

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: September 20, 2017

Auditor Information			
Auditor name: Maureen G. Raquet			
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Email: Mraquet1764@comcast.net			
Telephone number: 484-366-7457			
Date of facility visit: May 8,9,10,11,12,2017			
Facility Information			
Facility name: Raphael			
Facility physical address: 1114 Main Street, Latrobe, Pa. 15650			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 724-537-0379			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Nancy Kukovich			
Number of staff assigned to the facility in the last 12 months: 12			
Designed facility capacity: 15			
Current population of facility: 12			
Facility security levels/inmate custody levels: secure			
Age range of the population: 12-18			
Name of PREA Compliance Manager: George Bealonis		Title: Raphael Supervisor/PREA Compliance Manager	
Email address: George.bealonis@adelphoi.org		Telephone number: 724-804-7000	
Agency Information			
Name of agency: Adelphoi Village, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1119 Village Way, Latrobe, Pa. 15650			
Mailing address: <i>(if different from above)</i> s//a			
Telephone number: 724-804-7000			
Agency Chief Executive Officer			
Name: Nancy Kukovich		Title: President/CEO	
Email address: nancy.kukovich@adelphoi.org		Telephone number: 724-804-7000	
Agency-Wide PREA Coordinator			
Name: Jennifer McClaren		Title: Director of Quality Assurance/PREA Coordinator	
Email address: Jennifer.mcclaren@adelphoi.org		Telephone number: 724-804-7000	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of Raphael Home was conducted on May 8, 9, 10, 11, 12, 2017 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. Another staff trained and supervised by the Auditor helped to conduct staff and resident interviews. This Audit was conducted as part of five facility Audits of the same agency, Adelphoi Village, during the same time period. Raphael Home 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 May 8, 9, 10, 11, 12, 2017, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on March 27, 2017, and I received an email with pictures of the posting in the living units and common areas on this date. The facility was requested to keep these notices posted during the pre-audit six week period and they were still posted in all areas during the tour on May 8, 2017. There have been no communications received as a result of this posting in the Auditor's Post Office box. On March 27, 2017, I received a flash drive with the completed Pre-Audit Questionnaire and requested important documentation. During this six week pre-audit period, through emails and phone calls with the PREA Coordinator, the uploaded information and important documentation was discussed, amended and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on April 20, 2017. The onsite portion of the Audit commenced with a brief entrance interview with the PREA Coordinator, the Adelphoi Village Vice President of Residential Services and the Compliance Caseworker. The tour of the facility took place after the initial meeting and was conducted by the Raphael Supervisor. 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, describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center.

While on the tour, I saw the "PREA Hotline" that is located in the staff office and other areas of the facility. It is a hotline to the Blackburn Center. There are directions posted and a programmed button that goes directly to Blackburn. I followed the directions and the call went to the Blackburn Center. 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 there have been allegations of sexual abuse at other Agency facilities in the past 12 months and Blackburn was utilized. She stated that all reporting was done according to policy and procedure. She was unaware of any issues at Raphael Home.

There have been no allegations of sexual abuse or sexual assault at Raphael during the past 12 months.

Residents were not present during the tour. They attend the Robert Ketterer School on the main campus, where they also eat all their meals, except on weekends. All staff persons except the Caseworker and Supervisor were also at the school providing supervision. There are no cameras that record in the facility. Therefore, there are no recordings of unannounced rounds. However, I saw the unannounced round log while on the tour and was provided with several months worth of rounds prior to the onsite portion of the Audit.

There were postings next to the doorways leading into the second floor bedroom area directing the opposite gender staff to announce themselves. There is currently one female staff who works at Raphael.

During the onsite portion of the Audit, I saw a supervised lunch in the school cafeteria. Ratio of 1:8 was always maintained or exceeded whether in a group setting or with smaller groups of residents. I spoke to two of the women who work in the cafeteria and both could tell me that they received PREA education. I also spoke to a Biology teacher and several students at the school during the tour. The teacher stated he had received his PREA education and was a mandated reporter. He also said he had just received an email that it was time to renew his Child Abuse clearance. The students nodded affirmatively when I asked if they knew what PREA was and one student volunteered and told me had received PREA education. I observed the children lined up using the bathroom one at a time with staff supervision. There were postings throughout the school building announcing the Audit and also for reporting.

The votech building and the gym/multipurpose building were also toured because Raphael students utilize them. They both had PREA postings. The gym/multipurpose building can also be used for community functions. A staff training on PTSD was being conducted in one of the classrooms in the gym during the tour.

All Raphael residents receive physicals in the new health building on the main campus. The Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite. All health records are kept as part of the Electronic Health Record and have restricted access. I toured the Mental Health Clinic and saw private offices and locked file cabinets with secondary documentation and limited access. PREA postings were added to the Medical Clinic and specifically the examining room prior to the end of the onsite. This building had just opened the prior week and posters had not yet been added.

Directly after the tour of the facility and for the following days, interviews were conducted in private rooms in the Administration building across from the school. 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

Mental Health Therapist

Caseworker who administers the Vulnerability Assessments

Administrative staff who conducts Intake Education

Facilities' Director who is a member of the Sexual Abuse Incident Review Team

A contractor by phone

A teacher from the Robert Ketterer Charter School

There are no Volunteers

Ten Random Residents

And 10 full time staff

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 staff was provided to me and I interviewed all ten Raphael staff from all shifts that were available. There are no Unions or bargaining units at Adelphoi Village.

I was given a census of all 12 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 12 total residents, ten (10) residents were interviewed. That represents 88% of the total population on the days of the Audit. There were no residents who reported a sexual abuse. There was one resident who was interviewed who identified as Gay. There were no disabled or non-English proficient residents. Four residents disclosed prior sexual abuse and they were interviewed.

I reviewed the files of 10 staff for required documentation including three hired within the past 12 months and one promotion. I reviewed the paper and electronic 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.

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 also contained in resident handbooks given to the resident during Intake. They also watch an age appropriate video, "Safeguarding your Sexual Safety: A PREA Orientation Video" during the Intake process. 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. Most residents were aware of the Victim Advocate and Crisis Intervention Services offered by the Blackburn Center.

There are MOUs with Excelsa Health Latrobe for Forensic Examinations by a SAFE/SANE and an MOU with the Pennsylvania State Police, Greensburg who conduct Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months, there have been no allegations of sexual abuse or sexual harassment at Raphael. There have been no reports from other facilities of abuse at Raphael and Raphael staff have received no reports of sexual abuse at other facilities.

At the conclusion of the onsite Audit, an Exit interview was held with the following staff on Friday, May 12, 2017: Adelphoi Vice President of Residential Services, PREA Coordinator, Compliance Caseworker, two Program Directors (one by conference call). The PREA Audit Report

preliminary results of the Audit were discussed and plans for corrective action.

DESCRIPTION OF FACILITY CHARACTERISTICS

Adelphoi Village was established in 1971 as a home for boys. Through the years, foster care and a private 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 2016, Adelphoi served 2,797 youth and families.

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 Admission’s/Visitor Center and the “greening” of the campus to include re-locating parking lots and planting grass for a park like campus. Walking trails, a volleyball pit and picnic pavilions have already been added.

The counselors, teachers, therapists, along with administration and supervisory staff, make up a workforce of nearly 650. There are 12 employees assigned exclusively to Raphael including the Supervisor/PREA Manager and the Caseworker.

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.

Adelphoi contracts with 64 of the 67 counties in Pa. and infrequently has had children committed from Delaware, West Virginia, Maryland, Nebraska and Ohio. 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.

All Adelphoi facilities were Audited during the first three year PREA cycle and all came into compliance.

This re-audit was conducted at Raphael Home, 1114 Main Street, Derry Township, Westmoreland County, Pa., about 10 minutes from the main campus in Latrobe. This Audit was conducted along with the Audit of the main campus group homes and three other local facilities.

Raphael is a 15 bed, male, sexual offender treatment unit, with ages ranging from 12-18, and an average length of stay of about 5-6 months. There were 19 admissions in the past 12 months. This facility is licensed under the Pa. Department of Human Services 3800 regulations. On the date of the Audit, there were 12 residents in this unit including boys who “stepped down” or transferred from the Secure Sex Offender program on the main campus. Residents from Raphael are transported to the central Latrobe campus to attend the Robert Ketterer Charter School. They are transported to the school in a van by Adelphoi staff. They eat all meals on the main campus, except on weekends. These residents can either be dependent or delinquent and can be committed by their respective Juvenile Courts or transferred from another facility. Because this is a treatment facility, all residents receive individual therapy once a week and group therapy several times a week, including evidence based programs such as ART, Aggression Replacement Training. Many see a psychiatrist for medication evaluations. The staff at Raphael receive additional and specialized training for supervision of this specialized population. There are no medical staff at Raphael. The residents receive their physical on the main campus in the new Health Services Building and a Master’s Level Mental Health Caseworker on the main campus conducts Mental Health Evaluations.

Raphael is located in a residential neighborhood in the outskirts of the town of Latrobe, Pa, in Derry Township, Westmoreland County in Western Pa. This two story 6,287 square foot former funeral home is owned by Adelphoi and sits on about 1.5 acres with a driveway and a basketball hoop. It is a beautiful building sitting atop a small hill with a large front porch. Private homes surround it. Raphael was renovated in 2012. The main living floor was opened up to improve line of sight and supervision. Bedrooms were repositioned to improve supervision during sleeping hours. A motion map monitoring system was installed in the bedrooms and is activated and monitored by staff during sleeping hours. The only change since the initial 2015 Audit is the “Guard Tour” system that is used during sleeping hours to record the 7 minute checks of the residents. This is uploaded by the supervisor to monitor supervision. Cameras are budgeted for the next calendar year.

When you enter the front door, a supervisor’s office is to the left, a stairway directly ahead, and staff and a caseworker office to the left. The doors are locked and there are delayed panic bars on them from the inside. A hallway leads to a kitchen, pantry, living room, dining room, and a small deck to the side of the home. There is one first floor staff bathroom. There is another stairway in the rear of the home that leads down to the basement. The basement has food storage, mechanical, laundry rooms and a large recreation room that can be used for group counseling and a weight room. The second floor can be accessed by both a front and back stairway. The front stairs lead directly to the upstairs hallway and an open staff area. The bedrooms include: 2 Quads, 2 Doubles, and 3 Singles. They are configured around the open staff area, where there is a desk, so that midnight staff can monitor the motion mapping system in the multi-resident rooms. Directly across from the staff post are two bathrooms. The sinks are in the open area, one next to another and the single bathrooms with a toilet and shower stall are across from each other next to the sinks. This is a well-designed bathroom area that allows privacy for the boys but can be effectively monitored by staff. The bedrooms are sparsely furnished with wooden single and bunk beds. The third floor is only accessible to the IT staff. It is padlocked off and once contained a separate apartment prior to Adelphoi purchasing it.

The boys were at school on the main campus during the tour; only the supervisor and caseworker were present. The residential clients attend school in part of the school building and eat in a separate area of the cafeteria. The residential students do not interact at all with the children from the community who attend the Alternative School. Both the school, Vo-tech building and gym/multipurpose building were toured. The new Medical Services building where the residents receive physicals was toured as well as the Mental Health clinic. On 5-10-

17, the residents were observed as a group during lunchtime in the school cafeteria. Interviews with both the staff and residents were conducted in private rooms in the administration building across the parking lot from the school.

SUMMARY OF AUDIT FINDINGS

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. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. This facility was Audited two years ago during the first PREA cycle.

The Supervisor/PREA Manager is new since the last Audit. He was promoted to this position within the past year. He is committed to ensuring that his staff and residents follow procedure. He conducts random unannounced rounds frequently on all shifts to monitor the compliance with staffing and procedure. He also monitors retaliation in his role of PREA Manager. 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 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 Excela Health Latrobe for Forensic Medical Examinations for Residents and there is an MOU with the Pennsylvania State Police, Greensburg, 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. There are informational postings throughout the facility to act as ongoing education for both residents and staff, and one resident stated during his interview that he receives information regarding outside support services during group.

The Vulnerability Assessments and the resultant medical follow ups were done in a timely fashion. The Caseworker at Raphael conducts the Risk Assessment within 72 hours of Intake. The nurse keeps an Electronic Health Record which also includes the Vulnerability Assessment and the documentation of risk based housing. The Caseworker and PREA Coordinator reviewed these with me. There were no issues with any of these records.

Risk based housing is considered for both vulnerable and aggressive residents and I viewed the single bedrooms that are used for this purpose. I reviewed a "log book" with documentation of a housing assignment for a sexually aggressive resident who was transferred from another Adelphoi facility due to a resident on resident sexual abuse allegation. His "safety plan" was noted including his housing assignment. However, the documentation for the 11 other resident files that I reviewed was "cookie cutter". Risk based housing is being considered and practiced, however, it is not being documented properly.

All staff files were complete for both education/training, child abuse and criminal history clearances. All resident files, both paper and electronic, were complete for timely PREA education, administration of the VAI, and necessary Medical and MH follow up.

Three standards as noted below have been exceeded. Three standards as noted below do not apply. One Standard requires corrective action. The remaining 34 Standards have been met. All policy and procedure meet the Standards.

After satisfactory completion of the corrective action plan, Raphael meets all standards and the facility is PREA compliant, effective 9-20-17.

The following standards have been exceeded:

Standard #315 Monitoring and Supervision

Raphael staffing exceeds the required 1:8. 1:16 ratio. The monitoring and supervision also includes a "mapping system" for multi-child bedrooms that activates an alarm and camera when a child gets out of their bed. This use of technology specifically safeguards the residents from sexual abuse. A "Guard Tour" system is also used during sleeping hours to monitor the supervision of the midnight staff by the supervisor. The PREA Manager/Supervisor conducts random unannounced rounds of all shifts that far exceeds the required amount as dictated by the Adelphoi PREA Zero Tolerance policy. This standard has been exceeded.

Standard #351 Resident Reporting

Residents can report in writing, verbally, anonymously and through third parties. There is a "hotline" to the Blackburn Center, a PCAR, where reports are accepted. It is a pre-programmed speed dial, which requires the push of a button to connect. There is a poster above the phone with Blackburn information. Pencil and paper are available as seen on the tour. There is a grievance form and procedure given to each resident. The residents have private and confidential access to attorneys, parents, guardians, probation officers and children and youth caseworkers through phone calls and family visits. Interviews with 10 random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline". The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

Standard #383 Ongoing Medical and Mental Health Care for sexual abuse victims and abusers

This is a residential sex offender treatment facility. The staff are given specialized training to deal with this population. All residents receive individual and group therapy on a weekly basis. Many residents see a psychiatrist for ongoing medication evaluations. Children are committed to this facility by their respective Juvenile Courts for sex offender treatment. This standard has been exceeded.

The following standard requires corrective action:

Standard #342: Placement of Residents in Housing, Programming and Work Assignments

In reviewing the files of 12 residents(10 active and 2 discharges), the documentation of risk based housing decisions was not specific to each case. Risk based housing is being practiced, however it is not be appropriately documented. Ninety days of admissions along with the documentation of risk based housing needs to be submitted to the Auditor.

On 9-17-17, I received an admission's log for Raphael documenting ninety days of admissions. In the past 90 days there were six admissions at Raphael. I picked three residents who required risk based housing decisions due to being either sexually vulnerable or sexually aggressive. I requested and received copies of their Vulnerability Assessments and documentation of risk based housing decisions. The documentation was specific to each resident and satisfies the plan of correction. This standard has been met.

The following standards do not apply:

Standard #312: Contracting with other entities for confinement of residents: Raphael does not contract with any other entities for the confinement of their residents.

Standard #334: Specialized Training; Investigations: Raphael staff do not conduct Investigations. This is done by Pa. State Police, Greensburg and Pa. Department of Human Services Child Line.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at Raphael.

After satisfactory completion of the corrective action plan, Raphael has met all standards and the facility is PREA compliant, effective 9-20-17.

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Documentation Reviewed:

Adelphoi Village Zero Tolerance Policy
Adelphoi Village Organizational Chart

Interviews Conducted:

PREA Coordinator
PREA Manager/Raphael 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 22 programs.

The PREA Manager is also the Program Supervisor. He is newly promoted to this position. In this role, he conducts random unannounced rounds and also monitors retaliation should there be an allegation of sexual abuse. He feels that he has enough time to fulfill his duties in this role and would utilize the PREA Coordinator to help with compliance of any standard that was not being met.

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

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

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

This standard does not apply. The facility does not contract with any other agency or facility to provide confinement for their residents.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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 and PREA Manager

Interviews:

PREA Coordinator
Facility Supervisor/PREA Manager
Program Director

The review of the Zero Tolerance Policy, Adelphoi policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account 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 the yearly review of staffing by the PREA Coordinator. The PREA Coordinator reviews staffing yearly or would also 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 as outlined in safety plans are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:8, 1:16. The Supervisor states his ratios are usually better than that and that he also counts in ratio. I saw the residents being supervised in a group setting during the tour of the main campus. They were eating lunch in the cafeteria. The ratio of 1:18 was exceeded.

I was provided current staff schedules with more than the required ratio. They are completed at least two weeks in advance 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.

All residents were at school on the main campus during the tour.

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. The facility 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 random unannounced rounds that are being conducted on all shifts.

There are no cameras in this facility. However there is a “Guard Tour” system used during sleeping hours. This 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. There is also a motion sensor camera/ mapping system, only used in multi-resident rooms during sleeping hours. Any resident moving from their bed triggers the sensor. An alarm and a camera are activated at the staff desk. This is a best practice to aid in the supervision of this specialized population and to protect other residents from sexual abuse and/or sexual harassment.

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

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

10 Random staff
10 Random residents

The Adelphoi Village Zero Tolerance Policy contains the necessary requirements for this standard. It, along with Adelphoi Village Search 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. 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. Residents state that they have never been subject to a cross gender pat down search. 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. Both staff and residents could demonstrate this for me. I saw posters at the doorway of the bedroom areas. Currently there is one female staff who works at Raphael.

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.

The only cameras in this facility do not record and are only used during sleeping hours in multi-resident rooms to aid in supervision. They are motion activated. Residents are not permitted to change clothing in their rooms. They must do this in the bathroom.

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

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

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

Documents Reviewed:

Adelphoi Zero Tolerance Policy
Spanish and English Reporting Posters
Contracts with Translators

Interviews Conducted:

Vice President of Residential Services
Ten Random Staff

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 Raphael, 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 VP 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. This is 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 PREA policy requires these accommodations.

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

Standard 115.317 Hiring and promotion decisions

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

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

Documentation Reviewed:

- Pa. Department of Human Services 3800 Child Care Regulations
- Pa. Bureau of Human Services Licensing and Inspection Summary
- Pa. Child Protective Services Law
- Adelphoi Zero Tolerance Policy
- Files of 10 staff including three new hires and one who had been recently promoted.
- File of one 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 BHSL as well. There have been no citations for non-compliance in this area.

I checked the files of 10 staff, including three who had most recently been hired, one who had been promoted and one contractor. 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 require 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

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

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

corrective actions taken by the facility.

Both the tour of the facility and the interviews with the PREA Coordinator and the Supervisor/PREA Manager confirm that there has been no renovation, expansion or modification to the facility and no installation or upgrade of the camera system. A “Guard Tour” system has been installed since the last Audit. This requires the midnight staff to touch a “wand” to a chip in each resident bedroom and various other areas of the facility to record “checks” of the residents during required intervals throughout the sleeping hours. These checks can then be uploaded by the supervisor to ensure that the midnight staff are performing the required supervision of the residents while they are in their rooms or sleeping. Cameras for the facility have been budgeted for the next calendar year. This standard has been met. There is no need for corrective action.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Documents Reviewed:

Adelphio Village Zero Tolerance Policy
MOU with Excelsa Health Latrobe
MOU with the Blackburn Center (a PCAR)
MOU with the Pa. State Police, Greensburg

Interviews:

PREA Manager/Raphael Supervisor
Adelphoi Village Nurse
10 Random Staff
Phone Interview with Director of the Blackburn Center (a PCAR) prior to onsite

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. There is a MOU with the Blackburn Center, a member of the Pennsylvania Commission Against Rape (PCAR), to provide a victim advocate and to provide 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. 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 were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse in the past 12 months.

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

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

- Adelphoi Village PREA Zero Tolerance Policy
- Pennsylvania Child Protective Services Law (CPSL)
- Adelphoi Village website
- MOU with the Pa. State Police

Interviews:

- Vice President of Residential Services

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 of Residential Services 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 any allegation but report all of them. The contact information for the PSP, Pa. Child Line and Adelphoi Village is on the website.

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

Standard 115.331 Employee training

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

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

Documents Reviewed:

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

Interviews:

- PREA Coordinator
- PREA Manager
- Ten Random Staff
- Teacher from the Robert Ketterer Charter School

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 10 random staff files to ensure yearly training that is appropriate. All staff reviewed had received appropriate initial and refresher training.

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 ten random staff who were interviewed were able to candidly discuss their training. Training 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 they received initial training and annual refresher training.

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.

I also interviewed a teacher from the Robert Ketterer Charter School, which the Raphael residents attend. He stated he received PREA education every year since the inception and he is a mandated reporter. He was able to candidly discuss his 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

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

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

Documents Reviewed:

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

Interviews:

Contracted Employee (HVAC Contractor), a telephone interview

There are currently no volunteers at Adelphoi Village. I conducted a telephone interview with a Contracted Employee, a HVAC Contractor. He has been contracted with Adelphoi for over 20 years. He was able to tell me that he received training and the extent of the training. He was able to tell me that he would report to an on-duty supervisor and the Facilities’ Director. I saw a signed contractor training acknowledgement. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt and understanding of this policy. I saw these brochures and the sign in book during the facility tour. This standard has been met. There is no need for corrective action.

Standard 115.333 Resident education

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

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

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 Admission's process
10 random residents

Adelphoi Village conducts all education at the main campus as part of the Admission's process before the resident is placed at Raphael. I interviewed the Admission's staff, who had been hired less than two weeks before. She was still in the training process. 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 the use of a hotline. The staff person states that after the video, she asks the residents if they have any questions and she tells them about the Blackburn Center. She has them sign an acknowledgement. If a resident is transferred after hours on a long holiday weekend, the video can be viewed at the individual facility. I observed signed acknowledgements of 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. When the residents arrive at Raphael, they are shown where the Blackburn phone is as part of their orientation. 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. Groups that are conducted sometimes include PREA information according to one resident during the interview. Most residents could also tell me about services offered outside of the facility at the Blackburn Center and about the 211 call for any Human Service. Posters for 211 were in the facility.

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

Standard 115.334 Specialized training: Investigations

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

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

This standard does not apply. There are no investigators at this facility.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Documents Reviewed

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

Interviews:

Nurse
Master's Level Mental Health Caseworker

This facility does not perform forensic medical examinations. These are conducted at Excelsa Health Latrobe and there is a MOU with the Hospital.

I interviewed a full time Nurse and I also interviewed a Master's Level Mental Health Caseworker. Both have completed the online NIC PREA Training and the training for all staff at Adelphoi. They both received Mandated Reporter training and would report to Child Line and their immediate supervisor as well as document any allegation of abuse. The Mental Health Caseworker has received extensive training through her education and because she assesses and treats sex offenders. Both state that forensic examinations are not conducted at Adelphoi and that they both have received training on the protection of forensic evidence. They both received training regarding the sexual abuse of juvenile victims.

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.

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

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

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/Raphael Supervisor
Caseworker who completes Vulnerability Assessment

The Vulnerability Assessment Instrument is a commonly used one that takes into account 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 Caseworker, takes into account the information in 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 uses 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 Raphael staff and administrative staff have access to the electronic files. All other staff must be granted access by the EHR administrator.

I reviewed the files of 12 residents (10 active, electronic; 2 discharged, paper) with the 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. Seven of the 12 files reviewed required 6 month re-assessments per Adelphoi policy and all were conducted in a timely fashion.

I interviewed 10 residents 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 Raphael.

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

Standard 115.342 Use of screening information

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

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

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
Raphael Log Book
Additional documentation of three admissions who required risk based housing consideration.

Interviews:

PREA Coordinator
PREA Manager/Supervisor
Caseworker 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 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.

Residents are also assigned seating in the cafeteria based on the assessment.

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 residents own views for their safety would be taken into account 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 was one resident who identified as gay in the population and he was interviewed. He stated he was not discriminated against in any way and did not receive specialty housing due to his identification.

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. Raphael is a sex offender program and because of their charges, all residents are identified as aggressive. The one resident who was transferred from another Adelphoi facility for a resident on resident sexual abuse allegation was identified as aggressive and was placed in a single room with a safety plan due to this behavior. I reviewed documentation of this plan in the Raphael log book and observed the room where this resident was placed. However, all other resident files had the exact same documentation. This does not meet the standard.

Corrective Action:

Ninety days of admissions with specific documentation of risk based housing needs to be submitted in order to meet this standard.

On 9-17-17, I received an admission's log for Raphael documenting ninety days of admissions. In the past 90 days there were six admissions at Raphael. I picked three residents who required risk based housing decisions due to being either sexually vulnerable or sexually aggressive. I requested and received copies of their Vulnerability Assessments and documentation of risk based housing decisions. The documentation was specific to each resident and satisfies the plan of correction. This standard has been met.

Standard 115.351 Resident reporting

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

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

Documents Reviewed;

Adelphoi Village PREA Zero Tolerance Policy
 Adelphoi Village Grievance Policy
 Telephone Policy
 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)
 Ten Random 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 a 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 completed 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 and other areas of the building. It has a designated button that goes directly to the Blackburn Center. I tested this phone while on the tour. The residents can also call Child Line and the staff must call Child Line as mandated reporters.

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 twice a week and some 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.

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

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

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

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 Summaries
- Child’s Rights’ Form
- Grievance Form
- Files of 12 residents (10 Active, 2 discharges)

Interviews Conducted:

- PREA Manager/Director

There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 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. BHSL during their annual licensing inspection inspects resident files for this signed acknowledgement by both parent and resident. The most recent Licensing and Inspection Summary did not contain any citations for failure to notify parents and residents of the grievance policy.

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 any corrective action.

Standard 115.353 Resident access to outside confidential support services

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

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

Documents Reviewed:

- Adelphoi Village PREA Policy
- Visiting Policy
- Telephone Policy
- Spanish and English Posters for the Blackburn Center in the Facility
- Resident Handbooks
- MOU with the Blackburn Center

Interviews:

- PREA Coordinator
- PREA Manager/Supervisor
- Ten Random resident
- Blackburn Center Director (by phone prior to onsite)

The PREA Policy outlines that the facility 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 education that they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services. Two residents stated that they were aware of these services through “group”. These services can also be accessed by using the newly implemented 211, a one stop call for any and all Human Service Resources. These 211 posters were throughout the facility and the school. The residents specifically brought up 211 during their interviews. The PREA Manager/Supervisor described the MOU with the Blackburn Center, a PCAR, and the services that they offer. The MOU was reviewed and I spoke to the Blackburn Center Director 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 at least once a week and, depending on level, every day. 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. Probation officers, caseworkers and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. Most residents were able to tell me about the counseling services offered through Blackburn because they or a family member had used them on prior occasions. Other residents were unable to tell me about the services. This standard has been met and requires no corrective action.

Standard 115.354 Third-party reporting

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

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

Documents Reviewed:

Adelphoi Village PREA Policy
Adelphoi Village website
Spanish and English Reporting Posters throughout the facility and in visiting area.

The policy requires third party reporting avenues. The information on how to report is publicly disseminated by Adelphoi Village via the website, which was verified. It is also posted in the facility in the area where parents and guardians visit. This standard has been met and requires no corrective action.

Standard 115.361 Staff and agency reporting duties

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Pa. Child Protective Services Law
Training Logs
Pa. Department of Human Services #3800 Residential Child Care Regulations

Interviews:

Adelphoi Village Vice President of Residential Services
PREA Manager/Raphael Supervisor
Ten Random Staff
Nurse
Mental Health Caseworker
Teacher from the Robert Ketterer Charter School

There have been no incidents or reports of sexual abuse or sexual harassment at Raphael in the past 12 months. 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 two Medical 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 teacher who was interviewed is a mandated reporter. He would report immediately to the principal of the school and the appropriate Raphael staff. He would also document any report.

Although there have been no reports or allegations, the Supervisor states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Supervisor states that, if there is an attorney of record, they would also be notified. If there was a court order prohibiting a parent from notification, they would contact a guardian. Although this has not been done for a sexual abuse report, it has been done for other types of incidents and this evidences practice. This standard has been met and there is no need for corrective action.

Standard 115.362 Agency protection duties

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

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

Documents Reviewed:

Adelphoi Village PREA Zero Tolerance policy

Interviews:

Vice President of Residential Services
PREA Manager/Raphael Supervisor
Ten Random staff
Teacher from the Robert Ketterer Charter School

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 10 random staff and the PREA Manager and 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. The teacher from the school would also keep the resident at his side until he ensured that resident's continued safety. He would notify a supervisor and document the report. This standard has been met. There is no corrective action necessary.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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 within the past twelve months.

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 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 against Adelphoi staff, it will be reported to the Vice President. The VP 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, 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

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Ten Random Staff

There have been no incidents in the past twelve months that have required first responder actions.

The policy contains the following first responder duties: seek assistance, separate the victims, secure the scene, report to your supervisor, document and contact the medical department. This is contained in the staff training curriculum. These duties are also posted in the staff office. I saw them posted during the tour. When interviewed, the ten 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

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

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

Documents Reviewed:

Adelphoi Village PREA policy.

Interviews:

COO

Vice President of Residential Services

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, which I saw while on the tour. The Vice President of Residential Services stated during his interview that, although not utilized for a report of sexual abuse at Raphael, it is and has been used for other types of incidents. This demonstrates that the policy is in practice.

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

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

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

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. 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. There was no need to do this at Raphael, however I did see documentation that this occurred at another Adelphoi Facility. The staff person was immediately removed from the facility and subsequently terminated.

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

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Raphael Supervisor/PREA Manager

There have been no incidents that have required monitoring for retaliation.

The Adelphoi Village PREA policy requires that a staff person monitor retaliation to anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at Raphael 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 weekly if needed and would do so for length of stay, which may exceed the 90 day requirement in policy. He monitors behavioral changes in residents, including changes in behavior, such as suicide threats or becoming extremely quiet. He would monitor staff absenteeism or attitude change.

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. This 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.

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

Although there has not been an incident, after reviewing policy and interviewing the Supervisor, I believe this standard has been met. There is no need for corrective action.

Standard 115.368 Post-allegation protective custody

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Vice President of Residential Services

This standard does not apply. There is no use of isolation.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:

Adelphoi Village PREA Policy
MOU with the Pa. State Police
Pa. Child Protective Services Law

Interviews:

PREA Coordinator
PREA Manager/Raphael Supervisor

There have been no sexual abuse or sexual harassment reports within the past twelve months. 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 a MOU. The agency has provided investigation training for some staff to aid them in understanding investigations. However, 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 reports, even if a staff person is no longer employed at the facility, are reported. The policy meets the standard and no corrective action is needed.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Department of Human Services 3800 Child Care Regulations

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. The Director stated that the resident and his parents and probation officer 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.

There have been no reports of sexual abuse in the past 12 months.

Although there have been no incidents to demonstrate compliance, I feel that the policy and the interview confirm that the standard would be met.

There is no corrective action needed.

Standard 115.376 Disciplinary sanctions for staff

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

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment. 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. Although there have been no reports of sexual abuse at Raphael during the past 12 months, there was one at another Adelphoi facility. That staff person was immediately removed from the facility and was terminated within days of the incident.

This standard has been met and needs no corrective action.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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 Adelphoi 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 Disciplinary sanctions for residents

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

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

Documents Reviewed:

Adelphoi Village PREA Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care regulations.

Interviews:

Vice President of Residential Services
Nurse
Mental Health Caseworker

There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months. 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.

Both the Nurse and the Mental Health Caseworker state that counseling would be offered to both the victim and the perpetrator, but it is voluntary. Because counseling is voluntary, the 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.

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

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

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

Documents Reviewed:

Adelphoi Village PREA Policy
Vulnerability Assessment Instrument
Logs of all Admissions for 5-1-16 through 5-1-17
Secondary Medical Documentation kept electronically
Files of 12 residents (10 active, 2 discharges)

Interviews:

Caseworker who administers Risk Assessment
Raphael Supervisor
Nurse
Mental Health Caseworker
Four Residents who disclosed Prior Sexual Abuse

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. The policy and practice requires the staff who administers the risk assessment to notify Medical and/or Mental Health of the need for a follow up. 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.

In the current population, four residents were identified as having disclosed a previous sexual abuse. One resident denied a previous victimization during his interview, two declined Medical or Mental Health follow up, but one resident interviewed stated he received it “right away”. All residents were identified as perpetrators, six residents including the two with prior victimizations declined an assessment. Their declination was an electronic signature in the EHR. Five of six remaining residents received a Medical and/or Mental Health follow up within 14 days. Several residents who declined had received Medical and Mental Health follow up at another Adelphoi facility prior to being transferred to Raphael.

The Mental Health Caseworker states that she sees a child well within the 14 days. She is located on the main campus and assesses those from the Adelphoi facilities in the general Latrobe area including Raphael.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Nurse

Master's Level mental Health Caseworker

Ten Random Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe for a Forensic Medical Exam with a SAFE/SANE. 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 Mental Health Caseworker confirmed the policy.

Although there have been no incidents that have required emergency services, 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

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

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Nurse

Mental Health Caseworker

There were no incidents in the past twelve months, so there were no residents to review or secondary documentation. Raphael is a residential treatment facility for juvenile sex offenders. Residents are committed to Raphael by their respective Juvenile Courts for treatment. All residents receive individual and group therapy weekly. Residents also participate in cognitive groups. Many residents see a psychiatrist for regular medication evaluations. Staff receive specialized training to supervise this population. The two Medical staff who were interviewed both stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement. All residents are offered STD testing. Due to the treatment that residents receive, this standard has been exceeded. There is no need for corrective action.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Documents Reviewed:

Adelphoi Village PREA Policy

Interviews:

Raphael Supervisor/PREA Manager

Facilities’ Director who is a Member of the Sexual Incident Review Team

There have been no incidents within the past twelve months that have required an incident review at Raphael. However, other facilities at Adelphoi have conducted Sexual Incident Reviews and the Facilities’ Director has participated in them. 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, Vice President, Program Director, Medical, Mental Health and the Facilities’ Director 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.

Although there have been no incidents to review at Raphael, the Facilities’ Director has participated in a few Sexual Incident Reviews at other Adelphoi facilities. One such review resulted in identifying a blind spot in a stairwell and recommending and adding mirrors to that area. As the Facilities’ Director, he implemented that.

The policy contains all necessary requirements.

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

Standard 115.387 Data collection

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

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

Documents Reviewed:

Adelphoi Villag PREA Policy

Adelphoi Village PREA Annual Report, 2014 and 2015

Interviews:

Raphael Supervisor/PREA Manager

PREA Coordinator

There have been no incidents that required data compilation at Raphael however, the policy is in place that would require 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.

The DOJ has requested information in the past, which has been provided, but not in 2015 or 2016.

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

Standard 115.388 Data review for corrective action

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

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

Documents Reviewed:

Adelphoi Village PREA Policy
PREA Annual Report 2014 and 2015
Adelphoi Village website

Interviews:

PREA Coordinator
Raphael Supervisor/PREA Manager

There have been no incidents that data can be collected, aggregated or reported at Raphael. However there are Annual PREA Reports for 2014 and 2015 posted on the website. The PREA Coordinator states she collects all data for each facility at Adelphoi and prepares the Annual Report. She prepares an Annual report for the Agency, which includes 22 group homes. The reports will compare data from year to year and will discuss the facilities efforts at prevention, detection, and response.

All personal identifiers would be removed and noted.

Although there have been no incidents, this standard has been met. No corrective action is needed.

Standard 115.389 Data storage, publication, and destruction

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

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

Documents Reviewed:

Adelphoi Village PREA policy
Annual PREA Reports 2014, 2015
Adelphoi Village website

Interviews:

PREA Coordinator
Raphael Supervisor/PREA Manager

Although there have been no incidents at Raphael, there have been at other facilities within the Agency. 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 2014 and 2015. It contains the initial PREA Audit

from 2014. The policy states that all records will be retained for ten years. The PREA Coordinator keeps the records secure as part of the Electronic Health Record that only she and her compliance caseworker can access. 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Maureen G. Raquet *Maureen G. Raquet*

Auditor Signature

September 20, 2017

Date