

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 18, 2022

Auditor Information

Name: Farooq Mallick	Email: afarooq.mallick@gmail.com
Company Name: PREA Juvenile Auditors of America, LLC	
Mailing Address: 79 Jansen Road	City, State, Zip: New Paltz, NY 12561
Telephone: 845-594-8161	Date of Facility Visit: June 13-14, 2022

Agency Information

Name of Agency: Clear Vision Residential Treatment Services, Inc.

Governing Authority or Parent Agency (If Applicable):

Address: 456 Saegers Station Road		City, State, Zip: Montgomery, PA 17742	
Mailing Address: 456 Saegers Station Road		City, State, Zip: Montgomery, PA 17742	
The Agency 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

Agency Website with PREA Information: clearvisionresidential.com

Agency Chief Executive Officer

Name:

Email:

Telephone:

Agency-Wide PREA Coordinator

Name: Susan Alberti

Email: saclearvision@comcast.net

Telephone: 570-547-2810

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:
0

Facility Information

Name of Facility: Clear Vision Residential Treatment Group Home

Physical Address: 456 Saegers Station Road

City, State, Zip: Montgomery, PA 17742

Mailing Address: 456 Saegers Station Road

City, State, Zip: Montgomery, PA 17742 Click or tap here to enter text.

The Facility Is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Website with PREA Information: clearvisionresidential.com

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.)

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
NA

Facility Administrator/Superintendent/Director

Name: Sue Alberti

Email: saclearvision@comcast.net

Telephone: 570-547-2810

AGENCY PREA Coordinator

Name: Sue Alberti

Email: saclearvision@comcast.net

Telephone: 570-547-2810

Facility Health Service Administrator ☒ N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

25

Current Population of Facility:	17	
Average daily population for the past 12 months:	18	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	13-19	
Average length of stay or time under supervision	6-12 months	
Facility security levels/resident custody levels	Non-secure/staff secure	
Number of residents admitted to facility during the past 12 months	26	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	26	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i> :	26	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	23	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
<p>Number of single resident cells, rooms, or other enclosures:</p>	1
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	8
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
<p align="center">Investigations</p>		
<p align="center">Criminal Investigations</p>		
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">0</p>	
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
<p align="center">Administrative Investigations</p>		
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">0</p>	
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Lycoming County Children and Youth <input type="checkbox"/> N/A	

Audit Findings

Audit Narrative (including Audit Methodology)

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.

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.

Clear Vision Residential Treatment Services (CVRTS) is a residential facility and group home for female adolescents, which is located in Lycoming County Pennsylvania. 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 judgement in the future. Emphasis is placed on acquiring and determining competency of problem-solving skills and learn to have their needs met through appropriate behavior.

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:
 - Neuropsychological Evaluation/Testing (Pre and Post testing)
 - Measurable time limited goals and objectives
 - Specialized interventions to implement goals and objectives
 - A schedule of visitation
 - An estimated duration of responsibilities
 - Potential avenues for the continuum of care
 - 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 skills, social/behavioral interactions, and independent living skills. These foci help the student reduce the likelihood of unemployment, housing, and personal well-being disadvantages after discharge. The Clear Vision school setting is structured, supportive, and safe; encouraging the 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 24-hour 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 the students' lifetimes, as well as specific verbal praise and reinforcement. The Clear Vision classrooms serve students 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 students are identified as qualifying for special education services prior to admission to Clear Vision. All relevant special education (IEP, ER, RER, etc.) is updated upon entrance into 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.
- **Counseling:** Both individual and group counseling are part of the CVRTS program. Sessions are facilitated by counselors having Master/Bachelor/Associate 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 UPMC Susquehanna Williamsport Hospital. It is noted in this MOA that UPMC Susquehanna Williamsport Hospital 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 advocate 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 and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

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 Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA Coordinator 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.

CVRTS Inc., Zero Tolerance Policy addresses this facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the facility's strategies and responses to sexual abuse and sexual harassment; and forms the foundation for the facility's training efforts with residents, staff, volunteers, and contractors. The residents receive detailed information about their rights, grievances, and reporting during admission and followed up five (5) days later with the comprehensive PREA education. Facility organizational charts clearly depict the roles of the Executive Director/PREA Coordinator. Interview with the PREA Coordinator proved her knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Notice of the PREA compliance audit was posted on living unit and other prominent locations throughout the facility on April 29, 2022.

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

- Zero Tolerance Policy
- CVRTS Inc. Organizational Chart
- Pre-audit Questionnaire

Interviews:

- Interview with Executive Director
- Interview with 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.) ☐ 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 interviews with the Executive Director and the PREA Coordinator.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ 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.

The CVRTS Inc. Zero Tolerance Policy, requires the facility to develop, implement and document a plan to ensure staffing ratios are met. Staff schedules and resident rosters were reviewed by this auditor to confirm compliance.

The CVRTS Inc. Staffing Plan states the facility runs at a minimum of 1:12 staff to resident ratio during the 11pm-7am shift and at a minimum of 1:6 staff to resident ratio during the 7am-3pm and 3pm-11pm

shifts. These are the regulations set by Pennsylvania 3800 Child Care. 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 these ratios were being maintained and exceeded on a consistent basis.

The CVRTS Inc. Zero Tolerance Policy requires the facility to develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. The Staffing Plan must be completed and submitted to the Executive Director. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:

1. Generally accepted juvenile detention and correctional/secure residential practices
2. Any judicial findings of inadequacy
3. Any findings of inadequacy from federal investigative agencies
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated)
6. Composition of the different facilities
7. Number and placements of supervisory staff
8. Programs occurring on each shift
9. Relevant laws, regulations, and standards
10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse
11. Minimum staff to youth ratios must be 1 to 8 during waking hour and 1 to 16 during sleeping hours.

Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Staff Plan. Only security staff must be included in those reports.

There were seventeen (17) residents residing at CVRTS Inc. during the on-site portion of this audit. The average daily population at the facility during the past twelve (12) months has been eighteen (18) residents.

The annual Staffing Plan at CVRTS Inc. also addresses the facility staffing plan and requirements. The plan is reviewed on an annual basis and was reviewed by the Executive Director on April 1, 2022. The PREA standard calls for a 1:8 ratio during resident waking hours and no less than 1:16 resident sleeping hours. The ratio that is required by the Pennsylvania 3800 Child Care regulations is 1:6 during waking hours and 1:12 during sleeping hours.

The Executive Director reported that they maintain a ratio of 1:6, which exceeds the standard; and this auditor observed a 1:5 ratio during the on-site portion of the audit. 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 staff feel staffing ratios cannot be maintained during the upcoming shift, staff would be held over and paid overtime to meet the ratios. Interviews with the Executive Director, and PREA Coordinator revealed that staffing is monitored shift to shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor to confirm compliance.

The CVRTS Inc. Staffing Plan states the facility runs at a minimum of 1:12 staff to resident ratio during the 11pm – 7am shift and at a minimum of 1:6 staff to resident ratio during the 7am – 3pm and 3pm – 11 pm shifts. These are the ratios set by the Pennsylvania 3800 Child Care

Regulations. 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 these ratios were being maintained and exceeded on a consistent basis.

Interviews with the PREA Coordinator and the Executive Director confirmed that the Staffing Plan is reviewed, when necessary, but no later than once a year. This document is maintained by the PREA Coordinator.

A review of the CVRTS Inc. Staffing Plan confirmed that this plan is reviewed on an annual basis and was reviewed by the Executive Director on April 1, 2022.

The CVRTS Inc. Zero Tolerance Policy states that a management level employee shall conduct and document unannounced rounds, at a minimum of twice a month. Unannounced rounds are conducted on all shifts, weekends, and holidays to identify and deter staff sexual abuse and/or sexual harassment. All unannounced rounds are documented using the Unannounced Rounds Tracking Form. Documentation is also maintained in the PREA shared folder.

A review of Unannounced Rounds Logs and staff interviews, with the Executive Director and PREA Coordinator, confirmed that Unannounced Rounds occur as required in this standard. The Executive Director was able to discuss how she completes the unannounced rounds during her interview, assured minimum ratios were being met, and that inspection of all areas including the housing units. She also stated that she conducts random rounds by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log to confirm that unannounced rounds were being completed.

Review of documentation and proof to determine compliance:

- Pennsylvania Department of Human Services 3800 Child Care Regulations
- CVRTS Inc. Zero Tolerance Policy
- CVRTS Inc. staff schedules
- Logs of Unannounced Rounds
- Resident Roster
- 2022 CVRTS Inc. Staffing Plan
- Tour of the facility

Interviews:

- Interviews with Executive Director
- Interview with PREA Coordinator
- Interview with random staff from all three (3) shifts
- Interview with random residents

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 have policies 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 have 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.

CVRTS, Inc. Zero Tolerance Policy prohibits staff from conducting cross-gender pat searches and that youth may only be searched by staff of the same gender. CVRTS, Inc. does not employ staff of the opposite gender. This was verified during interviews with the staff and residents. The staff training curriculum includes searches of residents but prohibits staff from searching or physical 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 a conversation with the resident, reviewing medical records, and reviewing the case history of the resident.

Zero Tolerance Policy 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 residents and staff members they confirmed that this policy is followed 100% of the time. The residents shower in separate shower stalls that have a double curtain which allows them the privacy to shower and change their clothes. The bathroom stalls have doors on them for privacy to use the toilet without staff seeing them. This facility does not employ male staff, thus they do not announce "male on the unit." However, when this auditor was walking onto the unit during the tour, it was announced "male on the unit" and was also documented in the logbook.

Reviewed documentation to confirm compliance:

- Zero Tolerance Policy
- Staff Training Curriculum
- Staff Training Logs
- Tour of the facility

Interviews:

- Interview with the Executive Director
- Interview with random staff
- Interview with residents

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.

CVRTS Inc. Zero Tolerance Policy states that all residents that are admitted with disabilities shall have equal opportunity to all aspects of CVRTS' efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents with disabilities shall be provided accommodations in accordance with the American Disabilities Act, 28CFR 35.614. Examples include staff reading the PREA pamphlets to vision impaired residents and providing resident education in audio and video format for both vision and hearing impaired. The facility provides the entire program in audio format for the blind and visually impaired and in written format for the deaf. There were no deaf or blind residents to interview to determine the effectiveness of presentation. The facility's PREA education is an audio/visual presentation conducted by the Intake staff on the day of admission.

Zero Tolerance Policy also states that CVRTS Inc. will ensure that residents with limited English proficiencies are instructed on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, Zero Tolerance Policy, and the PREA pamphlet addressing zero tolerance. CVRTS Inc. provides contracted interpreting services to assist in interactions with language barriers when communicating with residents. Special education teachers are available for residents with learning disabilities. A language interpretation service is available for other languages should the need arise. Zero Tolerance Policy states that only qualified interpreters may be used. Other residents do not meet the policy's definition of "qualified interpreter."

There was one (1) cognitively disabled resident residing at CVRTS Inc. during the on-site portion of this audit. This resident was interviewed by this auditor and confirmed all her needs are met, and anytime she did not comprehend something, she knew she could seek assistance from a staff member. During interviews with the Executive Director and PREA Coordinator, they both noted any disabled resident residing at the facility receives an equal opportunity to participate in, and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse.

The agency PREA brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor. In addition, PREA posters are posted in the housing units, all common areas, hallways, front entrance, and the area where family visits take place. These posters are also in both English and Spanish.

In addition, interpreters are available. This auditor was provided a comprehensive list of interpreters that are available to the residents. There were no limited English proficient residents residing at CVRTS Inc. during the on-site portion of this audit to interview.

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff members and Executive Director that there have been no circumstances during the past twelve (12) months at CVRTS Inc. when interpreters were required.

Reviewed documentation to determine compliance:

- Zero Tolerance Policy
- English and Spanish Reporting Posters
- Language Interpretation Service
- PREA Brochures (English and Spanish)

Interviews:

- Interview with Executive Director
- Interview with random staff
- Interviews with random residents
- Interview with cognitively deficient resident

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 who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

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

115.317 (d)

- Does the agency perform a criminal background record 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)

- 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.

CVRTS Inc. Zero Tolerance Policy requires criminal background checks and child abuse checks for all employees and contractors prior to employment. The Zero Tolerance Policy states that CVRTS Inc. shall not hire or promote anyone, nor enlist the services of any contractor who may have contact with residents who fall under the following rule-out criteria:

1. Has engaged in sexual abuse in any institution.
2. 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.
3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

The Zero Tolerance Policy also states that CVRTS Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. This is accomplished through background checks, reference checks, and criminal history checks. These checks include clearance through the Commonwealth's Child Abuse Registry.

Per Zero Tolerance Policy, all employees requiring criminal checks shall have new criminal checks conducted every five (5) years on their anniversary of hire/contract date. This was confirmed during an interview with the Human Resource staff and an interview with the Executive Director.

This auditor inspected twelve (12) random staff files, and all had required clearances.

Reviewed documentation to determine compliance:

- Pennsylvania Department of Human Services 3800 Child Care Regulations
- Zero Tolerance Policy
- Review of twelve (12) randomly selected staff files

Interviews:

- Interview with the Executive Director
- Interview with the Human Resource Staff

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 1, 2022, by the Executive Director). The facility's most recent Annual Vulnerability Assessment (Staffing Plan) was provided to this auditor prior to the on-site portion of this audit and was confirmed during the interview with the Executive Director.

The facility does not have a video surveillance system but mitigates this with a 1:6 staffing ratio on all shifts and has developed good sight and sound lines of supervision. Throughout interviews, it was confirmed that if there are any additional plans for upgrades to the facilities and technology, CVRTS Inc. shall consider the effects of design, acquisition, expansion or modification upon the facility's ability to protect residents from sexual abuse when installing a video monitoring system, electronic surveillance system, or other monitoring technology. CVRTS Inc. shall consider how such technology may enhance the facility's ability to protect residents from sexual abuse.

Reviewed documentation to determine compliance:

- Zero Tolerance Policy
- CVRTS Inc. Annual Vulnerability Assessment (Staffing Plan)
- Tour of the facility

Interviews:

- Interview with Executive Director
- Interview with 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ 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. Zero Tolerance Policy states that upon receiving an allegation of abuse, sexual abuse and/or sexual harassment, the employee shall immediately make an oral or written report to ChildLine. Once the

report is received, it will be administratively investigated by Lycoming County Children and Youth. A representative from Lycoming County Children and Youth was contacted by this auditor and they confirmed this process. All criminal investigations are conducted by the Pennsylvania State Police. This process was confirmed by the PREA Coordinator and the Executive Director during their interviews.

The Executive Director and PREA Coordinator stated during their interviews that the facility has a MOU with UPMC Susquehanna Williamsport Hospital for evidence collection and forensic examinations to be conducted by a Sexual Assault Nurse Examiner (SANE) at the hospital. A representative from UPMC Susquehanna Williamsport Hospital was contacted by this auditor and was able to confirm this process. The facility has a MOU with the Pennsylvania Coalition Against Rape to provide an advocate and support services through the WISE Options. Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 –Zero-Tolerance of Sexual Abuse and/or Sexual Harassment states, “as requested by the victim, the victim advocate, qualified facility staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.” A representative from the WISE Options was contacted and they confirmed the MOU and services they provide to the facility and the victim.

All administrative investigations are conducted by the Lycoming County Office of Children and Youth. An interview with a representative from Lycoming County Children and Youth confirmed that they comply with all PREA standards when completing an investigation at CVRTS Inc.

There were no instances of sexual abuse or assault that would have necessitated a forensic examination during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- MOU with UPMC Susquehanna Williamsport Hospital
- MOU with Pennsylvania Coalition Against Rape / WISE Options
- MOU with Pennsylvania State Police

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interviews with random staff
- Phone interview with a representative from Lycoming County Children and Youth
- Phone interview with a representative from the Pennsylvania Coalition Against Rape / WISE Options
- Phone interview with representative from UPMC Susquehanna Williamsport Hospital

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 the policy 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 staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law.

CVRTS Inc. Zero Tolerance policy states that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be immediately called into Child Line. The Department of Human Services (DHS) will investigate all administrative allegations of sexual abuse and/or sexual harassment. The Zero Tolerance Policy meets all requirements of this standard. It requires that allegations that may be criminal in nature be referred to law enforcement. A MOU 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 Children and Youth are contacted for all alleged administrative investigations. CVRTS Inc. staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law.

During the past twelve (12) months, there have been zero (0) number of allegations of sexual abuse or sexual harassment. The Zero Tolerance Policy meets all requirements of this standard.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- MOU with Pennsylvania State Police

Interviews:

- Interview with the Executive Director
- Interview with PREA Coordinator
- Interview with Representative the Pennsylvania State Police

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.

CVRTS Inc. Zero Tolerance Policy states all CVRTS INC. employees shall receive instruction related to this policy; and tailored to the unique needs and attributes of resident of juvenile facilities; and to the gender of the residents in the facility on the following critical subjects:

1. The agency's policy on zero tolerance for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under agency sexual misconduct prevention, detecting, reporting, and response policy and procedures.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in juvenile facilities.
5. Dynamics of sexual abuse and sexual harassment in confinement.
6. Common reactions of sexual abuse and sexual harassment of juvenile victims.
7. How to detect and respond to signs of threatened and actual sexual misconduct.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Relevant laws regarding the applicable age of consent.

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. Posters and brochures are both in English and Spanish.

The Pre-Audit Questionnaire documented that all staff currently employed at CVRTS Inc. were trained and retrained on the PREA requirements during the past twelve (12) months. The trainings received by all staff (PREA Curricula) were reviewed by this auditor are documented and indicated staff members were, and are, trained as stated and required. The training records for all employees at CVRTS Inc. were reviewed by this auditor. All staff also received mandated reporter training.

All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the Zero Tolerance Policy, their obligations as

mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection. Interviews with staff members also confirmed they receive the training and understood the material that was covered in the training they received. This auditor was able to review the Training Roster and confirm they had appropriate staff members signatures and noted if they understood the training they received.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- PREA Training Curriculum
- Mandated Reporter Curriculum
- Random employee files

Interviews:

- Interview with PREA Coordinator
- Interviews with random staff

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.

CVRTS Inc. Zero Tolerance Policy states that non-employees who have contact with juveniles shall receive instruction regarding agency policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. All volunteer and contractors must receive PREA training. The PREA training is a detailed review of the Zero Tolerance Policy. Contractors must sign and acknowledge that they have received and understood the training. Documentation of signed acknowledgement forms were provided to this auditor. There were no contracted employees during the on-site portion of the audit to interview.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- PREA Brochure for contractors
- Training logs
- Signed Training Acknowledgement of a contracted employee

Interviews:

- Interview with PREA Coordinator

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 the comprehensive education referenced in 115.333(b)?
☒ 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.

The Zero Tolerance Policy states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:

1. Their right to have confidential access to their attorney or other legal representation;
2. Their right to have reasonable access to parents or legal guardians;
3. How to report incidents or suspicions of sexual abuse or sexual harassment;
4. The facility's process and procedure for a resident to file a grievance;
5. The facility's process and procedure for accessing the facility's client advocate;
6. How to access outside victim advocates for emotional support services related to sexual abuse (this information shall include mailing addresses and telephone numbers, including toll-free numbers of available local, state and/or national victim advocacy or rape crisis organizations);
7. For individuals being admitted to the facility solely for civil immigration purposes, mailing addresses, telephone numbers (including toll-free hotlines were available) of immigrant service agencies;
8. The extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws;
9. Information related to the Zero Tolerance Policy;
10. Information related to the facility's policy against retaliation for reporting sexual abuse, sexual harassment or cooperating with an investigation;
11. For transgender and intersex youth, information related to their right to shower separately and;
12. Comprehensive education in person via a video recording:
 - a. Their right to be free from sexual abuse and sexual harassment
 - b. Their right to be free from retaliation for reporting sexual abuse or harassment
 - c. The facility's response policies and procedures for responding to reports of sexual abuse or sexual harassment

The Intake staff who was interviewed reported each resident admitted into the facility receives written PREA education immediately upon admission. They were able to describe reviewing the agency zero tolerance policy, PREA slideshow, and reviewing and providing each resident with the Resident Handbook and PREA brochure. This auditor reviewed ten (10) resident files during the on-site portion of this audit and all ten (10) files reviewed contained a signed copy of the acknowledgment form noting the resident received the PREA education of the day of admission. They received the initial PREA education on the day of admission but received comprehensive PREA education by their counselor on day five (5).

Interviews with the Intake staff confirmed all PREA education information is communicated orally, in a video, in writing, and in a language clearly understood by the resident, on the day of admission. Language assistance resources are available through interpreter services. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, Resident Handbook, and PREA brochures. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA brochures.

All residents interviewed stated they were educated upon admission but received a more comprehensive PREA education by their counselor a week later on their unit. They acknowledged viewing the PREA slideshow, receiving the Resident Handbook, and PREA brochure. Residents also stated that staff conduct regular check-ins regarding their safety and services that are available to them. Residents were very knowledgeable about PREA, including PREA Policy (zero-tolerance), their rights 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). All youth entering any CVRTS INC. facility, either as a new admission or a transfer, go through the same intake process. All residents interviewed were aware of the Blue Phone which has direct access to the outside victim advocate services by Wise Options. This auditor picked up the Blue Phone and was directly connected with a staff member at Wise Options.

Reviewed documentation and verification:

- Zero Tolerance Policy
- PREA Brochure
- Resident PREA Acknowledgement Form
- Posters for Reporting and Education in Spanish and English
- Ten (10) resident files
- PREA Education Program Curriculum including PREA Slideshow
- Tour of the facility
- Blue Phone

Interviews:

- Interview with PREA Coordinator
- Interview with Intake staff
- Interview with counselor
- Telephone interview with staff from Wise Options
- Random 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*)

Instructions for Overall Compliance Determination Narrative

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

CVRTS Inc. Zero Tolerance Policy states that CVRTS INC. does conduct internal investigations for allegations of sexual abuse. Investigations are also conducted by the Pennsylvania State Police and the Lycoming County Office of Children and Youth. Documentation was provided to this auditor concerning CVRTS INC.'s request to the Pennsylvania State Police and Lycoming County Office of Children and Youth to comply with the PREA standards when conducting such investigations. CVRTS INC. staff do not conduct investigations.

All staff members interviewed were aware that the Lycoming County Office of Children and Youth completes non-criminal sexual abuse and sexual harassment investigations.

There were no allegations of sexual abuse or sexual harassment that were reported to Child Line and the State Police during the past twelve (12) months. A representative from Lycoming County Office of Children and Youth was interviewed by this auditor 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:

- CVRTS Inc. Zero Tolerance Policy
- MOU with Pennsylvania State Police

Interviews:

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

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- 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? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

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 or the agency does not employ medical staff.)
☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS Inc. Zero Tolerance Policy states that CVRTS Inc. does not perform any forensic medical examinations. These are conducted at UPMC Susquehanna Williamsport Hospital and that was verified by this auditor. This policy also mandates PREA training for medical and mental health staff. This auditor interviewed a Physician Assistant from the community provider who stated she would immediately report allegations to her supervisor and document the allegation. She stated that the forensic examinations are not conducted at the facility and that all examinations would be conducted by a SAFE/SANE at UPMC Susquehanna Williamsport Hospital. The community Physician Assistant received Mandated Reporter training. The community medical and mental health staff received training regarding the sexual abuse of juvenile victims and had also received training on the protection of forensic evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility (UPMC Susquehanna Williamsport Hospital) by the State Police.

Medical staff do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at UPMC Susquehanna Williamsport Hospital by a SANE. A MOU is in place with UPMC Susquehanna Williamsport Hospital that confirms a SANE completes forensic examinations. This auditor was able to interview a representative from UPMC Susquehanna Williamsport Hospital who confirmed forensic examinations are conducted at UPMC Susquehanna Williamsport Hospital by a SANE in the event of an incident of sexual abuse.

Per the CVRTS Inc. Zero Tolerance Policy, community medical and mental health staff receive PREA training. Community medical and mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- MOU with UPMC Susquehanna Williamsport Hospital
- Employee Training Curricula
- Training logs

Interviews:

- Interview with community Physician Assistant
- Interview with community mental health staff
- Phone interview with representative from UPMC Susquehanna Williamsport Hospital

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: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) the residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CVRTS Inc. Zero Tolerance Policy addresses the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered within 72 hours of admission to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or towards a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement

history. Living units and room assignments are made accordingly. A vulnerable resident will not be placed next to a sexually aggressive resident. They also consider the age, height, weight, and resident's own gender identity when placing youth into program.

The Intake staff assigned to the facility administers the instrument, considers the intake packet, conversations with parents, probation officers, and caseworkers as part of every intake. The Intake staff that was interviewed stated she used a combination of developing a conversational rapport with the resident and asking direct questions. Periodic reassessment occurs as a part of the Multi-Discipline Team treatment process and after any PREA related incident. All completed Vulnerability Assessment Instruments are securely kept in the resident's file and have restricted access.

During the past twelve (12) months, there were twenty-six (26) residents admitted whose length of stay in the facility were for seventy-two (72) hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing another resident within seventy-two (72) hours by being administered the Vulnerability Assessment Instrument by Intake staff. This auditor was able to confirm the Vulnerability Instrument is completed upon admission immediately after the PREA education by the Intake staff who completed the form. The Intake staff who completed the Vulnerability Assessment was interviewed and confirmed they understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. CVRTS INC. Zero Tolerance Policy state the facility must ascertain information about: prior victimization or abusiveness; any gender non-conforming appearances or manner of identification as lesbian, gay, bisexual, transgender, or intersex; and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.

This auditor was able to review the Vulnerability Assessment that is used to screen residents and confirm this form captures the information required for this standard. This auditor was able to review the resident case files to confirm they are being completed within seventy-two (72) hours of intake.

Interviews with the PREA Coordinator and the Intake staff that performs screening for risk of victimization and abusiveness revealed that the Intake staff interviews each resident upon admission and periodically throughout a resident's confinement. Staff that perform screening for risk of victimization and abusiveness also stated they use case history notes and behavioral reports when completing the assessment. The periodic reassessments are conducted every six (6) months by staff. An interview with staff confirmed that the reassessments occur every six (6) months. A review of the reassessments was verified by this auditor.

All completed assessments are securely kept in the resident's file and staff have limited access to these files. All necessary information is recorded and communicated to staff members for housing assignments, room assignments, or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Reviewed documentation to determine compliance:

- Zero Tolerance Policy
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Six month Vulnerability Re-Assessment
- Review of resident files

Interviews:

- Interview with PREA Coordinator
- Interview with Intake staff that perform screening for 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? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
☐ Yes ☐ No ☒ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ 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? (N/A if the facility *never* places residents in isolation for any reason.)
☐ 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. Zero Tolerance Policy pertaining to screening/assessing residents at intake states that residents who are determined as a potential risk will not be singled out; however, will be closely monitored by the staff and their behavior will be evaluated throughout their stay. Housing, bed and program decisions for each youth will be based on the risks determined by the intake screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse.

- a. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- b. All housing placements will be made with the sole intention of ensuring the resident's health and safety.
- c. Transgender or Intersex resident's safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex's own views, with respect to his or her own safety, shall be given serious consideration.
- d. Transgender or Intersex residents shall follow the NCSTU operating procedures regarding showering separately.

Isolation is not practiced and is prohibited by CVRTS INC. and was not used during the past twelve (12) months.

The Intake staff who conducts risk screenings stated that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or other residents. Interviews with staff stated that there is no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case-by-case basis and would be formally reviewed every thirty (30) days as well as daily. The resident's own views for their safety would be considered when making housing decisions as well as the safety of all residents.

There was one (1) youth that identified herself as being lesbian, two (2) identified as being bi-sexual, but none that identified as being gay, transgender, or intersex. This auditor interviewed all three (3) residents. All three (3) youth stated they felt safe in the facility. They said staff check on their safety on a regular basis. The youth felt they receive privacy to take showers, use the toilet, and change clothes without staff viewing them. They all stated that they mix with all residents in general population. Of the ten (10) resident files this auditor reviewed, two (2) of the residents identified as sexually vulnerable from the Vulnerability Assessment Instrument (VAI). All five (5) residents, including those identified as vulnerable during assessment, were referred to mental health staff for services immediately after intake.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Vulnerability Assessment of ten (10) residents.
- Unit Log

Interviews:

- Interview with PREA Coordinator
- Interview with Intake staff
- Interviews with residents
- Interviews with two (2) bi-sexual residents
- Interview with one (1) lesbian resident
- Interviews with two (2) residents identified as being vulnerable from the VAI.

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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

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. Zero Tolerance Policy 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 document showed several ways for residents to report sexual abuse, sexual harassment, or retaliation. These are:

- Direct reporting to an employee, Supervisor, Executive Director, or PREA Coordinator
- Privately reporting to a public or private entity, or an office that is not part of the agency
- Grievance process
- Privately reporting to Child Line / Wise Options
- Third parties including family members, attorneys, case worker, or Probation Officers

The Zero Tolerance Policy contains all necessary information and provides for residents to make reports verbally, in writing, anonymously, and through third parties. It mandates that staff accept resident reports in all these formats and that these reports shall be immediately processed according to child abuse regulations. All staff are mandated reporters of abuse per CVRTS INC. Zero Tolerance Policy and the laws of the Commonwealth of Pennsylvania. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on the unit in English and Spanish with the information. Residents have access to the Blue Phone to anonymously report abuse outside the agency/Wise Options. Residents can also call home and have visits with their parents and grandparents on a weekly basis. Visits by Probation Officers and Attorneys are not limited, and residents confirm they receive them.

All youth interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Resident information is delivered to the residents at admission by the Intake staff. They receive comprehensive PREA education on day five (5) by their counselor. PREA education, including a PREA video, Resident Handbook, and PREA brochures, are provided to the resident. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse. Additionally, they understood the grievance process. All knew where to access the Blue Phone to report abuse outside of the agency/Wise Options. Residents receive information upon admission regarding how to report abuse

and there are posters throughout the facility and on the housing units in English and Spanish with the information.

Staff members interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they would immediately document a verbal report and process according to child abuse regulations.

There is a grievance box located on the housing unit. Forms are available in English and Spanish. The PREA box is checked daily. All residents were aware of the grievance procedures and stated they were shown how to fill out a grievance by their counselor during the comprehensive PREA education on day five (5).

There were no incidents at CVRTS Inc. solely for civil immigration purposes. However, during the interviews with the, 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. This auditor picked up the Blue Phone with connected with Wise Options who is the support and advocate group.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Resident Handbook
- Posters in facility
- Blue Phone

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with representative from WISE Options
- 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

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

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The Zero Tolerance Policy provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within five (5) days if it is an emergency grievance. Residents cannot be disciplined for filing a grievance. There were no incidents of sexual abuse, sexual harassment, or retaliation filed using the grievance process in the past twelve (12) months. No grievances by residents or third parties were filed alleging sexual abuse, harassment, or retaliation.

Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. All youth interviewed were aware of the grievance box, where to locate the forms, and how to fill out a grievance form. If a resident filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy. This auditor reviewed ten (10) resident files, and all contained notification of the grievance process.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Emergency Grievance Memorandum
- Resident Handbook
- Grievance Box
- Grievance Forms
- Files of ten (10) residents

Interviews:

- Interview with 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Zero Tolerance Policy outlines that CVRTS INC. will provide residents with access to confidential emotional support services with the Pennsylvania Coalition Against Rape through the WISE Options. There is a statewide memorandum of understanding (MOU) with the Pennsylvania Coalition Against Rape. Posters in both English and Spanish are posted throughout the facility with the information. All youth receive a handout at admission regarding how to report abuse. In addition, the residents are told upon admission about the support services that are offered to them in the community through the WISE Options. Staff from the WISE Options have been in the facility conducting various groups with the residents as was reported by a few of the residents during interview.

Interviewed residents were aware of how to access outside agencies by using the Blue Phone which is in the counselor's office and has a direct line to these services and does not require the youth to remember any telephone number. The residents interviewed were all able to describe the advocacy services offered to them. All residents stated they knew how to use the Blue Phone and acknowledged receiving weekly free telephone calls to their families and weekly visits. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. There were no residents that reported sexual abuse or sexual harassment during the past twelve (12) months. All resident were all aware of the grievance process and the location and how to use the Blue phone.

All staff were aware of how residents can access outside agencies through the Blue Phone. The hotline numbers and the WISE Options numbers are posted throughout the facility.

An MOU is in place with Pennsylvania Coalition Against Rape and the services they offer. The MOU was reviewed by this auditor, and this auditor spoke to a representative by telephone prior to the on-site audit to confirm the services offered in the MOU. During the tour, this auditor picked up the Blue Phone and confirmed that the phone was in service and connected to WISE Options in Lycoming County.

Reviewed documentation to determine compliance:

- Zero Tolerance Policy
- English and Spanish PREA posters in the facility
- Resident PREA Brochures
- MOU with Pennsylvania Coalition Against Rape / WISE Options

Interviews:

- Interview with PREA Coordinator
- Interview with a 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

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CVRTS Inc. Zero Tolerance Policy describes how third parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates, and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. CVRTS INC. has established various methods to receive third-party reports of sexual abuse and sexual harassment which includes CVRTS INC.'s public website that lists the ChildLine number to call if sexual abuse or harassment is suspected. The Hotline number and the WISE Options number is also posted at the entrance where visitors enter the facility and in the visiting area and throughout the facility. 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 is a grievance box located on the housing unit for residents and staff. Forms are in English and Spanish and located next to the box. The box is checked daily. All residents stated that their counselor reviewed the grievance process with them on day five (5) during their PREA education.

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:

- CVRTS Inc. Zero Tolerance Policy
- PREA posters
- Grievance box

Interviews:

- Interview with counselor
- 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 an 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? ☒ Yes ☐ No
- 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*)

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CVRTS Inc. Zero Tolerance Policy states that all CVRTS INC. staff must immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the administration through the appropriate chain of command. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities. All staff, contractors, and volunteers are mandated by policy to report any knowledge of sexual abuse or harassment and any suspected retaliation. The policy further prohibits staff from revealing information regarding a sexual abuse report except on a need-to-know basis.

All staff members interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation, must be reported to the ChildLine hotline. All staff members interviewed were aware that they must immediately contact their supervisor to report the allegation to the ChildLine hotline. Interviews with staff members (including community mental health and community medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtain from a report of sexual abuse.

Community mental health and medical staff interviewed indicated that disclosure is prohibited to residents regarding the limitation of confidentiality and their duty to report any knowledge, suspicion, or information regarding any allegations of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also called into the ChildLine hotline to be investigated. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis.

All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the ChildLine hotline. ChildLine will determine if the information meets the requirements to register a report for investigation. Lycoming County Children and Youth would conduct the investigation. It should be noted that all staff members are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report.

Interviews with the Executive Director, PREA Coordinator, and staff members confirmed they are aware of how to report an allegation and were aware that all allegations are investigated by the Pennsylvania State Police.

There have been no sexual abuse or sexual harassment allegations during the past twelve (12) months. The Zero Tolerance Policy requires all staff to immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff, contractors, and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff, contractors, community Physician Assistant, and mental health staff, when interviewed, acknowledged that they are mandated reporters and knew that they must immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. Interview with the Executive Director supported the protocol discussed in the above-mentioned policy.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Training Logs
- PREA posters

Interviews:

- Interview with the Executive Director
- Interview with the PREA Coordinator
- Interviews with randomly selected staff
- Interview with Community Physician Assistant

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.

CVRTS Inc. Zero Tolerance Policy requires that when a staff member learns that a resident is subjected to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. There were zero (0) residents that the facility determined were subject to substantial risk of sexual abuse during the past twelve (12) months per the Pre-Audit Questionnaire. After review of the policies, interviews with the Executive Director, PREA Coordinator, and twelve (12) random staff, this auditor affirms that any report of imminent sexual abuse would be handled immediately and properly. All staff interviewed were able to articulate means that they would use to protect youth should this occur. These included immediately calling for a supervisor to respond to the location; keeping the youth under arms-length supervision until the supervisor arrives; and, if necessary based on the imminent nature of the threat, securing the youth alone in a bedroom, office, or other room. All staff

members stated they would act immediately. If the aggressor was a staff member, interviews confirmed that the staff member would be removed or terminated.

The CVRTS INC. PREA Coordinator was interviewed regarding the protective action the facility takes when learning that a resident is subject to substantial risk of imminent sexual abuse. The facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another facility or making a bedroom change if the potential abuser is a staff member. The staff member could also be removed from the housing unit or placed on Administrative Leave pending an investigation. The PREA Coordinator stressed the safety of the residents as a top priority.

An interview with the Executive Director confirmed staff members would be expected to act immediately to separate the resident at risk from a potential abuser. In addition, she reported a Safety Plan would be developed and implemented to ensure the safety of the resident at risk. The Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a housing unit and/or room change as necessary.

Reviewed documentation to determine compliance:

- Zero Tolerance Policy
- Pre-Audit Questionnaire

Interviews:

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

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CVRTS Inc. Zero Tolerance Policy states 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 and shall also notify the Department of Human Services. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Any report filed by another agency to CVRTS Inc. shall be investigated the same as any other incident that pertains to the PREA Policy. All other parties, parents, guardians, parole officers, and caseworkers will be immediately notified. There were no incidents that have required reports within the past twelve (12) months. Interview with the Executive Director confirmed this process. She stated that if she were to receive an allegation from a youth regarding another facility, she or her designee would call the facility to inform the program director of the allegations and follow up with a letter as well.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interviews:

- Interview with the 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

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CVRTS Inc. Zero Tolerance Policy states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policies. 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 UPMC Susquehanna Williamsport Hospital

All staff interviewed could articulate the steps they would take as a first responder. Staff carry a card with their first responder duties printed on them. Their responses were consistent with the PREA Zero Tolerance Policy. This auditor observed the First Responder Duty Card on each employee during the interviews.

There were no allegations that were reported during the past twelve (12) months but none that required first responder actions.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Pre-Audit Questionnaire

Interviews:

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

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. Zero Tolerance Policy requires each facility to have an institutional plan for a coordinated response. A copy of CVRTS Inc. institutional plan was provided to this auditor. The plan provided clear and concise direction for response to any alleged PREA violation. There have been no incidents in the past twelve (12) months that require the use of the coordinated response. Interviews with the Executive Director, direct care staff, community medical staff indicated that each is knowledgeable of his/her responsibilities regarding an incident or allegation of sexual assault. All staff interviewed were aware of their program's institutional plan and where to locate the document.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interviews:

- Interview with Executive Director
- Interview with community Physician Assistant
- 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 Inc. Zero Tolerance Policy states that neither CVRTS INC. nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining unit agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There have been no new collective bargaining agreements entered into by CVRTS Inc. or CVRTS INC. on behalf of CVRTS Inc. that would violate this standard. CVRTS INC. Zero Tolerance Policy specifically authorizes CVRTS INC. to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were no reported allegations of staff sexual misconduct during this audit period.

During the interview with the Executive Director, she stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into place. This always includes removing the staff person from contact with the resident or residents and depending upon the allegation, placing the staff member on Administrative Leave until the investigation is completed. There were no allegations that were reported during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Pennsylvania Child Protective Services Law

Interview:

- Interview with 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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ 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

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CVRTS Inc. Zero Tolerance Policy states that CVRTS INC. shall ensure all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations of sexual abuse and harassment are protected from retaliation.

Protective measures may include bedroom changes or transfers for residents, (regardless if they are 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. The PREA Policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The Facility Director has been named by the policy as the staff person charged with monitoring retaliation against staff or youth. 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, unit 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.

Interview with the Executive Director indicated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, a safety plan would be required, which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment or suspension. It

could include moving the resident's room, unit, or program. She stated that the facility would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the facility that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. This is documented. During interview with the Executive Director, she stated they would conduct daily check-ins with the youth, read the log book, look for any changes in behavior of youth, review all disciplinary logs, and observe youth's interactions with everyone for signs of retaliation.

There were no incidents of retaliation, known or suspected, during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interview:

- Interview with Executive Director

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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CVRTS Inc. reports that it did not use post-allegation protective custody during the past twelve (12) months. This is consistent with the CVRTS Inc. Zero Tolerance Policy to limit the use of isolation to instances of imminent threat or harm. During the tour of the facility, this auditor did not notice any places where a

resident could be segregated or isolated. Interview with the Executive Director confirmed the prohibition of segregated housing for this purpose.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- 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 agency 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

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CVRTS Inc. Zero Tolerance Policy states any reports (direct, indirect, third-party) received involving sexual abuse and sexual harassment shall be reviewed by the Executive Director or designee to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly, and objectively. If the minimum criteria are met, the allegations shall be reported to the Pennsylvania State Police who have been trained in sexual abuse investigations involving juvenile victims. There is an MOU with the Pennsylvania State Police. The facility does not conduct criminal investigations. All administrative investigations are reported to Child Line and investigated by the Lycoming Office of Children and Youth investigators. If the allegation of sexual abuse was determined to be substantiated or unsubstantiated, an Incident Review would also be conducted after the investigation was complete. Investigations are not to be terminated should the source of the allegation recant the allegation. The facility will report all allegations, even if the victim recants. All allegations, even if a staff person is no longer employed at the facility, are reported.

As noted in the CVRTS INC. Zero Tolerance Policy, CVRTS Inc. does not conduct investigations for allegations of sexual abuse or sexual harassment. Investigations are also completed by Lycoming County Children and Youth.

Interviews with a representative from Lycoming County Children and Youth confirmed that all staff complete investigations of sexual abuse and sexual harassment and receive training specific to juvenile sexual abuse victims. The investigator was able to describe the training to this auditor during the phone interview. The investigator stated that all evidence gathered during the investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary. They gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses during an investigation. In addition, all reports and video footage of the allegations are also reviewed by investigators during an open investigation. During the interview with the Lycoming County Children and Youth investigator, they confirmed investigations are not terminated because the source of the allegation recants the allegation. They stated the investigation would continue until a determination is made. They also stated that whenever evidence supports criminal prosecution, the investigation would be turned over to the Pennsylvania State Police.

During the interview with the investigator, they noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff member. They stated that all investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

CVRTS INC. Zero Tolerance Policy notes all files are kept as long as the alleged abuser is within CVRTS INC. custody or employed by the agency, plus five (5) years. This was confirmed by the PREA Coordinator.

The investigator noted the departure of an alleged abuser or victim from their employment or control by the facility/agency does not provide a basis for termination of an investigation. They state the investigation would continue until a determination is made.

CVRTS INC. Zero Tolerance Policy notes the facility will cooperate with outside investigators and will remain informed of the investigative process. The Executive Director stated that they maintain contact with the County Children and Youth investigators during an open investigation via telephone calls, e-mails, and on-site visits.

There were no allegations of sexual abuse or sexual harassment during the past twelve (12) months. Interviews with the Executive Director and the PREA Coordinator confirmed the protocols are in place for administrative and criminal investigations. Since there were no allegations of sexual abuse or sexual harassment reported during the past twelve (12) months, there were no residents to interview.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- MOU with Pennsylvania State Police
- Monitoring Retaliation Forms

Interviews:

- Interview with Executive Director

- Interview with the PREA Coordinator
- Interview with representative from Pennsylvania State Police
- Interview with representative from Lycoming County 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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CVRTS Inc. Zero Tolerance Policy 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 Pennsylvania Department of Human Services confirmed this policy is followed for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Lycoming County Children and Youth and Pennsylvania State Police.

There were no allegations of sexual abuse and sexual harassment that were referred to Child Line and the State Police during the past twelve (12) months.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interviews:

- Interview with Executive Director
- Interview with the PREA Coordinator
- Phone interview with representative from Lycoming County 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 the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Zero Tolerance Policy states that juveniles who are currently in the custody of CVRTS INC. are entitled to know the outcomes of investigations of their allegations. The facility shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications shall be documented. If the allegation involved a staff member, the facility shall inform the juvenile whenever the staff member is no longer posted within the juvenile's unit, when the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility, or when the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation involved another juvenile, the facility shall inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Executive Director and PREA Coordinator stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. All notifications are documented when they occur.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Resident Notification Form

Interview:

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

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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CVRTS Inc. Zero Tolerance Policy states CVRTS INC. employees who violate agency sexual abuse and/or sexual harassment policies or who engage in behavior that contributes to sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination. Sexual misconduct perpetrated by staff is contrary to the policies of CVRTS INC. and professional ethical principles that all employees are bound to uphold. There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a resident by a person in a position of authority over the resident is a felony subject to criminal prosecution. Retaliation against a resident who refuses to submit to sexual activity or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and grounds for disciplinary action including termination and criminal prosecution. Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.

All dismissals for violations of CVRTS INC. Zero Tolerance Policy, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies unless the activity was clearly not criminal and reported to any relevant licensing bodies.

The Pre-Audit Questionnaire indicated that no staff members were terminated for violating CVRTS INC.'s sexual abuse or sexual harassment policies during the past twelve (12) months. This was confirmed during the interviews with the Executive Director and interview with the Director of Human Resource.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

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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The Zero Tolerance Policy states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with resident and shall be reported to law enforcement agencies and to relevant

licensing 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 that the facility would immediately remove the contractor or volunteer from the facility, would contact appropriate authorities, 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. This was verified by the Director of Human Resource during his interview.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interview:

- Interview with the Executive Director
- Interview with the Director of Human Resources

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)

- If the agency prohibits all sexual activity between residents, 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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CVRTS INC. Zero Tolerance Policy states that a resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse. Any resident that violates these policies is subject to disciplinary sanctions commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Residents are subjected to disciplinary sanctions for contact with staff, if upon investigation, it is determined that the staff member did not consent to such contact. Disciplinary action must be administered in a fair, impartial, and expeditious manner. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse. CVRTS Inc. has a Youth Handbook that outlines the behavioral treatment program response for such violations. Based upon the therapeutic nature of these programs, the general tenor of responses were therapeutic in nature.

Interview with the Executive Director confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Executive Director stated the resident's mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a substantiated or unsubstantiated finding to ensure appropriate discipline was imposed.

Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.

Interviews with community medical and mental health staff were conducted by this auditor during the on-site portion of this audit. The interviews confirmed CVRTS Inc. does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The mental health staff stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

There were no allegations of resident-on-resident sexual abuse during the past twelve (12) months.

Zero Tolerance Policy states the facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact. Interview with the Executive Director confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse during the past twelve (12) months. The Executive Director also confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. The Executive Director also noted that any suspicion of possible sexual abuse is reported to the Child Line hotline immediately for investigation.

There were no allegations of sexual abuse during the past twelve (12) months. If an allegation occurred, all residents sanctioned are 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.

Interviews with the Executive Director and the PREA Coordinator confirmed that the facility does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to CVRTS INC. Zero Tolerance Policy.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Youth Handbook

Interview:

- Interview with Executive Director
- Interview with PREA Coordinator

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Zero Tolerance Policy describes in detail that if a resident's intake assessment indicates that they have experienced any prior sexual victimization or have perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the resident will be offered a follow-up meeting with the psychologist, psychiatrist, and/or mental health worker within fourteen (14) days of the intake screening. Documentation of such shall be noted on the resident's Vulnerability Assessment Instrument. Anytime an allegation of sexual abuse occurs, the resident will be taken to UPMC Susquehanna Williamsport Hospital to be seen by a SANE nurse without financial cost to the resident. Upon return from the hospital, the community Physician Assistant is to assess for any lingering acute or non-acute physical injuries, as well as any psychological impact of the victimization. Youth admitted to CVRTS Inc. are seen by community medical staff within twenty-four (24) hours of arrival.

Interviews with the Executive Director and PREA Coordinator, confirmed any information from the intake screen is limited to administrative staff.

During the interviews with staff, it was noted they are mandated reporters and are required by law to report any information they receive from a resident relating to sexual abuse. All staff members interviewed stated they inform the resident upon intake of their reporting duties.

During interviews the 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 community medical and mental health staff within fourteen (14) days of intake. 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 resident files noted there were two (2) residents who have disclosed prior victimization during screening. The two (2) residents were placed on Safety Plans and were monitored for their safety. The two

(2) residents were seen within twenty-four (24) hours of screening upon intake for an assessment. When a disclosure of prior abuse occurs, and services are offered by community medical and mental health staff, which is documented in the resident's case file. Access to these files is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Vulnerability Assessments of ten (10) residents
- Log of Admissions
- Secondary medical documentation
- Files of two (2) residents who disclosed prior victimization

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with community mental health staff
- Interviews with residents

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CVRTS Inc. Zero Tolerance Policy 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 transported to UPMC Susquehanna Williamsport Hospital for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility's trained Sexual Assault Nurse Examiner (SANE) will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. If a youth refuses to be examined at the hospital, such refusal must be properly documented on the appropriate form(s).

CVRTS Inc. has a MOU in place with UPMC Susquehanna Williamsport Hospital to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and provide medical/mental health services at no cost to the victim. This MOU was provided to this auditor for review. In addition, this auditor contacted a representative from UPMC Susquehanna Williamsport Hospital to confirm resident victims are referred to their facility and receive the services noted in the MOU.

There were no residents at the facility who reported sexual abuse involving penetration during the past twelve (12) months. Therefore, there were no residents sent to UPMC Susquehanna Williamsport Hospital for a forensic examination.

The Zero Tolerance Policy states to preserve evidence, and an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital for the gathering of such evidence.

All staff members interviewed confirmed the duties of a first responder and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.

The Zero Tolerance Policy states victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. This is in accordance with professionally accepted standards of care, where medically appropriate.

This auditor was able to interview a community medical staff at the facility who stated any resident of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted infections prophylaxis while at UPMC Susquehanna Williamsport Hospital and during follow up appointments with medical staff at the facility.

The Zero Tolerance Policy states all medical, mental health, and counseling services must be provided at no cost to the youth.

This auditor was able to interview the Executive Director and a community medical staff member during the on-site portion of this audit and a representative from UPMC Susquehanna Williamsport Hospital . All interviewed staff confirmed that any victim of sexual assault would be referred to UPMC Susquehanna Williamsport Hospital and receive medical and mental health treatment at no cost to the victim.

CVRTS Inc. has a MOU with the Pennsylvania Coalition Against Rape through the WISE Options. The WISE Options is notified by the resident, staff, family and/or the facility. They will send an advocate to the hospital and meet with the victim and guide the victim through the SANE examination, investigation process, interviews, and arrange for counseling and support services for the resident. These services will be at no cost to the resident.

There were no incidents of sexual abuse, as defined in the PREA standards, at CVRTS Inc. during this audit period.

Interviews with the Executive Director and the PREA Coordinator 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 MOU with UPMC Susquehanna Williamsport Hospital and with the WISE Options.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- MOU with UPMC Susquehanna Williamsport Hospital
- MOU with WISE Options
- PREA Response packet
- First Responder Protocol paperwork

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with community Physician Assistant
- Interviews with randomly selected staff

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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CVRTS Inc. Zero Tolerance Policy state that residents will be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening. Any resident or resident offender will be assessed and offered follow-up counseling that will be on-going within sixty (60) days of learning about the abuse history. However, the counseling usually occurs the same day staff learn about it. In the event that a sexual assault incident was to occur, the victim would receive services from the community provider as outlined in the statewide MOU. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Interviews with the Executive Director, medical staff, and mental health staff confirmed all residents are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.

Medical and mental health evaluations completed on each resident in the community office include a diagnosis and recommendation. Both medical staff and clinical staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow-up services would occur more frequently, and recommendations would include more specific follow-up services.

An interview with the Executive Director confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow-up with the community medical provider. This would occur if the victim was tested at the hospital or not.

An interview with the Executive Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, they stated the level of the care that a resident receives is consistent with the community level of care. The youth would have the option of facility clinical staff or community providers for ongoing mental health services.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

Interviews:

- Interview with Executive Director
- Interview with PREA Coordinator
- Interview with contracted Physician's Assistant

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 Coordinator? ☒ 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

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CVRTS Inc. Zero Tolerance Policy states that 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. The Executive Director shall convene a Review Team consisting of a minimum of upper-level management officials. The Review team shall obtain input from direct supervisors, investigators, medical, mental health professionals, and other employees as appropriate. 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.

The Executive Director 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. 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.

There were no incidents within the past twelve (12) months that have required an incident review.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- Incident Review Form

Interviews:

- Interview with Executive Director
- 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.

CVRTS Inc. Zero Tolerance Policy states that the PREA Coordinator collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The PREA Coordinator aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, 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 by no later than June 30.

An interview with the CVRTS INC. PREA Coordinator indicated that she keeps detailed records for all incidents 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. The facility has submitted the Annual Sexual Violence form and had it posted on the Clearvisionresidential.com website.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- 2021 Annual PREA Report

Interview:

- Interview with Executive Director
- Interview with 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.

CVRTS Inc. Zero Tolerance Policy states that CVRTS INC. 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 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 CVRTS INC.'s progress in addressing sexual abuse.

The annual report shall be approved by the CVRTS INC. Executive Director and made readily available to the public through the Clearvisionresidential.com website. Specific material is redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. CVRTS INC. shall also remove all personal identifiers from the report. The most recent Annual PREA Report (2021) is posted on the Clearvisionresidential.com website and was reviewed by this auditor.

Upon request, CVRTS INC. provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed by the PREA Coordinator and posted on the Clearvisionresidential.com website (most recent survey 2021).

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy

- PREA Annual Report (2021)
- Clearvisionresidential.com website

Interviews:

- Interview with Executive Director
- Interview with 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.

CVRTS Inc. Zero Tolerance Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the Clearvisionresidential.com website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.

The facility's Annual PREA Report is reviewed and approved by the CVRTS INC. Executive Director and made available to the public through the Clearvisionresidential.com website. The PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2021) is posted on the Clearvisionresidential.com website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

- CVRTS Inc. Zero Tolerance Policy
- PREA Annual Report (2021)
- Clearvisionresidential.com website

Interviews:

- Interview with Executive Director
- Interview with 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 residents? ☒ 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 first audited in 2016 during the third year of the first three-year cycle. The facility was re-audited on June 16-17, 2019, third year of the second three-year cycle and was found to be fully compliant. This re-audit occurred during the third year of the 3rd three-year PREA cycle on June 13, 2022.

The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on April 29, 2022), 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 facility has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the Clearvisionresidential.com website.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire
- Tour of facility
- Clearvisionresidential.com website
- PREA Audit Notification
- Photographs of PREA Audit Notification

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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 2019 is posted on the Clearvisionresidential.com website. The final PREA reports were posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the Clearvisionresidential.com website and an interview with the PREA Coordinator.

Reviewed documentation to determine compliance:

- Clearvisionresidential.com website

Interview:

- Interview with 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.

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.

Farooq Mallick

Auditor Signature

July 18, 2022

Date