

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report July 15, 2019

Auditor Information

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Company Name: PREA Juvenile Auditors of America, LLC	
Mailing Address: 79 Jansen Road	City, State, Zip: New Paltz, New York 12561
Telephone: 845-594-8161	Date of Facility Visit: June 16-17, 2019

Agency Information

Name of Agency Clear Vision Residential Treatment Services, Inc.		Governing Authority or Parent Agency (If Applicable) Click or tap here to enter text.	
Physical Address: 456 Saeger Station Road		City, State, Zip: Montgomery, PA 17752	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 570-547-2810		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Clear Vision is dedicated to providing ethical, professional, and high quality individualized services to 13-17 year old adolescent females who are in need of placement outside of the home environment.			
Agency Website with PREA Information: clearvisionresidential.com			

Agency Chief Executive Officer

Name: Sue Alberti	Title: Executive Director
Email: saclearvision@comcast.net	Telephone: 507-547-2810

Agency-Wide PREA Coordinator

Name: Sue Alberti	Title: Executive Director
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Email: saclearvision@comcast.net	Telephone: 507-547-2810
PREA Coordinator Reports to: Owner	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility:	Clear Vision Residential Treatment Services, Inc.		
Physical Address:	456 Saeger Station Road		
Mailing Address (if different than above):	Montgomery, PA 17752		
Telephone Number:	570-547-2810		
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other
Facility Mission:	Clear Vision is dedicated to providing ethical, professional, and high quality individualized services to 13-17 year old adolescent females who are in need of placement outside of the home environment.		
Facility Website with PREA Information:	www.clearvisionresidential.com		

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Sue Alberti	Title: Executive Director
Email: saclearvision@comcast.net	Telephone: 570-547-2810

Facility PREA Compliance Manager

Name: NA Click or tap here to enter text.	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Health Service Administrator

Name: Loyalsock Family Practice	Title: Medical doctor
Email: Click or tap here to enter text.	Telephone: 570-320-7800

Facility Characteristics

Designated Facility Capacity: 31	Current Population of Facility: 27
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Number of residents admitted to facility during the past 12 months		42
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		42
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		42
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	13-19	
Average length of stay or time under supervision:		6 months
Facility Security Level:		staff secure
Resident Custody Levels:		Delinquent and Dependent Youth
Number of staff currently employed by the facility who may have contact with residents:		24
Number of staff hired by the facility during the past 12 months who may have contact with residents:		17
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		2
Physical Plant		
Number of Buildings: 2		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		7
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
Facility does not have video or electronic monitoring technology.		
Medical		
Type of Medical Facility:		N/A- no on-site medical
Forensic sexual assault medical exams are conducted at:		Williamsport Regional Medical Center 700 High Street, Williamsport, PA 17701
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

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

The on-site portion of this audit took place June 16-17, 2019 in Montgomery, Pennsylvania; the resident population was twenty-four (24). Prior to arrival the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with Juvenile Facility PREA Standards. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted a few questions. The questions were submitted by the auditor to the agency PREA Coordinator. The questions were answered to the satisfaction of this auditor. The agency PREA Coordinator was also courteous and provided additional information in an expeditious manner.

Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents, and visitors on April 24, 2019. Photographs were taken of the various sites where the notifications had been posted and the photographs were emailed to this auditor noting their locations. Email correspondence between this auditor and the agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process, schedule, and to request any additional information that was needed to review.

Upon arriving at the facility on June 16, 2019 at approximately 3:00pm, this auditor met with the Executive Director and management staff of CVRTS INC., to discuss the audit schedule and review any questions or concerns any had about the on-site portions of the audit.

The meeting was followed by a detailed tour of the facility which took approximately forty-five (45) minutes. During the tour, this auditor noticed numerous PREA audit notices and a variety of attractive zero-tolerance posters posted throughout the facility, including living units and programming areas. The zero-tolerance posters were printed in both English and Spanish.

Following the tour, this auditor interviewed Executive Director. The Executive Director serves as the agency PREA Coordinator, monitors retaliation, completes Unannounced Rounds, and serves on the Incident Review Team. Due to the small size of the facility, several staff members have multiple roles. After these interviews were completed, this auditor reviewed ten (10) random resident files for documentation verifying PREA education and risk assessments were completed. A total of eight (8) files were reviewed of residents from the main building and a total of two (2) residents from the group home for a total of ten (10) files. Prior to the on-site portion of the audit, staff training records were forwarded to this auditor and it was confirmed all staff members had successfully completed annual PREA trainings and had appropriate background checks completed. Interviews with these staff members confirmed they received and understood the trainings.

The second day of the on-site audit was spent interviewing staff members (including specialty staff) and residents at the facility.

Eleven (11) of the twenty-four (24) residents residing at CVRTS INC. were interviewed in a private and confidential area of the facility. This accounted for 46% of the resident population and included residents from each living area at the facility. There were two (2) LGBTI residents and 5 residents who reported prior sexual abuse on the initial risk assessment screening. There were no residents who were Limited English Proficiency and no residents suffering from a disability that required specialized services to interview. There were no allegations of sexual abuse or sexual harassment during the past twelve (12) months at the facility.

Ages of the residents ranged from fourteen (14) years old to nineteen (19) years old. All residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of services available to them outside of the facility. All residents interviewed stated they feel safe at CVRTS INC. The residents also reported they feel PREA is taken seriously at the facility and that they have been educated on a regular basis about PREA through groups, posters, and PREA brochures. Overall, interviewed residents were extremely knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing outside support organizations, third party reporting, and anonymous reporting.

No residents had requested to speak with this auditor nor has the auditor received any written or email correspondence from any residents or staff members at CVRTS INC.

A total of twenty-one (21) staff interviews took place; fourteen (14) of the staff interviewed were specialized staff). These interviews included the following:

- Executive Director
- Agency PREA Coordinator
- Three (3) Staff who conducted Risk Assessments
- Three (3) First Responder Staff
- Three (3) Intake Staff
- One (1) Staff who complete Unannounced Rounds
- One (1) person who Monitors Retaliation
- Two (2) members of the Incident Review Team
- Representative from the Williamsport Regional Medical Center interviewed via phone June 12, 2019.
- Representative from the Lycoming Children & Youth Services interviewed via phone June 12, 2019 (conducts investigations at the facility).
- Representative from WISE Options Advocacy Center interviewed via phone on June 12, 2019.

There were no volunteers or contractors interviewed as there were none at the facility during the on-site portion of this audit to interview.

Randomly selected staff members interviewed had years of experience that ranged from three (3) months to fifteen (15) years. Staff members interviewed were from all three (3) shifts. All the staff interviewed were very knowledgeable of PREA, the Zero-Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, sexual assault and sexual harassment. Staff members interviewed were professional and committed to PREA. Staff stated they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were aware of their roles as mandated reporters.

Unannounced rounds were completed on a regular basis by management staff at CVRTS INC. Logs of these unannounced rounds were reviewed by this auditor and met the standard. Showers and restroom areas provided privacy during showers and when the residents used the restrooms. Staff members position themselves to ensure residents do not leave the restroom or shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that male staff members

announce their presence upon entering the living unit by stating, "Male on the unit" and a note is placed in the logbook. This practice was observed by this auditor during the tour of the facility.

The PREA education program for residents and screening for risk are conducted by Counselors. This is completed on the date of admission and stored in the resident's file. There were five (5) residents who reported prior sexual victimization or abuse during the screening process during the past twelve (12) months. Upon admission, residents also receive PREA brochures and also watch a PREA video.

There were a total of forty-two (42) admissions during the past twelve (12) months.

Administrative investigations are conducted by the Lycoming County Office of Children and Youth. Criminal investigations are conducted exclusively by the Pennsylvania State Police. In the past twelve (12) months there have been no allegations of sexual abuse, sexual assault or sexual harassment at CVRTS INC.

The auditor conducted an exit meeting with the Executive Director and the management team at CVRTS INC. following the on-site portion of the audit on June 17, 2019. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the management team at CVRTS INC. for their hard work and dedication to the implementation of PREA in their facility.

Facility Characteristics

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

The facility is located in rural Lycoming County Pennsylvania, approximately 15 miles south of Williamsport, Pennsylvania. CVRTS is a residential program for female adolescents. The mailing address is 456 Saeger Station Road Montgomery, Pennsylvania. There are two buildings that are located on 7.34 acres. The main building is a ranch-style home that has a maximum capacity of twenty-five (25). Located adjacent to the main building is the Clear Vision Group Home that has a maximum capacity of six (6). CVRTS is licensed by the Department of Public Welfare. The group home provides care for adolescent females, adjudicated delinquent or dependent, who require a group home setting 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 Vision Residential Program and pose no serious threat to themselves or to others. All residents are required to attend school managed by BLAST IU17, through the public-school system of Montgomery Area School District. Clear Vision is a goal-oriented program.

CVRTS provides a safe and therapeutic environment that emphasizes family relationships as a key component of the resident's placement. Families are given an opportunity and are encouraged to make planned visits for their family counseling. The goal is to enhance communication amongst family members, elicit behavioral change, examine past issues within the home, develop systematic problem solving skills, and encourage appropriate stress reduction.

CVRTS communicates to the residents that life is made up of a long series of choices for which they are ultimately responsible and learn how to accept things over which they have no control. Positive peer techniques allow for the 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 the same poor judgment 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.

On June 16, 2019, the resident population was twenty-one (21) residents in the main building and three (3) residents in the group home. The age of the residents ranged from age thirteen (13) to nineteen (19). In the previous twelve (12) months, a total of forty-two (42) residents had been admitted into the facility. The average length of stay was six (6) months to one (1) year.

The 2019 Staffing Plan noted the facility is budgeted for twenty (20) direct care staff, seventeen (17) of those positions are currently filled. CVRTS does not use video surveillance in their facility but when designing or acquiring any new facilities, and in planning any substantial expansion or modification of existing facilities, CVRTS INC. shall consider the effects of design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

The following services are offered to each resident:

- **Individual Service Plan** is developed for each resident within thirty (30) days of admission. The plan 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 responsibilities
 6. A clear definition of responsibilities
 7. Potential avenues for the continuum of care
 8. Youth Level of Service Information
- **Education:** The academic setting at Clear Vision supports the goal of reducing recidivism of its students by providing an effective environment that reduces the risk of reoffending through improvement of academic skill, social / behavioral interactions, and independent living skills. These foci help the students reduce the likelihood of unemployment, housing, and personal well-being disadvantages after discharge. The Clear Vision school setting is structured, supportive, and safe; encouraging a learning environment focused on student success using a standards-based curricula. Changing students' inappropriate behaviors to socially acceptable behaviors is addressed through requiring the students to follow the same behavioral expectations inside the classroom as are established throughout the program, providing for 24 hours a day consistency in behavior management. Successful adherence to classroom / Clear Vision expectations provides students with positive outcomes including improved academic learning, improved interpersonal skills, learning of coping mechanisms for use throughout students' lifetimes, as well as specific verbal praise and reinforcement. The Clear Vision classrooms serve students aged 13-21, in grades 7 through 12. Students' educational backgrounds vary widely with many students demonstrating low academic achievement, emotional disturbances, problems with teachers and school authorities, problems with peers, and destruction of property. Roughly forty percent (40%) of the students are identified as qualifying for special education services prior to admission to Clear Vision. All relevant special education paperwork (IEP, ER, RER, etc.) is updated upon entrance into the program. All students, regardless of educational status, undergo a thorough academic transcript review to facilitate graduation planning and determine eligibility for credit recovery.

- **Family Involvement:** Developing and maintaining of family relationships are a key component of the resident's placement. Families are given the opportunity and are encouraged to make planned visits at least once every other week for family counseling, unless restricted by court order. Residents are provided with opportunities for home visitation based on their individualized goals, their progress and the cooperation with the referring agency.

Family counseling is provided to all families. The goal is to enhance communication between residents and family members, elicit behavioral change, examine past issues within the home, develop systematic problem-solving skills, encourage appropriate stress reduction and prepare for discharge.

- **Counseling:** Both individual and group counseling are part of the CVRTS INC. program. Sessions are facilitated by Counselors having Master/ Bachelor / Associate's degree.
- **Recreation:** Recreational programming is provided to encourage personal confidence, build self-esteem, support sportsmanship, and provide opportunities for productive use of leisure time. Recreational activities include arts and crafts, physical fitness, basketball, kickball, volleyball, yoga, exercise videos, sporting events at local high schools and colleges, going to the movies, and attending plays.
- **Religious Services:** Residents may attend church, if they choose, within the local community.

CVRTS INC. has a signed Memorandum of Agreement (MOA) in place with Williamsport Regional Medical Center (WRMC). It is noted in this MOA that Williamsport Regional Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE), collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact WISE Options to send an advocate to the hospital to provide rape counseling and advocacy services. Administrative investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Lycoming County Office of Children and Youth. Criminal investigations of sexual abuse and sexual harassment are conducted by the Pennsylvania State Police.

Summary of Audit Findings

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

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

CVRTS INC. has implemented a zero-tolerance policy (CV-P-100 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment). This policy comprehensively addresses this agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions, and descriptions of the agency's strategies and responses to sexual abuse and sexual harassment; and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.

CVRTS INC. has a designated PREA Coordinator who is the Agency Executive Director. The PREA Coordinator's interview during the on-site portion of this audit demonstrated that CVRTS INC. is committed to the sexual safety of the residents. All staff members and residents interviewed demonstrated they not only received but understood the education and training that was offered to them.

There is a Memorandum of Agreement (MOA) with Williamsport Regional Medical Center (WRMC). It is noted in this MOA that Williamsport Regional Medical Center will provide SANE's for forensic examinations and contact an advocate from WISE Options, to provide victim advocacy and emotional support in the event of an incident of sexual abuse. A representative from WISE Options was contacted by this auditor and was able to confirm the process stated in the MOA.

All administrative investigations are conducted by the Lycoming County Office of the Children and Youth. This auditor was able to contact a representative from the Lycoming County Office of the Children and Youth. She was able to confirm the investigative process and follow up that occurs when their agency receives an allegation of abuse from CVRTS INC. There were zero allegations of sexual abuse or sexual harassment during the past twelve (12) months.

All residents admitted to the facility receive timely PREA education at intake. The Counselor completes all PREA education during the intake process. The Screening for Risk of Victimization and Abusiveness is completed by the Counselor at intake and each resident is reassessed every six (6) months or more often as needed. All complete Facility Classification Forms are securely kept in the resident's file. All pertinent information is recorded and communicated to staff members.

All employees at CVRTS INC. receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who completed this training, receive annual training.

All volunteers and contractors who may have contact with residents have been trained on their responsibilities, the zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. There are three (3) contractors and eight (8) volunteers at the facility.

During the on-site visit, it was noted that posters are posted throughout the facility to educate both staff members and residents on agency PREA policies. Brochures noting PREA requirements are given to all residents, staff, volunteers, and contractors.

Number of Standards Exceeded: 1

- 115.333 Resident education

Number of Standards Met: 42

- 115.311 Zero-Tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.312 Contracting with other entities for the confinement of residents

- 115.313 Supervision and monitoring
- 115.315 Limits to cross-gender viewing and searches
- 115.316 Resident with disabilities and residents who are limited English proficient
- 115.317 Hiring and promotion decisions
- 115.318 Upgrades to facilities and technologies
- 115.321 Evidence protocols and forensic medical examinations
- 115.322 Policies to ensure referrals for investigations
- 115.331 Employee training
- 115.332 Volunteer and contractor training
- 115.334 Specialized training: Investigations
- 115.335 Specialized training: Medical and mental health care
- 115.341 Screening for risk of victimization and abusiveness
- 115.342 Use of screening information
- 115.351 Resident reporting
- 115.352 Exhaustion of administrative remedies
- 115.353 Resident access to outside confidential support services and legal representation
- 115.354 Third party reporting
- 115.361 Staff and agency reporting duties
- 115.362 Agency protection duties
- 115.363 Reporting to other confinement facilities
- 115.364 Staff first responder duties
- 115.365 Coordinated response
- 115.366 Preservation of ability to protect residents from contact with abusers
- 115.367 Agency protection against retaliation
- 115.368 Post-allegation protective custody
- 115.371 Criminal and administrative agency investigations
- 115.372 Evidentiary standard for administrative investigations
- 115.373 Reporting to residents
- 115.376 Disciplinary sanctions for staff
- 115.377 Corrective action for contractors and volunteers
- 115.378 Interventions and disciplinary sanctions for residents
- 115.381 Medical and mental health screening; history of sexual abuse
- 115.382 Access to emergency medical and mental health services
- 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 Sexual abuse incident reviews
- 115.387 Data collection
- 115.388 Data review for corrective action
- 115.389 Data storage, publication, and destruction
- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Clear Vision Residential Treatment Services has implemented a zero-tolerance policy (CV-P-100 Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment) which comprehensively addresses the facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, procedures, and the facility's strategies and responses to sexual abuse and sexual harassment. This policy also outlines the facility's training and education of its residents, staff, volunteers, and contractors. The residents received detailed information about their rights, grievances, and reporting during admission. The CVRTS PREA Coordinator also serves as the Executive Director and when interviewed, stated she has enough time to complete her responsibilities.

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

- Policy CV-P-100 Prevention, Detection, and Responses to Sexual Abuse, Assault and Harassment
- Policy CV-P-101 Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- CVRT Organizational Chart
- CVRT memo identifying the PREA Coordinator
- Resident acknowledgement of PREA orientation video
- Pre-audit Questionnaire
- Interview with the Executive Director
- Interview with the PREA Coordinator

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Clear Vision Residential Treatment Services (CVRTS INC.) does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Executive Director.

Interviews:

- Interview with the Executive Director

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

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

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS INC. policy CV-P-100 Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment states, "...shall monitor staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours. Programs within Clear Vision Residential Treatment Services, Inc. shall continue to maintain established regulatory staff to resident ratios (the only exception being during limited and discrete exigent circumstances). All justifications for deviations shall be documented and retained in the Clear Vision Residential Treatment Services, Inc. PREA Shared Folder. All deviations shall also be communicated to the Facility Compliance Manager and Executive Director." The annual Staffing Plan at CVRTS INC. addresses the facility's staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Executive Director on April 24, 2019. CVRTS INC. is currently budgeted for twenty (20) direct care staff; seventeen (17) of those positions are currently filled. The plan states that CVRTS INC. runs at a minimum of 1:6 staff to resident ratio on 1st shift (7a-3p), 2nd shift (3p-11p) and 3rd shift (11p-7a). It was confirmed by this auditor after reviewing population reports for the past twelve (12) months, staff schedules, and observations made during the tour of the facility that the ratios were being utilized on a regular and consistent basis. During the on-site portion of this audit, there were a total of twenty-one (21) residents residing at the facility.

The Executive Director reported that there have been no deviations from the staffing plan during the past twelve (12) months. She also reported that in the event management feels ratios cannot be maintained during the upcoming tour, staff would be mandated and paid overtime to meet the ratios. Interviews with the Executive Director revealed that staffing is monitored each shift and that adjustments are made as needed to ensure the ratios are met.

CVRTS INC. policy CV-P-100 outlines that a management level employee shall conduct and document unannounced rounds, in each program on all shifts, to identify and deter sexual abuse and/or sexual harassment. All rounds are documented using the Unannounced Rounds Tracking Form and that documentation shall be maintained in the PREA Shared Folder. The Executive Director/PREA Coordinator was interviewed and was able to discuss how she completes the Unannounced Rounds, assuring minimum ratios are being met and their inspection of the facility is completed. She also discussed how she completes unannounced rounds and make sure they are random by selecting different times of the day/night and days of the week to complete the unannounced rounds.

Review of documentation to determine compliance:

- CVRTS INC staffing schedules
- Unit log books
- Unannounced Rounds Tracking Form
- Tour of Facility
- PREA Shared Folder

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with random staff on all three (3) shifts

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

CV-P-100 policy- Prevention, Detection and Response to Sexual Abuse, Assault and Harassment prohibits staff from conducting cross-gender strip searches or cross-gender pat searches. CVRTS INC. does not employ staff of the opposite gender. This was verified during the interviews with the staff and residents. The staff training curriculum includes the searching of residents, but prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This training curriculum, as well as training logs, was reviewed by this auditor during the pre-audit portion of this audit. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. This was confirmed during the interview with the Executive Director and staff members during the on-site portion of the audit.

CV-P-100 policy- Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. CVRTS INC. has not admitted a transgender or intersex resident during the past twelve (12) months, however, the staff members interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. During interviews with staff members, they stated that if a resident's genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident.

CV-P-100 policy also requires the facility to implement procedures that enable the resident to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. During interviews with all residents and staff members, they confirmed that this policy was followed 100% of the time. All residents shower one at a time in separate bathrooms with a privacy door. There are no cameras in this facility. Male staff announce their presence upon entering the living unit by stating "male on the floor" or "male on the unit" and noting their entrance into the living unit in the logbook. Log entries in the log book pertaining to male visitors announcing their presence in the living unit were observed by this auditor during the tour of the facility. Interviews with staff members and residents confirmed that male staff announce their presence upon entering the living unit as required by announcing "male on the floor" or "male on the unit."

Reviewed documentation to confirm compliance:

- CV-P-100 policy-Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy
- Training curriculum
- Review of log book
- Tour of the facility

Interviews:

- Interview with the Executive Director
- Random staff interviews
- Resident interviews

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

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault, and Harassment notes “Clear Vision Residential Treatment Services, Inc. has zero tolerance for sexual abuse and/or sexual harassment against any resident in their custody by another resident, its staff, or staff of contracted residential programs, contractors, or volunteers. All allegations of sexual abuse and/or sexual harassment will be investigated. All such incidents shall be reported to law enforcement and the Lycoming County Office of Children and Youth in accordance with applicable law, regulations, and this policy. In addition, this policy states “Residents with disabilities and residents who are limited English proficient, shall have equal opportunity to all aspects of CVRTS, INC. Residents who are limited in English proficiency, shall have equal opportunity to all aspects of the CVRTS, INC. efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These residents will be provided an interpreter (staff) who is fluent in the language the resident speaks.”

In the past twelve (12) months, there have been zero (0) instances where residents interpreters have been used; however appropriate services are available if needed. At the time of the audit, there were no residents who were limited in the English language. Staff members that were interviewed informed this auditor that residents would never be used as interpreters for other residents. Posters and printed materials for resident education are all in Spanish and English and were very visible throughout the facility.

Reviewed documentation to determine compliance:

- CV-P-100 policy – 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:

- Random staff interviews
- Random resident interviews

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment states that before hiring new employees who may have contact with residents, CVRTS INC. conducts criminal background checks, consults with any child abuse registry maintained by the State or locality in which the employee would work, and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy also states that CVRTS INC. “shall ask directly, in written applications and/or interviews for hiring, on promotion, and in any interviews on written self-evaluations conducted as part of reviews of current employees, if they engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institutions, or have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force.” In addition, CVRTS INC. shall not hire or promote anyone who may have had contact with residents; and shall not enlist the services of any contractor who may have had contact with residents who were engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution. CVRTS INC. completes background checks as stipulated by the Pennsylvania Child Protective Services law, current edition, but no less than every five (5) years. All randomly selected staff member’s files contained the above-mentioned background information. This was also confirmed with Human Resource.

In addition, the Executive Director was able to describe the hiring and promotion process in detail to this auditor.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- Interview applications
- Review of randomly selected staff files

Interviews:

- Interview with the Executive Director
- Interview with the PREA Coordinator
- Interview with the Business Officer

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CVRTS INC. develops a Staffing Plan on an annual basis (updated on April 24, 2019 by the Executive Director). The 2019 Staffing Plan was reviewed by the auditor prior to the on-site portion of this audit and was confirmed during the interview with the Executive Director.

Throughout interviews, it was confirmed that if there are any additional plans for upgrades to Facilities and Technologies. CVRTS INC. shall consider the effects of the design, acquisition, expansion or modification upon the agency's ability to protect resident from sexual abuse. When installing a video monitor system, electronic surveillance system, or other monitoring technology, CVRTS INC. shall consider how such technology may enhance the agency's ability to protect residents form sexual abuse.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- 2091 CVRTS INC. Staffing Plan
- Tour of the facility

Interviews:

- Interview with Executive Director
- Interview with Agency PREA Coordinator

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment addresses the availability of victim advocacy services to residents and that services will be provided to the residents at no cost. A review of documentation shows that CVRTS INC. has a MOA with Williamsport Regional Medical Center. The MOA clearly states that Williamsport Regional Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact WISE Options to provide the victim with access to external victim advocates for emotional support services related to sexual abuse.

In the event an advocated from WISE Options is unavailable to provide victim advocate services, CVRTS INC. will refer the victim to the contracted psychologist or psychiatrist for mental health evaluation. This staff member's credentials were provided to this auditor and were confirmed.

Lycoming County Office of the Children and Youth conduct all administrative investigations of sexual abuse and sexual harassment. 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 a Lycoming County Office of the Children and Youth investigation.

There was zero (0) allegations of sexual abuse or sexual harassment during the past twelve (12) months. If a felony criminal offense is committed, the Pennsylvania State Police at Montoursville Barracks becomes responsible for the investigation. All forensic examinations are provided without cost to the resident and are completed at the Williamsport Regional Medical Center. This was conferment by the signed MOA by CVRTS INC. and the Williamsport Regional Medical Center. There has been zero (0) forensic examinations in the past twelve (12) months. Victim advocacy and emotional support are provided by WISE Options. They will provide advocacy, victim support, and coordination of services to any resident currently in the care of CVRTS INC. identified as experiencing sexual abuse, sexual assault, or sexual harassment.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment
- CV-P-101 policy – Reporting and Investigation Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- CV-P-102 policy – Response to Reports of Sexual Abuse and/or Sexual Harassment
- MOA with Williamsport Regional Medical Center
- MOA with Pennsylvania State Police - Montoursville Barracks
- MOA wit WISE Options

Interviews:

- Interview with Agency PREA Coordinator
- Random staff interviews

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment requires all allegations of sexual abuse or sexual harassment are referred for investigation. A MOA with the Pennsylvania State Police at Montoursville Barracks assures that all criminal investigations are conducted by the Pennsylvania State Police at Montoursville Barracks. Lycoming County Office of the Children and Youth (Childline) are contacted for all alleged child abuse investigations.

During the past twelve (12) months, there have been zero (0) number of allegations of sexual abuse or sexual harassment. CV-P-101 policy meets all requirements of this standard.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Assault, Sexual Harassment

Interviews:

- Interview with the Executive Director
- Interview with Agency PREA Coordinator
- Interview with Representative for Lycoming County of Office of Children and Youth

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment provides information regarding staff training. This policy notes all employees shall receive training that is specific to juveniles and the gender of the population they are working with. Employees sign an acknowledgment form verifying they understand the training they receive. All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who received this training receive refresher training annually. The training includes ten (10) different topics required by the PREA standards:

1. Agency Zero-Tolerance policy
2. Fulfilling their responsibilities under CVRTS INC., sexual abuse and sexual harassment prevention, detecting, reporting, and response policy and procedures
3. Residents right to be free from sexual abuse, assault, and harassment

4. Right of employees and residents to be free from retaliation
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities
6. Common reactions of juvenile victims of sexual abuse and harassment
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sex and sexual abuse between residents
8. How to avoid inappropriate relationships with residents
9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBT) or gender non-conforming
10. Compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities

During the on-site portion of this audit, it was noted that posters were posted throughout the facility to educate both the staff and residents on PREA policies. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors.

The Pre-Audit Questionnaire documented that all staff currently employed at CVRTS INC. were trained and retained on the PREA requirements during the past year. The facility provided documentation that indicated staff members were, and are, trained as stated and required. These included training records for all employees at CVRTS INC. These training records were reviewed by this auditor.

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 related to the facility's zero-tolerance policy, their obligation 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 staff did receive the required training.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- PREA Training Curriculum
- CVRTS INC. First Responder Protocol for Sexual Assault

Interviews:

- Random staff interviews

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment addresses this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Prior to entering the facility, the zero-tolerance for sexual abuse and/or sexual harassment for contracted employees and volunteers pamphlet shall be provided and sign-off completed in accordance with policy CV-P-108 (b) Volunteer/Intern Policy. CVRTS INC. shall ensure that all contracted entities have received and understood their responsibilities with respect to Prevention, Detection, and Response to Sexual Abuse and/or Sexual Harassment.

During the past twelve (12) months, five (5) volunteers and contractors who were authorized to enter CVRTS INC. have been trained on the agency's policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All volunteer/contractor training records are kept in a file cabinet and were reviewed by this auditor. There were no volunteers or contractors at the facility to interview during the on-site portion of the audit. However, this auditor was able to review signed volunteer/contractor acknowledgement forms to confirm they have received the training noted in the Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment policy.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- CV-P-108 (b) Volunteer/Intern Policy
- CV-P-105 – Volunteer Services
- Volunteer Orientation Checklist
- Confirmation of Receipt - Pamphlet: Zero-Tolerance for Sexual Abuse or Harassment

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment requires that upon admission all residents receive appropriate training about PREA and how to report incidents or

suspicious of sexual abuse and sexual harassment, the facility response, and non-retaliation for reporting sexual abuse and sexual harassment.

The above-mentioned information is communicated orally and in writing, and in a language clearly understood by the residents, during the intake process. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, Student Handbook, and PREA brochures.

PREA education is provided to each youth by a counselor or designee on the date of admission as part of the intake process (CV-P-103 policy, page 5 and 6). When this auditor interviewed counselors, they were able to explain how they complete the required education with each resident upon their arrival. Upon receiving the PREA education materials, the resident signs an acknowledgment form and this signed form is placed in the resident's file. This auditor reviewed ten (10) of residents' files and all had the signed acknowledgment forms in their files. In addition to PREA education upon intake, PREA groups are facilitated at the facility in order to refresh/re-educate the residents on PREA, ways to report sexual abuse or sexual harassment, and services available to the residents in the event they would ever need them.

All residents interviewed stated they were educated during their intake process and were knowledgeable about PREA, including the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). There were visible posters (in both English and Spanish) in the hallways, common areas and living units of the facility.

Reviewed documentation:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment
- CV-P-103 policy – Transitional Services Policy
- Zero-Tolerance Notice –English
- Zero-Tolerance Notice –Spanish
- Student Handbook

Interviews:

- Counselor interviews
- Resident interviews

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor overall determination –meets standard

Instructions for Overall Compliance Determination Narrative

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According to CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault, and Harassment and CV-P-101 policy – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, Sexual Harassment, the facility staff members do not complete investigations. The Lycoming County Office of the Children and Youth (Childline) is an entity outside of CVRTS INC. responsible for the investigations of all allegations of sexual abuse and sexual harassment. All criminal investigations are conducted by the Pennsylvania State Police - Montoursville Barracks.

All staff members interviewed were aware that the Lycoming County Office of the Children and Youth (Childline) complete all sexual abuse and sexual harassment investigations. They were also knowledgeable on how to report allegations of sexual abuse and sexual harassment to the Lycoming County Office of the Children and Youth.

A representative from Lycoming County Office of the Children and Youth was interviewed by this auditor on June 12, 2019 and confirmed the above-mentioned process regarding investigations. In addition, the Executive Director was able to describe the investigative process from start to finish during the interview with this auditor.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment
- CV-P-101 policy – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- MOA with Pennsylvania State Police Montoursville Barracks

Interviews:

- Interview with Executive Director
- Interview with Lycoming County Office of the Children and Youth Representative
- Random staff interviews

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment requires all full-time and part-time medical and mental health practitioners who work within CVRTS INC. programs to be trained in no less than:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse

- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

Forensic examinations are conducted at Williamsport Regional Medical Center. A MOA is in place with Williamsport Regional Medical Center that confirms a SANE/SAFE completes forensic examinations.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- MOA with Williamsport Regional Medical Center
- Training records

Interviews:

- Interview with Representative from Williamsport Regional Medical Center

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

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

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment addresses the use of Vulnerability Assessment Instrument, Risk of Victimization and/or Sexually Aggressive Behavior (Appendix E) shall be administered within seventy-two (72) hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or toward a resident. The Vulnerability Assessment Instrument is used to obtain information required by this standard, including but not limited to prior sexual victimization or abusiveness, current charges, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly. Reassessments are completed every six (6) months. There have been forty-two (42) residents admitted to CVRTS INC. during the past twelve (12) months and all residents received a screening as noted in the agency policy.

Interviews with staff that perform screenings for risks of victimization and abusiveness indicated staff members are complying with CVRTS INC. policy and that they are aware of the importance of screening vital information during this process to ensure the resident's safety. Staff reported the risk assessment takes place at intake or within seventy-two (72) hours of intake. All completed Vulnerability Assessment Instruments are securely kept in the resident's file. All pertinent necessary information is recorded and communicated to staff members for room assignments.

Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy as all the residents stated 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 while at CVRTS INC. Ten (10) resident files were reviewed for documentation verifying the risk assessments were being completed as per the above-mentioned policy.

Reviewed documentation to determine compliance:

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

- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Alleged Abuse & Sexual Assault Checklist
- Review of resident files

Interviews:

- Interview with Agency PREA Coordinator
- Interviews with staff that perform screening of risk of victimization and abusiveness
- Interviews with residents

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No

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

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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According to CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment, the information obtained from the Vulnerability Assessment Instrument, Risk of Victimization and/or Sexually Aggressive Behavior is used to assist in determining the resident's

housing and room assignment. Residents confirmed through interviews that screenings are being administered as per policy.

CV-P-100 policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in a particular housing, bed, or other assignments solely based on such identification status. Placement and programming assignments for each transgender or intersex resident shall be reassessed at a minimum of every six (6) months (twice a year) to review any threats to safety that may have been experienced by the resident. Policy also meets the requirement 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 staff that perform screening for risk of victimization and abusiveness, Agency PREA Coordinator, Executive Director, and Counselors confirmed CVRTS INC. has not used isolation to protect any residents at risk for sexual victimization during the past twelve (12) months. They also stated identification or status is not considered as an indicator of the likelihood that the resident will be sexually abusive.

There were two (2) youth in the facility during the audit that identified themselves as LGBTI. Both residents were interviewed by this auditor to confirm the facility is adhering to the standards with the placement of LGBTI residents. Of the ten (10) resident files this auditor reviewed, five (5) of the residents were identified as sexually vulnerable from the Vulnerability Assessment Instrument. These residents had Safety Plans implemented in order to keep them safe while residing at CVRTS INC.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- Vulnerability Assessment Instrument
- Review of resident files

Interviews:

- Interview with Agency PREA Coordinator
- Interview with staff that perform screening for risk of victimization and abusiveness
- Interviews with residents

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS INC. has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, and staff neglect. The documentation showed several ways for residents to report sexual abuse and sexual harassment or retaliation. These are:

- Staff
- Counselors
- Any Facility Administrator
- Executive Director
- Grievance process
- Privately reporting to a public or private entity
- Third parties, including fellow residents, family members, or attorneys

Resident reports of sexual abuse or sexual harassment may be made verbally or in writing. Residents have the option of reporting allegations to the Lycoming County Office of the Children and Youth (Childline) via toll free numbers posted on the living units.

Facility staff members must accept reports made verbally, in writing, anonymously, and from third parties. Verbal reports must be immediately documented. In addition, staff members are permitted to privately report sexual abuse or sexual harassment of residents to the Pennsylvania Department of Human Services through the Childline hotline.

Reporting information is delivered to the residents through the intake process, PREA education groups, in the Student Handbook, and by the numerous posters (in English and Spanish) that were observed by this auditor, throughout the facility, during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

All residents interviewed confirmed they have received information through the above-mentioned venues instructing them on how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they all understood the grievance process.

Staff members interviewed were also knowledgeable of the various ways residents and staff can report incident of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they would immediately document a verbal report and notify their supervisor and contact the Lycoming County Office of the Children and Youth (Childline).

There were no residents placed at CVRTS INC. solely for civil immigration purposes. However, during the interview with the Executive Director, it was determined they would provide the residents' information on how to contact relevant officials at the Department of Homeland Security to report sexual abuse and/or harassment.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- Student Handbook
- Posters in living units

Interviews:

- Interview with Executive Director
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

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

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The facility's Grievance Procedure outlines administrative procedures to address resident grievances but does not address allegations regarding sexual abuse or sexual harassment. However, if they were to receive a grievance alleging sexual abuse or sexual harassment, it would be immediately reported to the Lycoming County Office of the Children and Youth through the Childline hotline. There have been no grievances filed related to sexual abuse or sexual harassment during the past twelve (12) months.

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 sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in policy CV-P-101. The matter would be referred to the Lycoming County Office of the Children and Youth (Childline). All residents interviewed were aware of the grievance process. All of the resident's files contained notification of the grievance process. In addition, all staff interviewed could describe the steps they would take to protect a resident from threatened sexual abuse.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Agency PREA Coordinator
- Interview with randomly selected staff
- Interview with residents

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

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

115.353 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS INC. policy CV-P-100 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. CVRTS INC. also provides residents with reasonable and confidential access to their attorneys and/or legal representation, as well as parents or legal guardians. The facility has provided this information to all residents through the Student Handbook, intake process, brochures, and posters placed throughout the facility. This information is available in both English and Spanish; and was reviewed by this auditor.

Interviewed residents were aware of how to access outside agencies through hotlines; and all of them stated they would have access to a telephone if they needed to report anything. The residents interviewed were all able to describe the advocacy services offered to them at WISE Options if they would ever need them. All residents stated they received weekly telephone calls to their families and weekly visits.

All staff interviewed were aware of how residents can access outside agencies through the hotlines.

A Memo of Agreement (MOA) is in place with CVRTS INC. and WISE Options. The MOA was reviewed by this auditor during the pre-audit phase. The MOA confirms each party's responsibilities regarding this standard. The Agency PREA Coordinator described the MOA and the services that are provided by WISE Options to give advocacy services to any victims of sexual assault at CVRTS INC. This auditor contacted a representative from WISE Options, and she confirmed the services offered in the MOA.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- CV-P-101 policy – Reporting and Investigating Child-Resident Abuse, Sexual Abuse and/or Sexual Harassment
- MOA with WISE Options
- PREA posters
- Student Handbook

Interviews:

- Agency PREA Coordinator
- Interview with representative from WISE Options
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault or Harassment identifies multiple methods used to receive third party reports of sexual abuse or sexual harassment. Posters are prominent throughout the facility which list the telephone numbers to call if sexual abuse or sexual harassment is suspected. Third party reports can also be made to Lycoming County Office of the Children and Youth, Pennsylvania Department of Human Services, Pennsylvania State Police, or the Executive Director.

Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.

There were no incidents of third-party reporting during the past twelve (12) months. All staff members interviewed acknowledged that they would accept a third-party report of abuse in the same manner as if they had witnessed the abuse themselves.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- PREA posters

Interviews:

- Interviews with randomly selected staff
- Interviews with residents

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment states that when an employee observes, or has any reason to suspect child/resident abuse, sexual abuse, sexual harassment, and/or retaliation against residents or staff who report such an incident, that employee must immediately notify the Executive Director or designee. The Executive

Director or their designee shall immediately submit a report to Childline, who will assign the investigation to the Lycoming County Office of the Children and Youth.

Interview with the Executive Director supported the protocol discussed in the above-mentioned policy. There were not allegations made regarding sexual abuse/sexual harassment during the past twelve (12) months. 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.”

Reviewed documentation to determine compliance:

- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment
- PREA posters

Interviews:

- Interview with the Executive Director
- Interviews with randomly selected staff

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment requires that when a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident in accordance with policies CV-P-101 – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, and/or Sexual Harassment. There were zero (0) residents that the facility determined was subject to substantial risk of sexual abuse during the past twelve (12) months.

Interviews with the Executive Director and randomly selected staff members indicated that report or allegation would be taken seriously. They stated that the Executive Director or designee would be immediately informed; and the alleged aggressor and the alleged victim would be separated, supervision would be increased, and a written plan would be developed. All staff members interviewed stated they would act immediately. If the aggressor was a staff member, the Executive Director confirmed that the staff member would be removed or terminated.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interviews:

- Interview with the Executive Director
- Interview with randomly selected staff

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director shall notify the facility head or appropriate office of the agency where the alleged abuse occurred. Allegations of sexual abuse and/or sexual harassment shall also be reported in accordance with policy CV-P-101 – Reporting and Investigating Child-Resident Abuse, policy 900.102 – Responding to Reports of Sexual Abuse and/or Sexual Harassment, and all Pennsylvania child abuse regulations. Notification to the facility head or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

Interview with the Executive Director confirmed this process and that there has not been a report in the last twelve (12) months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. The Executive Director was able to articulate what her responsibilities would be if she received an allegation that a resident residing in CVRTS INC. was sexually abused or sexually harassed while residing in another facility. She also confirmed the protocols she would follow if she received a report from another facility or agency that a resident was sexually abused or sexually harassed while she was residing at CVRTS INC.

Reviewed documentation to determine compliance:

- CV-P-100 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interviews:

- Interview with Executive Director

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with policies CV-P-101 – Reporting and Investigating Child-Resident Abuse or Sexual Harassment, CV-P-102 – Responding to Reports of Sexual Abuse and/or Sexual Harassment, and DPW Child Abuse Regulations. The first staff member to respond to the scene shall be required to:

1. Separate the victim and alleged abuser
2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence
3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating
4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
5. Notify the Executive Director or designee and document the incident
6. Transport to Williamsport Regional Medical Center

All staff interviewed could articulate the steps they would take as a first responder. Their responses were consistent with the CVRTS INC. policies.

There were no incidents during the past twelve (12) months at CVRTS INC. that required first responder actions.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 policy – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, and/or Harassment
- CV-P-102 policy – Responding to Reports of Sexual Abuse, and/or Sexual Harassment
- DPW Child Abuse Regulations

Interviews:

- Interview with the Executive Director
- Interviews with randomly selected staff
- Interview with a representative from Lycoming County Office of the Children and Youth

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS INC. shall develop a written plan to coordinate actions taken in response to an incident of sexual abuse and/or sexual harassment among first responders, medical and mental health practitioners, investigators, and facility leadership. This plan shall be in accordance with policies CV-P-101 – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, and/or Sexual Harassment; CV-P-102 policy – Responding to Reports of Sexual Abuse and/or Sexual Harassment.

Interviews with the Executive Director and direct care staff indicated that each is knowledgeable of his/her responsibilities in regards to an incident or allegation of sexual assault.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Executive Director
- Interview with Medical Staff at Williamsport Regional Medical Center
- Interview with Mental Health Staff at WISE Options
- Interview with randomly selected staff

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS has not entered into or renewed any collective bargaining agreements 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.

Interview:

- Interview with the Executive Director

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment states CVRTS INC. shall ensure all residents and/or staff who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation in accordance with policy CV-P-101 – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment. 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 residents, 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 sexual harassment or for cooperating with investigations. Monitoring at the facility will continue for at least ninety (90) days

following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

An interview with the Executive Director indicated she serves as a facility retaliation monitor. She was educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. She stated that the agency would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the agency that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. The Executive Director stated that she would monitor a resident by completing status checks for at least ninety (90) days per policy. However, she stated if the need would arise, she would continue to complete status checks on the resident for the length of her stay at the facility, which may exceed the ninety (90) day requirement noted in policy CV-P-101.

There were zero (0) incidents of retaliation, known or suspected, during the past twelve (12) months at CVRTS INC.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault, or Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interview:

- Interview with person responsible for monitoring retaliation

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment states segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited, as a result CVRTS INC. does not use isolation. Interview with the Executive Director confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any place where a resident could be segregated or isolated.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection and Response to Sexual Abuse, Assault and Harassment
- Tour of the facility

Interview:

- Interview with Executive Director

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment describe in detail the process for ensuring that all allegations of sexual abuse and sexual harassment are investigated. These policies state that Lycoming County Office of the Children and Youth has responsibility to investigate all PREA related allegations and incidents that are alleged at CVRTS INC. Local law enforcement authorities shall be contacted as necessary. Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not to be terminated should the source of the allegation recants the allegation.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments, and investigative facts and findings. All written reports will be retained for seven (7) years from the resident(s) discharge or until the age of majority is reached, whichever is longer. The facility will cooperate with outside investigators and will remain informed of the investigation process. The Executive Director stated that she would maintain contact with the Lycoming County Office of the Children and Youth during an open investigation via telephone calls, emails, and on-site visits.

There were zero (0) allegations of sexual abuse or sexual harassment during the past twelve (12) months. Interviews with the Executive Director and representative from the Lycoming County Office of the Children and Youth confirmed the protocols in place for criminal and administrative investigations.

Reviewed documentation to determine compliance:

- CV-P-100 – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interviews:

- Interview with Executive Director
- Interview with Agency PREA Coordinator
- Interview with representative from Lycoming County Office of the Children and Youth

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states that CVRTS INC. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Lycoming County Office of the Children and Youth confirmed this policy is followed for determining whether allegations of sexual abuse or sexual harassment are substantiated.

An interview with a representative from the Lycoming County Office of the Children and Youth confirmed that they use no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment in investigations. The representative from the Lycoming County Office of the Children and Youth stated that a detailed report is compiled and sent to the Executive Director detailing its investigation and findings upon completion of each investigation. There were no allegations of sexual abuse or sexual harassment that were made during the past twelve (12) months, thus, there were no investigative reports to review.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment
- CV-P-101 – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interviews:

- Interview with Executive Director
- Interview with representative for Lycoming County Office of the Children and Youth

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states that following an investigation into a resident's allegation of sexual abuse or sexual harassment to have occurred in CVRTS INC. program, the program shall report in accordance with policy CV-P-101 – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, and/or Sexual Harassment. Following an investigation into a resident's allegation of abuse, sexual abuse, and/or sexual harassment in the facility, the facility shall inform the resident as to whether the allegation has been determined to be unfounded, indicated, or founded; and whether the staff is no longer assigned within the resident's living unit, no longer employed at the facility or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and/or sexual harassment shall receive notification of determined outcomes using the "Determination of Notification to Youth" form. The Executive Director will share the outcome with the resident, and obtain the resident's signature as proof of receipt, before placing the form in the resident's file as documentation of receipt.

Interview with the Executive Director indicated that residents are notified of the results of an investigation in writing. She stated that the resident would be given a "Determination of Notification to Youth" form to sign noting they have received the outcome of the investigation.

The facility had no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CV-P-100 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- CV-P-101 – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interview:

- Interview with the Executive Director

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states the following regarding staff disciplinary sanctions:

1. Employees who violate agency sexual abuse and/or sexual harassment policies; or who have engaged in behavior that contributes to the sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination.
2. Disciplinary sanctions shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
3. All terminations for violations of agency sexual abuse and/or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations; shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies during the past twelve (12) months. Additionally, there were no staff disciplined for violations of the zero-tolerance policy. This was confirmed during the interview with the Executive Director.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment

Interview:

- Interview with the Executive Director

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.

The Executive Director stated in an interview that the facility would immediately remove the contractor, or volunteer, from the facility, would contact the Childline hotline, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment

Interview:

- Interview with the Executive Director

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states a resident may be disciplined in accordance with policy CV-P-101 – Reporting and Investigating Child-Resident Abuse, Sexual Abuse, and/or Sexual Harassment. A resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in a resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.

The disciplinary process must consider whether developmental disability or mental illness contributed to a resident's behavior when determining discipline. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

In addition, CVRTS INC. may only discipline a resident for sexual conduct with a staff member upon a finding that the staff member did not consent to such contact. Sexual activity between residents is also prohibited.

There were no substantiated allegations of sexual abuse during the past twelve (12) months. However, in the event of a substantiated allegation of resident-on-resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules. All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. CVRTS INC. does not use isolation or segregation as a disciplinary measure.

Interview with the Executive Director confirmed if there was an incident where residents alleged to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules. The Executive Director also confirmed that CVRTS INC. does not use isolation and the underlying issues related to the incident would be addressed in therapy. In addition, she reported that a resident making a report in good faith cannot be disciplined according to agency policy.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- CV-P-101 policy – Reporting and Investigating Alleged Child-Resident Abuse, Sexual Abuse, Sexual Harassment

Interview:

- Interview with Executive Director

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-103 policy – Transitional Services policy requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within fourteen (14) days of the screening.

Any information from the Vulnerability Assessment Instrument related to sexual abuse, sexual victimization or abusiveness that occurred is limited to the Executive Director, and other staff, as necessary, to inform treatment plans, security, and management decisions, including housing, bed, and program assignments.

During interviews, Executive Director and intake staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with

medical and mental health. They related that services that are offered include evaluations, developing a treatment plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow up meeting.

A review of ten (10) resident files noted there were no current residents at CVRTS INC. who have disclosed prior victimization during screening. If a resident discloses prior victimization during the screening, a safety plan is developed to keep the resident safe at the facility.

Reviewed documentation to determine compliance:

- CV-P-103 policy – Transitional Services Policy
- Vulnerability Assessment Instrument
- Resident File

Interviews:

- Interview with Executive Director
- Interview with intake staff

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment States all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately referred to the Williamsport Regional Medical Center for clinical assessment and gathering forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. Williamsport Regional Medical Center's trained examiner will make the final determination regarding evidence collection. Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility.

CV-P-102 – Response to Reports of Sexual Abuse and/or Sexual Harassment required CVRTS INC. to call Williamsport Regional Medical Center's emergency room to inform the emergency room nurse that a victim of a sexual assault is in route to their facility to have an evidentiary examination completed by a Sexual Assault Nurse Examiner (SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.

CVRTS INC. shall assess the victim's mental and emotional well-being and, as appropriate, shall provide information to the victim and offer to facilitate contact with WISE Options. The program shall provide the victim with access to external victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers including toll free hotline numbers of local, state, or national victim advocacy or rape crisis organizations.

There were no incidents of sexual abuse or sexual assault, as defined in the PREA standards, occurring at CVRTS INC. during this audit period and therefore there was no documentation to review.

Interview with the Executive Director confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOA with Williamsport Regional Medical Center. In addition, a representative from WISE Options was able to confirm this as well.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- CV-P-102 policy – Response to Reports of Sexual Abuse and/or Sexual Harassment

Interviews:

- Interview with Executive Director
- Interview with representative from Williamsport Regional Medical Center
- Interview with representative from WISE Options

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-103 policy – Transitional Services Policy offers medical and mental health evaluations within fourteen (14) days of being notified and, as appropriate, treatment to all residents who have been victims of sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Interview with the Executive Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, she stated the level of the care that a resident receives is consistent with the community level of care.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- CV-P-103 policy – Transitional Services Policy

Interviews:

- Interview with Executive Director
- Interview with Agency PREA Coordinator

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment states within 30 days of the conclusion/receipt of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. Reviews must be completed by a team of staff, Executive Director, and at minimum of upper level management officials; and must include input from direct care staff, investigators, and medical and mental health practitioners. In addition, the Review Team must:

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Executive Director.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

Following all sexual assault incident reviews, the Executive Director or a designee shall complete the Survey of Sexual Violence Summary. The information is then maintained in the PREA Audit Shared Folder. There were no Substantiated or Unsubstantiated allegations during the past twelve (12) months at CVRTS INC.

The Agency PREA Coordinator stated the Incident Review Team consists of upper level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. She stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation by Lycoming County Office of the Children and Youth for any Substantiated or Unsubstantiated allegations of sexual abuse and recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the Executive Director.

All PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report by the Executive Director.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- PREA Sexual Abuse Incident Review Template

Interviews:

- Interview with the Agency PREA Coordinator
- Interview with Incident Review Team member

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states CVRTS INC. collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, CVRTS INC. shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

An interview with the Agency PREA Coordinator indicated that she keeps detailed records to generate her annual report and/or data required by the United States Department of Justice. There were no allegations of sexual abuse during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- PREA Database Report
- 2017 Annual PREA Report

Interview:

- Interview with Agency PREA Coordinator

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment States that CVRTS INC. Administrative Staff shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

1. Identifying problem areas
2. Taking corrective action on an on-going basis
3. Preparing an annual report of its findings and corrective actions for CVRTS INC.

Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of the CVRTS INC's progress in addressing sexual abuse.

The annual report shall be approved by the Executive Director and made readily available to the public through the CVRTS INC. website. Specific material is redacted from the reports when publication

would present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted. The most recent agency Annual PREA Report (2017) is posted on the agency website and was reviewed by this auditor.

Upon request, the agency provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- Agency website -2017 Annual PREA Report

Interviews:

- Interview with Executive Director
- Interview with Agency PREA Coordinator

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.

The agency's Annual PREA Report is reviewed and approved by the Executive Director and made available to the public through its website. The Agency PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2017) is posted on the agency website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

- CV-P-100 policy – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment
- Agency website
- 2017 Agency Annual PREA Report

Interviews:

- Interview with Executive Director
- Interview with Agency PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

CVRTS INC. was audited during the third year of the 1st three-year cycle. The facility was audited on August 15 and 16, 2016 and was found to be fully compliant on August 30, 2016. This audit report is posted on the agency website. This re-audit occurred during the third year of the 2nd three-year PREA cycle on June 16-17, 2019.

The facility provided all requested information via a flash drive. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on April 24, 2019), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility; and was provided a private and confidential area of the facility to complete interviews of residents and staff.

The agency has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the agency website.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire
- Tour of facility
- Agency website

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Final PREA audit report from the first cycle is posted on the agency's website. The final PREA report was posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the agency website and an interview with the Agency PREA Coordinator.

Reviewed documentation to determine compliance:

- Agency website

Interview:

- Interview with Agency PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Farooq Mallick

July 15, 2019

Auditor Signature

Date

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

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