351 Resident Reporting: All avenues are afforded these residents and both the residents and the staff are aware of them. The residents have reported verbally to staff. They have called the hotline. A resident reported the sexual abuse of another resident to staff. There is a grievance policy and form that parents and residents are advised of at Intake. The residents have access to pens, pencils and paper. They can tell their parents, probation officer and attorney. They can report verbally, in writing, anonymously and through third parties. Residents can and do receive visits weekly and this is many times facilitated by the agency by providing parents with gas cards, lodging, etc. so they can visit.

#342- Risk Based Housing- All residents that are being identified on the Vulnerability Assessment as either being Sexually Vulnerable or Sexually Aggressive are being considered for risk based housing. The staff are considering the child's own feelings regarding their vulnerability and are also taking into account who the previous victims may have been. The documentation of the decision and where the child is placed and what additional supervision they need is excellent. There are three single rooms for those residents who need them. I observed them while on the tour. This standard has been exceeded.

#383 Ongoing Treatment for Victims and Perpetrators of Sexual Abuse – This is a juvenile treatment facility, where residents are placed by order of the Court to receive supervision and rehabilitation. Many of the Greystone residents receive ongoing counseling and this can and does include treatment of a victim or aggressor. This standard has been exceeded.

As of 10-24-18, all documentation was submitted and the interview that was required by the corrective action plan was conducted. All standards have been met. This facility is in compliance with all PREA standards.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy

Adelphoi Village Organizational Chart

Interviews Conducted:

PREA Coordinator

PREA Manager/ Greystone Supervisor

The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The PREA coordinator has a Compliance Caseworker who assists in PREA related supervision at the 23 programs.

The PREA Manager is the Program Supervisor for Greystone. In this capacity he also does the staff schedule, conducts random unannounced rounds and monitors retaliation. As part of the incident review team, he assessed the areas where the incidents took place and made recommendations that have been implemented to prevent future occurrences.

The PREA Zero Tolerance Policy contains definitions of sexual abuse and sexual harassment and procedures regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The policy dictates how these procedures will be implemented.

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

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

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

115.312 (a)

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

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents 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*)

Instructions for Overall Compliance Determination Narrative

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

This standard does not apply. Adelphoi does not contract with any other facility for the care of its residents.

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*)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

Pa. Bureau of Human Services 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing and Inspection Summary
Posted Staff Schedules
PREA Zero Tolerance Policy
Logs of Unannounced Rounds
Documentation of yearly review of staff schedules by PREA Coordinator

Interviews:

PREA Coordinator
Facility Supervisor/PREA Manager
Program Director
Residents during tour
Staff during tour

The review of the Zero Tolerance Policy, Adelphoi policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy considers all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Bureau of Human Services Licensing

and Inspection Summary. The Pa. BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

I reviewed documentation of yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager/Supervisor states that staffing is reviewed daily to ensure one on one supervision and other resident needs such as transportation to medical appointments or court are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Director states that he usually exceeds ratio and that he also counts in ratio.

I was provided current staff schedules with more than the required ratio. They are completed at least two weeks in advance by the Program Supervisor/PREA Manager and are posted in the staff office. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing. "Fill-in staff" are regularly used to provide for additional staffing due to call outs/vacations and or medical appointment or transportation needs.

During the tour, I saw residents supervised as a group at the facility. The residents were on break from school until summer school started. I observed them in the living room after breakfast. The ratio exceeded 1:8. There were 15 boys and three staff.

Prior to the onsite, I was provided logs of unannounced rounds conducted by both the Facility Supervisor and the Program Director. I was provided with additional logs during the onsite and saw the log book at the facility. The Program supervisor conducts them on all shifts and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Program Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy. The logs document that random unannounced rounds are being conducted on all shifts.

There are no cameras in this facility. Cameras are being installed by the end of July in the bedroom hallway. There are motion sensors in the two bedrooms. These are activated when the residents move from their beds and it alerts the midnight staff. There is a "Guard One" system used during sleeping hours that requires staff to scan a chip every six to seven minutes at each room to provide documentation of supervision. This information is downloaded by the supervisor. The chips are placed inside the residents' rooms, so that the staff person has to physically enter the room to scan the chip, thus ensuring that they can see the residents in their bed.

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

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Adelphoi Zero Tolerance Policy
- Adelphoi Policy: Search Procedures
- Adelphoi Policy: Shower Procedures
- Adelphoi Gender Variant Search Preference Form
- Staff Training Curriculum
- Staff Training Logs

Interviews:

- 13 staff
- 10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with Adelphoi Village policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Greystone is an all male facility. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. The cook, the only female staff, can count in ratio. She states she never conducts any kind of search of a resident at any time. Residents state that they have never been subject to a cross gender pat down search at Greystone. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.

Staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. The only female staff is the cook and she only enters the upstairs bedroom area when the residents are not present. She still announces herself. Residents state that they always shower alone. The bathrooms contain single showers with a curtain. Same sex staff conduct showers.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.

There are no cameras in this facility.

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

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

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Zero Tolerance Policy

Spanish and English Reporting Posters

Contracts with Translators

Interviews Conducted:

Vice President of Residential Services

Thirteen Staff

PREA Coordinator

ESL teacher during a subsequent Adelphoi Audit

During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There is a contract with a translator that was provided. A student who did not speak English would probably not be admitted to Greystone, because they would not be able to participate in the required group and individual therapy. It is more likely that a parent would need the services of the translator.

The Vice President of Residential Services stated that all reasonable accommodations would be made for a resident with a disability. Adelphoi accepts residents with disabilities, both physical and mental on a case by case basis, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. There is the capacity, through the Educational program, for all residents to receive PREA Education.

The Admissions department now notifies the PREA Coordinator of any resident with a physical or mental disability who has been admitted, so that child's needs can be met. A teacher in the main campus school that the Greystone residents attend was interviewed three weeks after this Audit, during another Adelphoi Audit. She states that all the residents speak English proficiently, but may have difficulty with reading and/or writing English. She tests these residents and notifies the program director and supervisor that these residents may require accommodations. As the ESL teacher she would provide this education. She will also notify the PREA Coordinator of this, so the resident can be tracked and monitored.

The PREA policy requires these accommodations.

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

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

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

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, 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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Pa. Department of Human Services 3800 Child Care Regulations
- Pa. Department of Human Services Licensing and Inspection Summary
- Pa. Child Protective Services Law
- Adelphoi Zero Tolerance Policy
- Files of 7 staff including three who had been recently hired and one who had been promoted
- File of a Contractor

Interviews:

Human Resources Director

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

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

I checked the files of 7 staff, including three who had most recently been hired and a contractor who has contact with children and all had the required clearances.

The policy and the interview with the HR staff state that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every two years by Adelphoi Village. I saw timely re-checks in all 4 employee files that required them.

The Pa. CPSL and the PREA standards require 5 year re-checks, so the Adelphoi policy is more stringent.

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

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
Sexual Abuse Incident Review

Interviews Conducted:
COO
Vice President for Residential Services
PREA Coordinator

The facility has not undergone expansion or renovation since the last PREA Audit in 2015. The facility is scheduled to have security cameras installed in the upstairs bedroom hallway before the end of July 2018. This is a prioritized installation due to a recommendation made in a Sexual Abuse Incident Review Report. I was provided with a copy of the report. The rest of the house will receive cameras at a later date. The VP of Residential Services discussed the priority of Greystone having cameras installed in the upstairs bedroom hallway due to the recent allegations.

Subsequent to the 2015 Audit, a Guard One system was installed in the bedroom area and motion sensors were installed in the multi resident bedrooms.

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

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Adelphoi Village Zero Tolerance Policy
- MOU with Excelsa Health Latrobe
- MOU with the Blackburn Center (a PCAR)
- MOU with the Pa. State Police Somerset

Interviews:

- PREA Manager/Greystone Supervisor
- Adelphoi Village Nurse
- Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite
- One resident who reported a sexual abuse while at the facility

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

I spoke to the Director of the Blackburn Center prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU.

All MOUs are in place for the necessary services to be offered for a resident outside of Adelphoi Village.

The Nurse confirmed SAFE/SANEs at Excelsa Health System.

There have been no alleged incidents that have required forensic medical exams.

There was one resident who was interviewed who reported a sexual abuse that occurred in the facility. He stated he was offered Blackburn services and declined them. He stated that he was aware that you could call them at anytime and that the conversation would be confidential, except for mandated reporter responsibilities.

A review of another incident documented that a resident was offered Blackburn services, but declined them.

Although these examples illustrate that some residents were aware of the services and were offered them, there was not documentation that the other victims had been offered Blackburn services. None of the incidents required forensic medical exams or immediate response. Victim Advocate services were not needed.

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

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Adelphoi Village PREA Zero Tolerance Policy
- Pennsylvania Child Protective Services Law (CPSL)
- Adelphoi Village website
- MOU with the Pa. State Police
- Reports of Sexual Abuse and Sexual Harassment in the past 12 months

Interviews:

- Vice President of Residential Services
- Adelphoi COO

I interviewed the Vice President of Residential Services and reviewed the PREA Policy and the MOU with the Pa. State Police. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Vice President states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Pa. State Police and Pa. Child Line. Adelphoi Village staff do not investigate allegations but report all of them. The contact information for the PSP, Pa. Child Line and Adelphoi Village is on the website.

The Adelphoi COO is part of a state task force along with Pa. Child Line regarding the reporting of Child Sexual Abuse. Pa. Child Line will not be accepting reports of resident on resident sexual abuse or sexual harassment. These reports must be made to law enforcement. Child Line will accept reports of Staff, Contractor, Volunteer, Parent, etc. on resident child sexual abuse or sexual harassment. When this goes into effect, the Adelphoi policy and procedure will be updated to reflect this.

Adelphoi Village Zero Tolerance Policy requires a report to Child Line and/or PSP for all alleged incidents. In all the alleged cases at Greystone in the past 12 months, Child Line/Pa. BHS and/or the Pa. State Police were contacted in a timely manner and this documentation was provided to me. They did not always respond. I saw documentation of this. In the cases where they did respond, there were documented outcomes. In the cases where they did not, Adelphoi conducted a Sexual Abuse Incident Review and decided an outcome.

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi PREA Policy
Adelphoi PREA Curriculum for Employees
Pa. Dept. of Human Services 3800 Child Care Regulations
Logs of employee training
Seven Random employee files

Interviews:

PREA Coordinator

PREA Manager

Thirteen Staff

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every year and it includes the NIC online training, "Keeping our Kids Safe". Staff take a post test and must pass it in order to be placed on the training log according to the PREA Coordinator. All staff receive yearly refreshers, which is an online training. I reviewed 7 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training if required.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The thirteen Greystone staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me that they received initial training and annual refresher training if not new hires.

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

The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.

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

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village Zero Tolerance Policy
PREA Brochure for Contractors
Training Logs
Signed Training Acknowledgement of Contracted Employees

Interviews:

Contracted Employee (HVAC Contractor) a telephone interview
Contracted Employee (Security Systems) a telephone interview
Mental Health Therapist (PHN Contractor)

There are currently no volunteers at Adelphoi Village. I conducted a telephone interview with two Contracted Employees, a HVAC Contractor who has been contracted with Adelphoi for over 20 years and a Security System contractor, who has been with Adelphoi for 25 years. They were able to tell me that they received training and the extent of the training. They were able to tell me that they would report to an on-duty supervisor and the Facilities Director. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt. I saw the signed acknowledgement of training for the contractors and for all their service representatives that respond to Adelphoi.

The PHN Mental Health Therapist provides individual and group therapy to the Adelphoi residents, including those from Greystone. She is also a mandated reporter. She receives mandated reporter training yearly as required by her license and has a certification in Trauma Focused Cognitive Behavioral Therapy, which includes recognizing and responding to sexual victims. I saw the sign off for her training.

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

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
 Safeguarding Your Sexual Safety: A PREA Orientation Video
 Resident PREA Orientation Acknowledgement Form
 Posters for Reporting and Education in Spanish and English
 12 Resident Files (10 active and two discharges)

Interviews:

Staff person who performs Intake and 10 day Education as part of the Admissions process
 Greystone Supervisor/PREA Manager

10 random residents.

Adelphoi Village conducts all PREA education at the main campus as part of the Admissions process before the resident is placed at Greystone. If the resident is admitted or transferred to Greystone after hours, the Intake staff at Greystone offer the education. As part of Intake, the new resident views the PREA video, Safeguarding Your Sexual Safety: A PREA Orientation Video, describing sexual abuse and sexual harassment and how to report, including a hotline. The staff person states that after the video, he verbally goes over the PREA posting and then shows the child the Blackburn hotline. He has them sign an acknowledgement. The residents also receive a PREA pamphlet. I saw signed acknowledgement of timely education in all 12 files, including those residents who were transfers from other Adelphoi facilities or direct admissions. Of the 12 files that I reviewed, 3 were transfers. All education was done in a timely fashion. There are reporting posters throughout the facility.

All residents could tell me that they received education upon admission and again at transfer. Therefore, many residents had PREA education several times. Two residents could tell me about services offered outside of the facility at the Blackburn Center, but all were aware of the reporting hotline through Blackburn.

During both this and the previous Audit, posters describing outside services are posted throughout the facility.

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

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This facility does not conduct any criminal investigations. Seven staff at the Agency have received investigator training to aid in reporting and coordinating any sexual abuse or sexual harassment investigation. However, they do not perform investigations. They are conducted by the Pa. State Police and Pa. Child Line.

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed

- Adelphoi Village PREA Policy
- Adelphoi Village Employee Training Curricula
- NIC Specialized Medical Training Online Curricula
- Training Logs
- Certificates of Completion of NIC Medical Training

Interviews:

- Nurse
- Master's Level Mental Health Caseworker
- Mental Health Therapist (contractor)

This facility does not perform any forensic medical examinations. These are conducted at Excela Health Latrobe by SAFE/SANEs and there is an MOU with the Hospital.

There are no Medical or Mental Health Staff at Greystone. Most medical and mental health services are provided in the community. The physicals and any routine medical needs are obtained at Excela Health Latrobe Family Practice. Mental Health needs, such as counseling, therapy, medication evals and assessments are provided by Primary Health Network, a community provider, who leases a building on the Adelphoi property, but still sees community patients at that clinic. On occasion, a Mental Health Therapist, who is an Adelphoi employee, will do a Mental Health Assessment of a Greystone Resident, if they cannot get an appointment at a community provider within 14 days as required by the standard.

I interviewed a full time Nurse, who works at the alternative school that the residents attend, and I also interviewed two Master's Level Mental Health Caseworkers, one contracted by PHN and another an Adelphoi employee. They all received Mandated Reporter training and would report to Child Line and their immediate supervisor as well as document any allegation of abuse. The Adelphoi Mental Health Caseworker has received extensive training through her education and because she assesses and treats sex offenders. Both she and the Nurse receive the PREA training that all employees do and also completed the NIC online course for Medical and Mental Health staff. Both state that forensic examinations are not conducted at Adelphoi and that they both have received training regarding the sexual abuse of juvenile victims. They both received training on the protection of forensic evidence.

I received certificates of completion for the NIC PREA online course for all Medical and Mental Health employees. They were also on the employee training log for having completed the education that all employees receive.

The PHN MH staff received the PREA contractor training, mandated reporter training and has extensive training through her education. I saw her education sign off.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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*)

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

Completed Vulnerability Assessment Instruments for 12 Residents (10 Active, 2 discharges)

Gender Variant Search Form

Interviews:

PREA Coordinator

PREA Manager/Greystone Supervisor

Greystone Supervisor who completes Vulnerability Assessment

The Vulnerability Assessment Instrument is a commonly used one that considers many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability.

The staff who administers the instrument, the Greystone Caseworker, takes into account the Intake packet, conversations with parents, probation officers and caseworkers, court reports, transfer summaries from other facilities which may include psychiatric and psychological exams and any other information that may accompany the child. He uses the VAI as a guideline and use a combination of developing a conversational rapport with the resident and asking direct questions.

All completed VAIs are part of the electronic health record and have restricted access. Only the Greystone staff and administrative staff have access to these electronic files. All other staff must be granted access by the EHR administrator. All pertinent necessary information is recorded in a housing log and communicated to staff by the Caseworker. I reviewed the electronic files of 12 residents (10 active and 2 discharged) with the Greystone caseworker and the PREA Coordinator. I chose two files randomly from those admitted during the past 12 months and reviewed the active files of those residents that were interviewed. All had timely administration of the VAI. Four of the 12 files reviewed required 6 month re-assessments per Adelphoi policy and all were conducted in a timely fashion. One resident had 7 re-assessments due to the length of time he was there and also because he was an alleged victim of a SH incident and the policy calls for a risk assessment if this occurs.

Ten residents were interviewed and all could state that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities or if they were fearful of sexual abuse at Greystone. Several students stated they were asked these questions several times or upon transfer from another Adelphoi facility.

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

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
Pa. Department of Human Services 3800 Child Care Regulations
Adelphoi Village Shower Policy
Vulnerability Assessments of 12 residents (10 active, 2 discharges), Electronic Health Records

Interviews:

PREA Coordinator
PREA Manager/Supervisor
Greystone CW who conducts Risk Screening

Isolation is not practiced and is prohibited by both Adelphoi Village Policy and by the Pa. Department of Human Services 3800 Child Care Regulations.

I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on the tour, I observed these three single rooms and also the bathrooms that have single shower stalls with curtains. They are single bathrooms with a sink and a toilet and a door that closes. All residents shower alone.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed every thirty days and most probably weekly. The CW who was interviewed stated that he would “touch base frequently”. The residents’ own views for their safety would be considered when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status. There were no LGBTI residents in the population at the time of the onsite.

I reviewed the files of 12 residents (10 active and 2 discharges). The current resident files were part of the Electronic Health record. The discharged files were paper. All risk based housing recommendations are recorded on the instrument itself. Many of the residents have stepped down from other treatment programs and are identified as Aggressive due to their charges. However, they have successfully completed treatment and are no longer considered aggressive, or their victim was not a peer. The Greystone CW and/or the PREA Manager/Program Supervisor documents why and why not risk based housing is needed for all residents. This documentation is specific to each child.

The policy contains all necessary verbiage and according to the interviews the policy is in practice.

This standard has been exceeded and no corrective action is necessary

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed;

Adelphoi Village PREA Zero Tolerance Policy
Adelphoi Village Grievance Policy
Greystone Telephone Policy
Greystone Visiting Policy
Pa.Child Protective Services Law
Pa. Bureau of Human Services 3800 Child Care Regulations

Resident Rights' Form

MOU with the Blackburn Center

Interviews:

PREA Coordinator

PREA Compliance Manager

Director of the Blackburn Center, a PCAR (by phone, prior to Audit)

Thirteen Staff

Ten Random Residents

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

The primary reporting mechanism is to an outside agency the Blackburn Center. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I conducted a telephone interview with the Director of the Blackburn Center and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the staff office. It has a designated button that goes directly to the Blackburn Center. While on the tour, a resident volunteered to show me how to privately use this phone. The residents can also call Child Line and the staff must call Child Line, as mandated reporters. During the tour, I observed that residents had access to pencils and paper. The residents also "journal" as part of their treatment, so they have access to writing materials because of this.

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

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

The allegations that were made in the past 12 months at Greystone were reported in a variety of ways: one resident called the Blackburn Hotline, there were third party reports from other residents, but the primary reporting avenue was to tell a staff. All of this was documented.

All allegations were reported to Pa. Child Line and to the Pa. State Police.

Every possible avenue has been provided for residents to confidentially report sexual abuse, harassment or retaliation. All staff and residents were able to provide me with at least two avenues.

This standard has been exceeded. No corrective action is needed

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy
 Adelphoi Village Grievance Policy
 Pa. Department of Human Services 3800 Child Care Regulations
 Pa. Bureau of Human Service Licensing Annual Licensing and Inspection Summary
 Child’s Rights’ Form
 Grievance Form
 Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

PREA Manager/Supervisor

Grievances were not used to report any of the allegations at Greystone during the past twelve months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. The Pa. BHS during their annual licensing inspection inspects resident files for this signed acknowledgement by both parent and resident. Additionally, the most recent Licensing and Inspection Summary did not contain any citations for not notifying of the grievance process.

The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents.

This standard has been met and does not require corrective action

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

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

115.353 (a)

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
Visiting Policy
Telephone Policy
Spanish and English Posters for the Blackburn Center in the Facility
Resident Intake Brochures
MOU with the Blackburn Center
Review of Sexual Abuse reports
Documentation of Training as required by the corrective action plan

Interviews:

PREA Coordinator

PREA Manager/Supervisor

Ten Random residents

Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the Youth Center will provide residents with access to confidential emotional support services through the Blackburn Center. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service.

The PREA Coordinator described the MOU with the Blackburn Center, a member of the Pa. Coalition Against Rape (PCAR), and the services that they offer. The MOU was reviewed and I spoke to the Blackburn Center Director there by telephone prior to the Audit to confirm the services offered in the MOU.

The residents who were interviewed state that they can make and receive phone calls three times a week. Visiting by parents/grandparents/guardians is once a week and accommodations are made for those who live far away or can't afford to visit by providing bus and train tickets, gas cards and hotel arrangements. Not all residents receive visits, but all are entitled to them.

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. All residents stated that they could see or call their lawyer if they wanted to.

Some residents were able to tell me about the counseling services offered through Blackburn because they stated they had used them before or a family member had. Other residents were unable to tell me about the services.

It should be noted that one resident, who denied being a victim, was able to answer all questions regarding emotional support services and stated that the information is posted on all the walls in the facility. Another resident who had reported a sexual abuse at the facility, stated he had been offered emotional support services, but declined them. A review of another allegation showed documentation that the resident had been offered services and declined.

This standard has not been met and requires corrective action. The PREA Zero Tolerance Policy requires that the residents who report sexual abuse and sexual harassment will be offered the emotional support services that are outlined in the MOU with the Blackburn Center. There were only two instances, where there was documentation that these services were offered. The following corrective action plan and timeline were submitted by the PREA Coordinator:

Training

- Contact Blackburn for training materials for training of PREA Managers
- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training on services offered and documentation
- The PREA Managers will take the training back to their shift leaders and review.

Documentation

- Revise the Alleged Abuse and Sexual Assault Checklist
- Revise the Sexual Allegation Incident Review form
- If a report of sexual abuse (not harassment, only allegation of sexual abuse) is made, the offering of Blackburn services made and/or acceptance/refusal being documented.
 - The documentation will be requested on the Alleged Abuse and Sexual Assault Checklist
 - After the offer is made, the documentation will be noted
 - If accepted, an individual session will be complete documenting the client being provided information about services offered by Blackburn and accepting services
 - If refused, the Refusal of Medical Treatment
 - The dates and client acceptance/refusal will be documented on the Sexual Allegation Incident Review
- When a PREA Manager has a report of sexual abuse, during their initial call to the Program Director, the Program Director will remind the PREA Manager to offer the services (also included on the Alleged Abuse and Sexual Assault Checklist)

- When a PREA Coordinator is notified of a report of sexual abuse, she will ensure the offering was completed and log on her PREA Allegation spreadsheet.
- This will also be reviewed during the Sexual Incident Allegation Review Team Meeting

Data

- The PREA Coordinator will provide the PREA Auditor with the training logs of the PREA Managers and shift leaders
- The PREA Auditor will conduct telephone interviews of each PREA Manager to ensure transfer of learning of the training material and revised forms

Completion Dates

- Forms revised by August 15, 2018
- Training will be completed August 31 for PREA Managers and September 15 for shift leaders

During this training period, the PREA Coordinator and Compliance Caseworker will ensure the services are offered

On 10-16-18, I received documentation of PREA training for the PREA Managers. On 10-24-18, I conducted a phone interview with the PREA Manager/Unit Director. He was able to discuss what Blackburn Services will be offered to residents who report a sexual abuse and where it will be documented. There is a documentation process for declining services as well. The PREA Manager stated that he has trained his staff regarding this standard. This training was also documented. There have been no allegations of sexual abuse since the onsite in June that necessitated Blackburn services. The documentation and interviews satisfy the plan of correction and demonstrate compliance with the standard. This standard has been met

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy

Adelphoi Village website

Files of sexual abuse and sexual harassment reports

The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified and it is also posted in the facility in the area where parents and guardians visit. There were no third party reports from outside of the facility in any of the reported cases. There were two cases where a resident reported to a staff about another resident being a victim.

This standard has been met and requires no corrective action

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to

anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Training Logs
Pa. Department of Human Services 3800 Residential Child Care Regulations
Sexual Abuse and Sexual Harassment Reports

Interviews:

Adelphoi Village Vice President
PREA Manager/ Greystone Supervisor
Thirteen Staff
Nurse
Two Mental Health Caseworkers

The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The nurse and the two Mental Health staff interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also would document any report.

The VP of Residential Services states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He stated that if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification, they would contact a guardian.

I saw documentation of the above notifications for each allegation. This information is contained on what is called a HCSIS report. This is an acronym for a Pa. DHS notification requirement that must be completed within 24 hours of the incident. I reviewed a HCSIS report for each allegation.

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

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance policy

Interviews:

Vice President of Residential Services

PREA Manager/Greystone Supervisor

Thirteen staff

There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.

After reviewing the policy and interviewing the 13 Greystone staff, the PREA Manager and the Vice President of Residential Services, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. This would include a safety plan that could remove a child from their room, change their roommates or remove the child from the facility if need be.

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

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interview:

Vice President of Residential Services

There have been no incidents that have required reports to other facilities within the past twelve months. Greystone has not received any reports from other facilities of incidents at Greystone.

The policy clearly states that if a resident reports a sexual abuse at another facility to an Adelphoi Village staff person, it will be reported to Child Line and documented. The Vice President of Residential Services or PREA Coordinator will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.

If a report is made at another facility regarding an allegation that occurred at Greystone, it will be reported to the Vice President of Residential Services who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers, will also be notified within 24 hours.

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

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Thirteen Staff

There have been no incidents in the past twelve months that have required first responder actions. The Resident on Resident sexual abuse allegations were not of the kind that required any medical or forensic response. The one allegation that met that criteria was reported after the fact.

The policy contains the following first responder duties: Seek assistance, separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum. These duties are also posted in the staff office. When interviewed, the thirteen random staff were able to discuss their first responder duties although they have not had to practice them.

The policy also contains the provision that, if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.

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

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA policy.

Interviews:

COO

Vice President

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Coordinated Response policy is posted in the staff office. The reports in the past 12 months showed that although the emergency response was not needed, the coordinated response of reporting and notifications was practiced and documented.

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

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law

Interviews:

Chief Operating Officer

There are no Unions or bargaining units at Adelphoi Village. The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.

An interview with the COO shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.

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

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance Policy
Files of Sexual Abuse Allegations
Documentation of training required by the corrective action plan
Retaliation Monitoring Form
Two completed retaliation monitoring logs for a substantiated resident on resident sexual harassment allegation

Interviews:

Greystone Supervisor/PREA Manager

The Adelphoi Village PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Greystone is the

Supervisor/PREA Manager. He states that he would monitor retaliation against a resident or staff by contacting them immediately and telling them if they receive any threats from anyone they are to contact him immediately. He would also do a status check daily if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy. He monitors behavioral changes in residents, including changes in behavior, mood, and interventions. He would monitor work performance of staff, including use of sick time and their demeanor, among other variables.

He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the Pa. 3800 child care regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment, or suspension. It could include moving the child's room, unit, or program. Any such incident requires a Safety Plan. He gave me an example of a resident, who was the alleged perpetrator, who was moved to another agency facility.

In the case of staff, he would probably include Human Resources and this could include emotional support or disciplinary action.

Although there has been a safety plan implemented for every victim and perpetrator as required by regulation, the safety plan does not specifically document retaliation monitoring. Safety plans require that staff document on each shift any risks or needs of a child and this is being done. However, the Supervisor/PREA Manager is not documenting this monitoring and there is no documentation that this is being done for 90 days.

There is a need for corrective action. The following plan of correction and timeline was submitted by the PREA Coordinator:

Training

- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training on retaliation monitoring and documentation
- The PREA Managers will take the training back to their shift leaders and review.
- PREA Manager will monitor retaliation against AND from
 - Sexually abused or harassed client
 - Reporting client
 - Staff

Documentation

- Revise the Alleged Abuse and Sexual Assault checklist
- Revise Sexual Allegation Incident Review form
- Create Retaliation log
- When a PREA Manager has a report related to PREA, during their initial call to the Program Director, the Program Director will remind the PREA Manager document retaliation monitoring (also included on the Alleged Abuse and Sexual Assault Checklist)
- The Retaliation log will be submitted and tracked on the Sexual Incident Allegation Review Team Meeting
- If the client moves within AV residential units, the receiving unit PREA Manager will complete the documentations and provide to the PREA Coordinator

Data

- The PREA Coordinator will provide the PREA Auditor with the training logs of the PREA Managers and shift leaders
- The PREA Auditor will conduct telephone interviews of each PREA Manager to ensure transfer of learning of the training material and revised forms

Completion Dates

- Forms created and revised by August 15, 2018
- Training will be completed August 31 for PREA Managers and September 15 for shift leaders

During this training period, the PREA Coordinator and Compliance Caseworker will ensure the services are offered.

On 10-16-18, I received documentation of training for both the PREA Manager and the Greystone staff regarding Retaliation Monitoring. In addition, I was provided with a new Retaliation Monitoring Form. On 10-24-18, I interviewed the PREA

Manager/Unit Director by telephone to discuss his training and his role as the Staff designated with monitoring retaliation. He was able to demonstrate his knowledge of the policy and procedure. Subsequent to the onsite portion of the Audit, there was an allegation of resident on resident sexual harassment. The PREA Manager completed retaliation forms for 90 days for the two resident victims. These were provided to me.

The interview and documentation of training and retaliation monitoring satisfy the plan of correction and demonstrate compliance with the standard.

This standard has been met

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pennsylvania 3800 Child Care Regulations

Interviews:

Vice President of Adelphoi Residential Services

This standard does not apply. There is no use of isolation. It is prohibited by both Adelphoi Policy and the Pa. Department of Human Services 3800 Child Care Regulations

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

MOU with the Pa. State Police

Pa. Child Protective Services Law

Files of Alleged Sexual Abuse and Sexual Harassment that have occurred in the last 12 months

Interviews:

PREA Coordinator

PREA Manager/Greystone Supervisor

The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police, with whom the facility has an MOU. The agency has provided investigation training to some staff to aid them in understanding investigations, but they do NOT conduct investigations. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the PREA Manager/Supervisor state that they have a very cooperative relationship with the Pa. State Police.

The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the Adelphoi Village Coordinated Response and would conduct an incident review after the investigation was completed.

By law, the facility reports all allegations, even if the victim has recanted. All reports, whether by a resident or staff, are reported. All allegations, even if a staff person is no longer employed at the facility, are reported.

A review of the files of Sexual Abuse and Sexual Harassment that have occurred in the past 12 months show that the Pa. Department of Human Services and the Pa. State Police, Somerset were advised in a timely manner of the allegations. Not all allegations were investigated by the above agencies.

During the past 12 months, there have been 5 allegations of resident on resident sexual abuse at Greystone. All 5 were substantiated. There was one unfounded allegation of staff on resident sexual abuse. There were 3 substantiated allegations of resident on resident sexual harassment. It should be noted that one perpetrator was responsible for 4 of the sexual abuse allegations and 3 of the sexual harassment allegations. As part of the safety plan, the perpetrator was immediately removed from Greystone and sent to another facility. The allegations were investigated by the state police and charges were filed. The court process is ongoing as the perpetrator did not appear for his trial in May 2018.

A charge of staff on resident Sexual abuse was investigated by Pa. Department of Human Services and was unfounded.

The policy meets the standard and no corrective action is needed

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy

The Standard of Proof is in the Adelphoi Village PREA policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.

This standard has been met.

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy
 Pa. Department of Human Services 3800 Child Care Regulations
 Reports of Sexual Abuse and Sexual Harassment
 Documentation of training as required by the corrective action plan
 Documentation of notification for two resident victims of resident on resident sexual harassment

Interviews:

Vice President of Residential Services

The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who it is reported to. The required Safety Plan, under the Pa. 3800 Child Care regulations, describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse and the resident and parent/guardian are notified of this. The Director stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. He states that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved the facility would notify the resident and parent and would document the notification.

The HCSIS reports (an acronym for a Pa. DHS required reporting form) show documentation that the parent/guardian, court, etc. are notified of the initial incident and the safety plan within 24 hours of the report. If Pa. DHS investigates the allegation, they will notify the resident, parent and facility of the outcome. Pa. DHS only investigates the Staff on resident sexual abuse or sexual harassment allegations. Resident on resident allegations are reported to the Pa. State Police. The PSP conduct the investigation and the facility contacts the police for status updates and outcome, so they can advise the residents and conduct a Sexual Abuse Incident Review. This has sometimes required repeated calls to the PSP. I was provided documentation of the facilities efforts to remain advised.

There were two instances where a resident was notified of the outcome of the investigation and there was documentation of such. In most cases, the resident was discharged prior to the outcome, however this was not documented. On the SAIR form there is a space for documenting notification. It has not been done routinely.

There is a need for corrective action. There may or may not be allegations that require notification during the corrective action time period. However, the Agency in general and the facility specifically need to provide training to their PREA Managers regarding this and the PREA Coordinator or Quality Assurance CW need to monitor this during the SAIR review to ensure it is being done.

The following plan of correction and timeline was submitted by the PREA Coordinator:

Training

- VP of Residential Services, along with the PREA Coordinator and Compliance Caseworker will conduct a training with one of the agenda items being retaliation monitoring and documentation
- The PREA Managers will take the training back to their shift leaders and review.

Documentation

- Revise the Alleged Abuse and Sexual Assault Checklist
- Revise Sexual Allegation Incident Review forms
- The notification being made will be documented in the EHR as an individual session and on the Sexual Allegation Incident Review. Once the notification is made and documented, the PREA Manager will forward a copy of the progress note to the PREA Coordinator.
- If the client moves within AV residential units, the receiving unit PREA Manager will complete the documentations and provide to the PREA Coordinator (this is best practice, not PREA regulated)
- If the client is discharged from AV residential – this will be noted on the SIAR by the PREA Coordinator along with the client discharge date

Data

- The PREA Coordinator will provide the PREA Auditor with the training logs of the PREA Managers and shift leaders
- The PREA Auditor will conduct telephone interviews of each PREA Manager to ensure transfer of learning of the training material and revised forms

Completion Dates

- Forms revised by August 15, 2018
- Training will be completed August 31 for PREA Managers and September 15 for shift leaders
- During this training period, the PREA Coordinator and Compliance Caseworker will ensure the services are offered

On 10-16-18, I received documentation of training for the PREA Manager and Greystone staff. On 10-24-18, I interviewed the PREA Manager/Unit Director by telephone. He was able to discuss this training with me and discussed a substantiated resident on resident sexual harassment that occurred since the onsite. He documented the victim notifications and they were provided to me.

The interview and documentation satisfy the plan of correction and demonstrate compliance with this standard.

This standard has been met

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
SAIR incident review report

Interviews:

Vice President of Residential Services
PREA Coordinator

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. There was one unfounded allegation of staff on resident sexual abuse. The staff was removed from contact with the resident and both were placed on a safety plan as required by the Pa. Department of Human Services 3800 Child Care regulations.

One staff was terminated for violating the Greystone policy regarding third shift checks of residents. During a Sexual Abuse Incident Review meeting for the four Resident on Resident Sexual abuse incidents and the the three Resident on Resident sexual harassment incidents that were all perpetrated by the same resident, it was found that a midnight staff was not performing his 8 minute checks of the residents required by the Adelphoi policy and this could have contributed to the incidents. This was not the only reason he was terminated, but it was cited on the SAIR report.

The policy includes all provisions including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have an indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed.

This standard has been met and needs no corrective action

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law

Interviews:

Vice President of Residential Services

There have been no incidents of this nature in the past twelve months. There were no volunteers at any Adelphoi facility, including Greystone, at the time of the Audit.

Both the PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse. The Vice President states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. He also states he would contact the contractor or volunteer's agency.

The policy and the interview confirm that this standard is met. No corrective action is needed

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care regulations.
Files of Resident on Resident Sexual Abuse and Sexual Harassment Allegations

Interviews:

Vice President of Residential Services
Two Mental Health Caseworkers

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. A review of the incident files revealed no resident discipline. The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however, if it is consensual, it is not reported as sexual abuse.

Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.

The PREA policy prohibits discipline of a resident for sexual activity with a staff person unless the staff person did not consent.

The Vice President states that the only sanctions for a violation of the policy are reduction in level. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

The Mental Health Caseworkers who were interviewed state that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation. However, a resident is court committed to Adelphoi for therapy and may be removed by the committing agency if they refuse to participate.

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

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
Vulnerability Assessment Instrument
Logs of all Admissions for the past 12 months
Secondary Medical Documentation kept electronically
Files of 12 residents (10 active, 2 discharges)
Resident Tracking Log

Interviews:

Greystone CW who administers Risk Assessment
Greystone Supervisor
Two Mental Health Caseworkers

The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. This is documented on the VAI, which is kept in the Electronic Health Record. If a

resident refuses, there is a signed declination on the Risk Assessment. There are no Medical or Mental Health staff at Greystone. Medical treatment, including physicals, is obtained in the community. Mental Health treatment/assessment is also received at a community provider located on the Adelphoi campus. If the community provider is unable to conduct an assessment within 14 days, an Adelphoi Mental Health CW, assigned to another facility will complete the required assessment.

In the current population, there were no residents who were identified as having disclosed a previous sexual abuse, however, there were four residents who were identified as vulnerable to victimization and they were offered and declined Medical and/or Mental Health follow up. Two discharged residents disclosed previous victimizations. One resident was offered a follow up within 14 days and he declined, the other resident was not offered a follow up until his six month re-assessment. He declined at that time.

The resident tracking log was provided and reviewed. It showed that all residents who disclose or are identified as needing a follow up are offered one. Several of the residents were transfers from other Adelphoi facilities and had received counseling, therapy or an assessment prior to transfer. All residents receive a physical within 72 hours of admission.

The Mental Health Caseworker states that she sees a child well within the 14 days. She is located on the main campus and will assess those from the Adelphoi facilities, including Greystone, who cannot be seen by the PHN Mental Health caseworker in a timely fashion.

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

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
MOU with Excela Health Latrobe

Interviews:

Nurse
Two Master's Level Mental Health Caseworker
Thirteen Staff
Resident who reported Resident on Resident Sexual Abuse while at the facility

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excela Health Latrobe for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately notify medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement or staff would call 911. This would be done immediately and would be free of charge to the resident.

This is an all male facility and all residents are offered STD testing and follow up. Interviews with the Nurse and the two Mental Health Caseworkers confirmed the policy.

Although there have been no incidents that have required emergency services, one resident who reported a resident on resident sexual abuse stated he had been offered medical and mental health services and he declined, because he did not need them. The policy is in place and the medical staff are an integral part of the coordinated response.

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

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) 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*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Adelphoi School Nurse

Two Mental Health Caseworkers

There are no Medical or Mental Health staff at the facility. All Medical and Mental Health Services are received in the community at a community provider.

The Medical and Mental Health staff who were interviewed stated that the level of care that the residents receive is community level of care.

All residents are offered STD testing.

Any resident on resident offender will be assessed and offered follow up counseling that will be ongoing within 60 days of learning of such an abuse history, but probably sooner than that.

The resident on resident offender was transferred to a Sexual Offender Program within Adelphoi for treatment while awaiting his court hearings. This was recommended by Adelphoi to the resident's juvenile probation officer.

Residents are court committed to Greystone for treatment and rehabilitation. They attend group and individual counseling that may include treatment for sexual victimization or for sexual offending if need be.

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Documents Reviewed:

Adelphoi Village PREA Policy

Completed SAIRs for the Sexual Abuse and Sexual Harassment Allegations

Interviews:

Greystone Supervisor/PREA Manager

Quality Assurance Caseworker who is a Member of the Sexual Incident Review Team

Adelphoi/Greystone conduct an SAIR for all PREA related incidents regardless of their outcome. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Supervisor/PREA Manager, PREA Coordinator, Quality Assurance Caseworker, Vice President, Program Director, Medical, and Mental Health with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator. The recommendation would be followed or the reason for not doing so would be documented.

Every allegation of sexual abuse and sexual harassment was reviewed. As a best practice, if the facility had not been advised of the outcome of the investigation by either the PSP or Pa. DHS, they conducted an SAIR, so they could look at any changes or improvements that should be made without waiting for the outcome.

PSP/Pa. BHS did not always complete an investigation, nor did they always respond to phone calls from the facility. Documentation of this was provided to me. The Vice President of Residential Services, who is new to the position, states that he will be meeting with both the PSP and BHS regional staff to facilitate lines of communication.

I interviewed the Quality Assurance CW, who is a permanent member of the SAIR team. She states that the team convenes and reviews all reports as well as diagrams of the physical plant that is looked at by the program supervisor. As a result of SAIR recommendations at Greystone there have been changes to both the physical plant and staff training.

Mirrors have been installed in the corner of the multi person bedrooms for better viewing by staff. Motion sensors were installed and re-checked. Cameras are being installed in the bedroom hallway within the next month. Staff have received additional training on recognizing the behaviors of a sexually aggressive resident and supervision of such. Documentation of these actions were on the SAIR forms that were submitted

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

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy
Adelphoi Village PREA Annual Report 2017

Interviews:

Greystone Supervisor/PREA Manager
PREA Coordinator

The policy is in place that requires the collection of data that is utilized in the Annual report of Sexual Violence. The data is aggregated for Adelphoi Village as a whole and the Annual Report represents the entire Agency. Data is collected using information from reports and any other resources. There is a report for 2017 that is on the Agency website.

The DOJ has requested information in the past, which has been provided, but not in 2015, 2016, or 2017. The PREA Coordinator received a letter from the Department of Justice in July advising her that Adelphoi has been chosen to have an in person survey conducted sometime before the end of 2018.

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

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA Policy

PREA Annual Report 2017

Adelphoi Village website

Interviews:

PREA Coordinator

Greystone Supervisor/PREA Manager

Adelphoi COO

There are Annual PREA Reports posted on the website. The most recent report for 2017 has been submitted to the Auditor and is also posted on the website. The PREA Coordinator states that she collects all data and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 23 group homes. The reports will compare data from year to year and will discuss the efforts of the facility at prevention, detection, and response.

All personal identifiers are removed and noted.

Corrective Action is taken on an ongoing basis through the utilization of the Sexual Abuse Incident Review. The aggregated data includes looking at all facilities and any incidents. The COO states there has been an increase in the number of reports and he believes that there are several factors involved. He believes that the children are better educated about Sexual Abuse and Sexual Harassment and are more likely to report. He also believes there are more “bad faith” reports.

One example of preventative action due to aggregated data review is the planned installation of cameras in all facilities.

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

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*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Adelphoi Village PREA policy
Annual PREA Reports 2017
Adelphoi Village website

Interviews:

PREA Coordinator
Greystone Supervisor/PREA Manager

The Annual reports are for the Agency and not the individual Facility. There is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The website contains Annual PREA Reports for several years, including the most recent report, 2017. It contains the initial PREA Audit from 2015. The policy states that all records will be retained for ten years.

The information is kept on the PREA Coordinator's computer and is on a share drive for her and the Quality Assurance CW only.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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*)

Instructions for Overall Compliance Determination Narrative

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

Adelphoi Village has had all its facilities Audited in the first three year cycle and is now having re-Audits completed for 1/3 of its facilities each year as part of the second three year cycle.

Greystone was first Audited in 2015. This is a re- audit being conducted in the second year of the second three year cycle. The auditor had access to and toured all areas of the facility on June 18, 2018. All staff and residents were interviewed privately at both the facility on 6-18-18 and on 6-21-18 at the Adelphoi administration building.

The Auditor was provided with all reports and documentation she requested and was able to view the resident's electronic health records.

The dates of the upcoming Audit were posted in the facility six weeks prior to the onsite portion of the Audit along with the Auditor's contact information. There was no correspondence with the Auditor.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports 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*)

Instructions for Overall Compliance Determination Narrative

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

The Agency posts all Facility Audits on the website within 14 days of the Final Report being submitted to the Auditor. The 2015 Greystone Audit was posted in a timely fashion. All other Agency PREA reports have also been posted in a timely fashion. The PREA Coordinator advises the Auditor of the posting and then the Auditor verifies and documents it. This standard has been met. There is no need for corrective action.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Maureen G. Raquet *Maureen G. Raquet*

October 24, 2018

Auditor Signature

Date

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

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