

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 31, 2016

Auditor Information			
Auditor name: Farooq Mallick			
Address: P.O. Box 262 New Paltz, N. Y. 12561			
Email: afarooq.mallick@gmail.com			
Telephone number: 845-594-8161			
Date of facility visit: August 15, 2016			
Facility Information			
Facility name: Clear Vision Residential Treatment Services			
Facility physical address: 456 Saeger Station Road, Montgomery, PA 17752			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 570-547-2810			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input 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: Sue Alberti			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 31			
Current population of facility: 23			
Facility security levels/inmate custody levels: community-based			
Age range of the population: 13-18 year olds			
Name of PREA Compliance Manager: NA		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Clear Vision Residential Treatment Services, Inc.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 456 Saeger Station Road, Montgomery, PA 17752			
Mailing address: <i>(if different from above)</i>			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: Carol Magaro		Title: C.O.O.	
Email address:		Telephone number: 570-547-2810	
Agency-Wide PREA Coordinator			
Name: Sue Alberti		Title: Executive Director	
Email address: saclearvision@comcast.net		Telephone number: 570-547-2810	

AUDIT FINDINGS

NARRATIVE

The Clear Vision Residential Treatment Services is a residential program for female adolescents. It is located in rural Lycoming County Pennsylvania. The mailing address is 456 Saeger Station Road Montgomery, P.A. 17752. There are two buildings that are located on 7.34 acres. The main building is a ranch style home that has a maximum population of 25. Located adjacent to the main building is the Clear Vision Group Home that has a maximum population of 6 and is licensed by the Department of Public Welfare. The group home provides care for adolescent females which offers Independent Living services. Appropriate adolescent females for the group home should be between the ages of 13-19 years of age and have successfully completed the Clear Visions Residential Program and pose no serious threat to themselves or to others. In the previous twelve (12) months, a total of thirty-five (35) residents were admitted into the facility.

The on-site portion of the PREA Audit took place August 15, 2016 and covered the audit period of August 15, 2015 to August 15, 2016. This auditor met with Sue Alberti, Executive Director, on August 14, 2016 for dinner to discuss the upcoming PREA audit. On the morning of August 15, 2016 this auditor entered the facility for the purpose conducting an on-site tour of the facilities and interviewing staff, youth, volunteers, and contractors. Clear Vision Residential provided a list of all staff by shift and employee job categories, and a list of all youth. Prior to arrival this auditor reviewed pertinent facility policies, procedures, and related documentation used to demonstrate compliance with the Juvenile Facility PREA Standards.

The auditor interviewed eleven (11) of the current twenty-three (23) youth. Length of stay for those interviewed ranged from one (1) week to thirteen (13) months. It should be noted that all of the eleven (11) residents that were interviewed were from the Clear Vision Residential Treatment Program. There were no residents in the Group Home; therefore the Group Home was closed. There were no youth who identified themselves as lesbian, bisexual, gay, transgender, or intersex. There were no youth who needed translation services. Each of the youth were interviewed by this auditor; and no youth had specifically requested to speak with the auditor nor had this auditor declined any written correspondence from youth or staff.

During the tour, additional questions were answered by the staff and youth. At the conclusion of the tour of the two buildings, interviews of the staff and youth were conducted in a private room with a window. There are no SANE or SAFE staff employed at the facility. These services are available by contract with the Williamsport Regional Medical Center. Clear Vision has a MOU with the medical center. This auditor interviewed members of the incident review team and staff members charged with monitoring retaliation. Administrative investigations are conducted by the Lycoming County Office of Children and Youth; and by the Pennsylvania Office of Children, Youth, and Families (OCYF). Criminal investigations are conducted exclusively by the Pennsylvania State Police.

DESCRIPTION OF FACILITY CHARACTERISTICS

Clear Vision Residential Treatment Services (CVRTS) is a residential facility and Group Home that is located in Montgomery, Pennsylvania. CVRTS provides a safe and therapeutic environment that emphasizes family relationships as a key component of the child's placement. Families are given an opportunity and are encouraged to make planned visits for family counseling. The goal is to enhance communication among family members, elicit behavioral change, examine past issues within the home, develop systematic problem solving skills, and encourage appropriate stress reduction.

CVRTS and the Group Home communicates to residents that life is made up of a long series of choices for which they are ultimately responsible and to learn how to accept things over which they have no control. Positive peer techniques allow for role rehearsal, confrontation of faulty/fantasy thinking, peer support, problem solving, active listening, and community decision-making. CVRTS provides a safe and nurturing environment and this allows the residents to learn from their mistakes and avoid repeating these same poor judgements in the future. Emphasis is placed on acquiring and determining competency of problem solving skills and learning to have their needs met through appropriate behavior.

The mission statement for Clear Vision reads as follows: "Clear Vision is dedicated to providing ethical, professional and high quality individualized services to 13-19 year-old adolescent females who are in need of placement outside of the home environment".

Clear Vision is a 25 bed staff secure residential service licensed by the Department of Human Services. The program is fully supervised 24/7. Residents are supervised by staff members during waking hours, and bed checks are done minimally every 15 minutes throughout the night. Staff to resident ratio is 1:6 during waking hours. Staff to resident ratio is 1:12 during sleeping hours. Clear Vision provides care for adolescent females, adjudicated delinquent or dependent, who require placement services outside the home for social, emotional and behavioral problems.

While all referrals are evaluated/interviewed on an individual basis, appropriate adolescent females should be between the ages of 13-19, able to live in a staff-secured environment and pose no threat to themselves or others. Clear Vision also accepts also accepts girls who are pregnant. All residents are required to attend school managed by BLAST IU17, through the public school system of Montgomery Area School District, Lycoming County.

Clear Vision is a goal oriented program (not a level system).

Service Delivery:

An Individual Service Plan (ISP) is developed for each resident within 30 days of admission. New residents are given the pre-ISP goals in the intern. The ISP includes:

- 1) Neuropsychological Evaluation/Testing (pre and post testing)
- 2). Measurable time limited goals and objectives
- 3). Specialized interventions to implement goals and objectives.
- 4) A schedule of visitation.
- 5) An estimated duration of placement.
- 6) A clear definition of responsibilities.
- 7) Potential avenues for the Continuum of Care.
- 8) Youth Level of Service.

Family involvement:

Developing and maintaining of family relationships are key components of the resident's placement. During the intake telephone call, the families are notified of the date and the time of the ISP. Families are given the opportunity and are encouraged to make planned visits at least once every other week for family counseling.

Counseling:

Both individual, group counseling, and BARJ sessions are part of the Clear Vision program. Sessions are facilitated by Counselors having Masters/Bachelor/60 college credits (Associate's degree).

In-House Services:

- * Weekly individual counseling
- * Weekly group counseling
- * Daily recreation
- * Bible study groups offered as a choice for residents.
- * Life skills training
- * Independent living skills-facilitated by BLAST IU17
- * Family counseling
- * Neuropsychologist and trained staff for testing purposes

SUMMARY OF AUDIT FINDINGS

Auditor arrived at the facility the morning of August 15, 2016. An entrance meeting was held with the CVRTS Executive Director and PREA Coordinator.

A complete tour of the residential building and the group home took 1.5 hours. All areas were clean, organized, and well maintained. The residential building and the group home do not have a video surveillance system. The physical plant is very easy to monitor by staff due to all areas being supervised by staff. The living units have multi-stall showers and toilets which are appropriately partitioned for privacy and properly supervised. The housing unit has multiple occupancy rooms.

Youth were observed during meals, on the unit, recreation, and during movement. Observations of staff practices were consistent with the facility policies. Interaction between staff and youth were professional and respectful.

PREA education program for youth and screening for risk are conducted on the date of admission and documented. All youth interviewed acknowledge being screened on the date of admission as well as receiving PREA literature and watching a PREA DVD.

Administrative investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Lycoming County Office of Children and Youth. These investigations are also investigated by the Pennsylvania Office of Children, Youth, and Families (OCYF). Criminal investigations of sexual abuse and sexual assault are conducted by the Pennsylvania State Police. Forensic examinations and evidence collection are performed at the Williamsport Regional Medical Center.

This auditor interviewed the following staff titles:

- *Executive Director
- *PREA Coordinator
- *Counselors
- *Counselor Aide
- *Cook
- *Human Resource Manager

Random direct-care staff were selected for interviews to include staff from all areas of program. All staff presented as very knowledgeable about their jobs. CVRTS' commitment to implementing the PREA standards were evident during the interviews. Staff members were able to articulate PREA policies and procedures. All staff stated that they did not fear any retaliation for reporting abuse. All staff have received PREA specific training as first responders and all knew what to do if they were first responders.

A total of eleven (11) youth were interviewed from the twenty-three (23) youth in program. There were no youth that reported allegations of abuse or allegations of sexual harassment. There were no youth that identified as being lesbian, bisexual, gay, transgender, or intersex. All youth acknowledged being asked about sexual orientation, and history of abuse upon admission. All youth interviewed had knowledge of the right to be free from sexual abuse, assault, or harassment. All youth were aware of multiple methods for reporting abuse. No youth reported ever having fear for their safety while at CVRTS. The quality and organization of the documents provided to this auditor was outstanding.

There were twenty-four (24) specialized staff that were interviewed by the auditor. The interviews were conducted with the following staff: 1-Superintendent; 1-Agency Contract Administrator; 3-Intake staff; 3-staff that perform screenings for risk of victimization and abusiveness; 3-designated staff member charged with monitoring retaliation; 3-Incident Review Team staff; 4-Intermediate or Higher Level facility staff; 2-Security staff and non-security staff who have acted as First Responders; 2-Investigative staff; 1-Administrative (Human Resources) staff; and 1-PREA Coordinator. All staff interviewed were very knowledgeable with their roles. All staff stated that they had reviewed PREA training and this was verified by the training records that were produced.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Resident acknowledgment of PREA Orientation Video
- *CVRTS Organizational Chart

CVRTS policy CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment includes mandatory reporting, zero tolerance toward all forms of sexual abuse and harassment, outlines CVRTS approach to prevention, detection, and responding to such allegations or conduct. CV-P-100 meets all requirements including definitions of prohibitive behaviors regarding prevention planning, supervision and monitoring, response planning, training and education screening for risk of sexual victimization and abusiveness, and reporting. The residents receive detailed information about their rights, grievances, and reporting during their admission. The CVRTS PREA Coordinator is full time and also serves as the Executive Director. She appeared to have sufficient time to conduct her duties.

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.

Non-Applicable: CVRTS does not contract for the confinement of its youth with other private agencies/entities.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CVRTS Staffing Plan Development
- *Unannounced Rounds Tracking forms

CVRTS policy relating to staffing plan, unannounced rounds, and staffing ratios clearly document PREA requirements and compliance with all components. In the twelve (12) months prior to the audit, the CVRTS did not deviate from the staffing plan. The Executive Director and Counselors on Shift check the staffing roster on a daily basis. The Executive Director conducts unannounced visits on all shifts. Each unannounced visit is documented on the Unannounced Rounds Tracking form. A review of unit log books verified the unannounced visits that were conducted. The staffing plan review with the PREA Coordinator occurs on a daily basis and no less than an annual review of the adequacy of the staff/unit assignments. Staff are prohibited from alerting other staff of unannounced visits and this is noted in CV-P-100 Prevention, Detection and Response to Sexual Abuse, Assault and Harassment.

Minimum staffing ratios range from 1:8 during waking hours and no less than 1:16 during resident sleeping hours. The facility tour confirmed staffing ratios. This auditor also reviewed staff schedules to confirm this standard.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Training Curriculum/Training Logs
- *Resident/Staff interviews

Cross-gender strip searches, pat down searches, and cross-gender visual body cavity searches are prohibited by CV-P-100 Prevention, Detection and Response to Sexual Abuse, Assault and Harassment, except in exigent circumstances. All random staff interviewed confirmed that cross-gender searches do not occur. All youth interviewed denied ever having been searched by an opposite gender staff. It should be noted that all direct care staff at employed CVRTS are female staff. Policy requires staff to enable residents to shower, perform bodily functions, and change clothing in privacy. It also requires staff of the opposite gender of the residents to announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing. Policy prohibits staff from a search or physically examining a transgender or intersex resident. Staff interviews confirmed this prohibition. Training had been completed for all staff.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Training curriculum, training records related to disabled residents and residents with limited English proficiency
- *Interviews with random staff and residents

In the past twelve (12) months, there have been zero (0) instances where resident interpreters or readers have been used; however, appropriate services are available if needed. At the time of the audit, there were no resident who were limited in the English language. Staff told the auditor that a resident would never be used to interpret for another resident in the event of a sexual assault. Posters and printed materials for residents' education are all in Spanish and English were well posted throughout the facility.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interviews with Executive Director and PREA Coordinator

All new employees received background checks for criminal history, clearance, and child abuse clearance. Background checks are conducted by the State of Pennsylvania. An interview with the Executive Director confirmed that all staff considered for promotions are free of legal charges, convictions, and civil or administrative adjunctions of sexual abuse or sexual harassment. The auditor examined three (3) Personnel files. During interview of the Human Resource Manager, this process was confirmed.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interviews with the Executive Director and PREA Coordinator

The facility has not acquired any new facilities or made substantive expansions or modifications of existing facilities during this review period. CVRTS has not installed video a monitoring system, or electronic surveillance system during this review period. If plans for expansion or modification occur, CVRTS will take into consideration the possibility of installing video monitoring.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *CV-P-102, Response to Reports of Sexual Abuse and/or Sexual Harassment
- *MOU with Williamsport Regional Medical Center
- *MOU with Pennsylvania State Police –Montoursville Barracks
- *MOU with Wise Options/YWCA North Central PA

Upon notification of a sexual abuse, assault, or harassment allegation, the Executive Director shall notify Childline. The Office of Children and Youth; and the Pennsylvania Office of Children, Youth, and Families (OCYF) are the agencies responsible to investigate reports of alleged child abuse. The Executive Director or designee will immediately commence an internal investigation or instruct trained management employees to conduct an investigation immediately. The internal administrative investigation is not in lieu of the County Children and Youth Agency investigation (CV-P-101, page 9 or 15). If a felony criminal offense was committed, the Pennsylvania State Police at Montoursville Barracks becomes responsible for investigation and actions. All forensic examinations are provided without cost to the resident(s) and are completed at Williamsport Regional Medical Center. This was confirmed by the signed MOU by Clear Vision Residential Treatment Services (CVRTS) and the Williamsport Regional Medical Center. There have been no forensic examinations in the past twelve (12) months. Victim advocates are available through YWCA North Central PA / Wise Options. Wise Options will provide advocacy, victim support, and coordination of services to any resident currently in the care of Clear Vision Residential Treatment Services identified as experiencing sexual abuse, sexual assault, or rape. A signed MOU between Clear Vision and Wise Options confirms compliance with this standard.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *MOU with Pennsylvania State Police at Montoursville Barracks

CVRTS ensures that all investigations are completed for all allegations of sexual abuse and harassment. Allegations of sexual abuse are reported to Childline. The County Children and Youth Agency; and the Pennsylvania Office of Children, Youth, and Families (OCYF) are the agencies responsible to investigate reports of alleged child abuse. Criminal investigations are conducted by the Pennsylvania State Police at Montoursville Barracks. During the past twelve (12) months, there have been zero (0) number of allegations of sexual abuse and sexual harassment. CV-P-101 meets all the requirements of this standard.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *PREA Training Curriculum
- *CVRTS First Responder Protocol for Sexual Assault
- *Random staff interviews
- *CVRTS, PREA Acknowledgement

This auditor reviewed CV-P-100 page 11,12 or 26 which stated CVRTS shall train all employees who may have contact with residents on:

- *Zero Tolerance for sexual abuse and/or sexual harassment policy
- *How to fulfill their responsibilities under the Clear Vision CVRTS sexual abuse and sexual harassment prevention, detection, reporting, and response policy and procedures
- *Residents right to be free from sexual abuse and sexual harassment
- *The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- *The dynamics of sexual abuse and sexual harassment in juvenile facilities and specific gender issues
- *The common reactions of juvenile victims of sexual abuse and sexual harassment
- *How to detect and respond to signs of threatened and actual sexual abuse
- *How to avoid inappropriate relationships with residents
- *How to communicate effectively and professionally with all residents, to include lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming residents
- *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

All staff interviewed reported that they did receive training on all of the areas noted in this standard. All staff acknowledged in writing that they received the training. All staff interviewed were aware of their obligations as mandated reporters of abuse, their duties as a first responder, and facility protocols related to evidence collection. This auditor verified the training records indicating that the staff did receive the training.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-105 Volunteer Services
- *Contractor Volunteer Tri-fold Appendix
- *Confirmation of receipt –Pamphlet: Zero Tolerance for Sexual Abuse and Harassment
- *Volunteer Orientation Checklist

In the past twelve (12) months, six (6) volunteers and contractors have been trained in the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. A sample of the Volunteers/Contractors Orientation Checklist record was reviewed. All volunteers and contractors signed that they understood the training they received. Policy CV-P-100, page 12 states, “CVRTS shall ensure that all volunteers have been trained with respect to the prevention, detection and response to sexual abuse and/or sexual harassment. The Zero Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers (Appendix C) pamphlet shall be provided and signed off completed in accordance with CV-P-08(b) Volunteer/Intern policy.” CVRTS shall ensure that all contracted entities have received and understood their responsibility with respect to prevention, detection, and response to sexual abuse and/or sexual harassment. The PREA Contractor Sign-Off (Appendix D) shall be completed. During the day of the audit, there were no volunteers or contractors working, so no interviews were conducted.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Resident acknowledgement – PREA Orientation video

- *Zero Tolerance Notice-English
- *Zero Tolerance Notice-Spanish
- *Student Handbook
- *Resident Interviews
- *CV-P-103 Transitional Services Policy

CVRTS resident’s education is provided to youth by a counselor or designee on the date of admission as part of the intake process (CV-P-103, page 5 and 6). Residents receive written materials about PREA and their rights to be free from abuse upon admission. This document is available in English and Spanish. Each resident signs an acknowledgement that they understand the material presented. All residents interviewed were aware of the right to be free from abuse and multiple means of reporting allegations of abuse. Posters, in both English and Spanish, were clearly visible on all living units and throughout the facility. Youth interviewed stated that they also view a PREA video, received a handbook and literature regarding PREA. All youth described the reporting process in detail.

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)

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Non-Applicable:

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *MOU with Pennsylvania State Police at Montoursville Barracks
- *Interview with Executive Director
- *Random Interviews with Staff

The Pennsylvania State Police Montoursville Barracks is an entity outside of the CVRTS and is responsible for investigating criminal allegations of sexual abuse, assault and harassment. The County Children and Youth Agency; and the Pennsylvania Office of Children, Youth, and Families (OCYF) are the agencies to investigate reports of alleged child abuse.

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)

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The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Training Records
- *Medical and Mental Health Staff interviews

All mental health staff have completed the NIC training (PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting) as well as basic training that is required for all staff members. There is no medical staff located at this facility; however, all residents are seen by medical personnel at Loyalsock Family Practice (contracted medical provider). The staff members at this facility have been educated on the requirements regarding this standard. In addition, an MOU has been signed and outlines the responsibility of the medical staff members.

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)

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The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Vulnerability Assessment Inventory: Risk of Victimization and/or Sexual Aggressive Behavior
- *Alleged Abuse and Sexual Assault Checklist

CVRTS policy and procedure require that within seventy-two (72) hours of intake, and periodically throughout their confinement, the vulnerability assessment instrument: Risk of Victimization and/or Sexually Aggressive Behavior (Appendix E) shall be administered to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by others or directed toward other residents. The assessment attempts to ascertain information through conversations with the resident(s) about prior sexual victimization / abusiveness, gender non-conforming appearance or manner / identification, and whether the youth may be vulnerable to sexual abuse. The screening instrument is used in conjunction with resident history and records from referral agencies. Random resident records were reviewed. All residents interviewed stated this screening and/or re-assessment had been performed.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior

CV-P-100 Policy and Procedure pages 14-15 addresses how the information obtained during screening is utilized to inform programming and housing decisions. Policy CV-P-100 also meets the requirements of this standard as it relates to the use of isolation. Isolation, as it relates to this standard, was not used during this audit period. Interviews with all staff and youth confirmed compliance with this standard. CV-P-100 Policy and Procedure page 15 prohibits youth from being assigned to a housing unit based on gender identity and prohibits gender identity from being used as a risk factor for abusiveness. There were no youth in the facility during this audit who identified themselves as lesbian, gay, bi-sexual, transgender, or intersex.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *Student Handbook
- *Resident Interviews

CVRTS provides multiple methods for residents to report sexual abuse, assault, and harassment. Staff are required to report all verbal allegations immediately and document such actions. Residents and staff may privately report allegations confidentially through in-person reporting, anonymously, and through private telephone communication with Childline, The County Children and Youth Agency, and Wise Options. Residents interviewed were aware of the grievance procedures. All residents spoke about the PREA mailbox where they could put a grievance or concern anonymously and have it addressed. Staff interviewed were able to describe steps they would take to protect a resident from threatened abuse.

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.

Non-Applicable:

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *Emergency Grievance Memorandum
- *Student Handbook

The facility's grievance procedure outlines administrative procedures to address resident grievances but does not address allegations regarding sexual abuse. Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. If a resident filed a grievance regarding a sexual assault, abuse, or harassment, that report would be handled in the way prescribed in policy CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment. The matter would be referred to Childline.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *MOU with YWCA North Central PA/WISE Options
- *Interviews with Residents
- *PREA posters

CVRTS provides residents with victim advocates for emotional support services related to sexual abuse and has provided this information to all residents through pamphlets, and posters placed throughout the facility. Services are provided through YWCA North Central P.A/WISE Options.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Pamphlets and posters throughout the facility list the Childline number to call if sexual abuse or harassment is suspected. All residents interviewed acknowledged that they knew they could report abuse via a third party. All staff interviewed acknowledged that they could accept a third part report of abuse and respond in the same manner as if they had witnessed the abuse themselves.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *Random Staff Interviews

Policy CV-P-101 describes requirements for all staff to immediately report any knowledge, suspicion, or information received related to sexual abuse/harassment incidents. Employees are required to make such reports immediately to the Executive Director or designee. Random staff interviews confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws. Staff also confirmed their understanding that any information related to a sexual abuse or sexual harassment is confidential and should not be shared with anyone who does not have a “need to know.”

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *Interview with the Executive Director
- *Interview with the PREA Coordinator

The agency shall protect all residents and staff who report abuse, sexual abuse, or sexual harassment, or cooperate with investigations from retaliation by other residents or staff. Protective measures may include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting abuse, sexual abuse, and/or sex harassment, or for cooperating with investigations.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interview with the Executive Director
- *Interview with the PREA Coordinator

Policy CV-P-100, policy and procedures articulate reporting requirements when an allegation of sexual abuse of a resident is made while the resident was at another facility with such actions initiated no later than seventy-two (72) hours and actions documented. During the past twelve (12) months CVTS has not received any reports of youth being sexually abused at another facility during this audit period and therefore had no documentation to show this auditor regarding such actions.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *CV-P-102 Responding to Reports of Sexual Abuse and/or Sexual Harassment and CPW Child Abuse Regulations
- *Random Staff Interviews
- *First Responder Protocol for Sexual Assault (Appendix 1)

Policy and procedures state how staff will respond when he/she is a first responder to a sexual abuse. The policy and procedures are consistent with the requirements of this standard. All staff interviewed knew exactly what to do if they happened to be the first responder to a sexual abuse incident. Staff knew the first priority would be on protecting the victim, securing the alleged offender, and securing the crime

scene and all evidence, including instructions to the victim and offender regarding what they cannot do until they have been given permission. Staff stated that they have been trained on the procedures.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *CV-P-102 Responding to Reports of Sexual Abuse and/or Sexual Harassment

CV-P-100, Policy and procedure page 19 requires CVRTS to develop a written plan for a coordinated response. A copy of CVRTS plan was provided to this auditor. The plan provides clear and concise direction for response to any alleged PREA violation. All staff interviewed were aware of their plan.

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.

CVTS has not entered into or renewed any collective bargaining agreement or other agreements since August 20, 2012. If a staff member is the subject of a PREA investigation he/she can be placed on Administrative Leave pending the outcome of the investigation.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interviews with the Executive Director, Program Director

CVRTS has a written policy related to protection against retaliation. The PREA Coordinator, Sue Alberti, is charged with monitoring for retaliation. For a youth who feared retaliation, residents could be moved to a different unit. For a staff member, he or she could be moved to a different post. Residents and staff will be monitored for at least 90 days following their report of sexual abuse or sexual harassment. Interview with Sue Alberti confirmed her duties and responsibilities. There have been zero (0) instances of alleged retaliations.

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.

Non-Applicable:

Segregated housing as a means to keep residents safe from sexual misconduct is not used. Interviews confirmed the prohibition of segregated housing for this purpose.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *MOU with Pennsylvania State Police at Montoursville Barracks
- *Interview with the Executive Director

The Pennsylvania State Police at Montoursville Barracks and the Pennsylvania Office of Children, Youth, and Families (OCYF) are the two (2) primary agencies who are designated to investigate allegations of sexual abuse and sexual harassment at CVRTS. Evidence is gathered and preserved and victims, witnesses, and alleged offenders are interviewed. Investigations are not terminated should the source of the allegation recants the allegation. Should criminal prosecution be considered, interviews of alleged victims/suspected abusers and witnesses will be conducted by Pennsylvania State Police at Montoursville Barracks.

All investigations will consider whether staff neglect or failures contributed to the assault. Written reports will be presented to the appropriate parties for further action.

All investigations (criminal or administrative) are documented in written reports. Reports include a thorough description of all evidence taken in the course of the investigation. CVRTS policy and procedures regarding investigations are consistent with the requirements of this standard.

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.

The following information was utilized to verify compliance with this standard:

*CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment

CVRTS policy stipulates no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Through an interview with the facility PREA Coordinator, it is stated that the Pennsylvania Office of Children, Youth, and Families (OCYF) uses on standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

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.

The following information was utilized to verify compliance with this standard:

*CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment

*CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

*Interview with Executive Director

*Interview with PREA Coordinator

CVRTS policy and procedures are consistent with the requirements of the standard and require that the victim be notified of the status of the case and the offender when a case has been substantiated. Interviews with the Executive Director and PREA Coordinator confirmed practices involving all standard components were in place. There were zero (0) investigations of alleged resident sexual abuse in the past twelve (12) months.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interview with Executive Director
- *Interview with PREA Coordinator

No staff has violated facility sexual abuse or harassment policies. Interviews conducted with the Executive Director verified that there had been no substantiated allegations at the facility during this audit period review. Interviews also confirmed that agency policies would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interview with Executive Director

Facility policy and procedures are consistent with the requirements of this standard. Policy CV-P-100 (page 20) states, "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies." There were no instances of sexual abuse, assault, or harassment by CVRTS contractors or volunteers during this audit period; and therefore, there was no documentation to review for this compliance.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-101, Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- *Interview with Executive Director

For resident on resident findings of sexual abuse, administrative sanctions will be administered following the formal process applied commensurate with the level of infractions. Interviews revealed a therapeutic approach when administering sanctions.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-103 Transitional Services Policy
- *Intake Health Assessment (Appendix N)
- *Medical/Mental Health Staff Interviews
- *Random Resident Interviews

Facility policy and procedures are complete on all standard elements. There were zero (0) residents who disclosed a prior sexual victimization. Interviews confirmed facility policy expectations and staff were aware of their responsibilities including limiting information strictly to medical/mental health and other staff as necessary. Medical and mental health staff was also aware of mandatory reporting laws for residents under the age of 18 years.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-102, Response to Reports of Sexual Abuse and/or Sexual Harassment
- *Interview with Executive Director

There were no incidents of sexual abuse or sexual assault, as defined in the PREA standards, occurring at CVRTS during this audit period and therefore there was no documentation to review. In the event that an incident was to occur the victim would receive services from Williamsport Regional Medical Center as outlined in the MOU. As previously noted, services from these providers are at no cost to the victim. The youth would have the option of facility staff members or community providers for ongoing mental health services.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *CV-P-102, Response to Reports of Sexual Abuse and/or Sexual Harassment
- *Executive Director Interview

CVRTS as identified in facility policy offers medical/mental health evaluations and treatment at no cost to sexual abuse victims and abusers. The Executive Director verified this as a necessary practice and those individuals are taken to Williamsport Regional Medical Center.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- *Interviews with the Executive Director, PREA Coordinator, and Incident Team Members

There were no incidents of sexual abuse or sexual assault occurring at CVRTS during this audit period. CVRTS policy and procedure CV-P-100 page 22 complies with this standard. Due to lack of sexual abuse incidents, there was no documentation for this auditor to review. It should be noted that CVRTS conducts reviews of alleged PREA violations, even ones that do not rise to the standard definition of sexual abuse.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment

CVRTS policy and procedure CV-P-100 pages 23, 24 complies with this standard. CVRTS also maintains detailed records for all incident reviews conducted. These records allow CVRTS to access data sufficient to complete the annual survey of sexual violence.

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.

The following information was utilized to verify compliance with this standard:

- *CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment

The facility reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training; including: identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings from the data review and corrective actions for the facility. The annual report includes a comparison of the current year's date

and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The facility makes its report readily available to the public via its link to the website.

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.

The following information was utilized to verify compliance with this standard:

*CV-P-100, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment

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

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.

Farooq Mallick

August 31, 2016

Auditor Signature

Date