

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report February 28, 2020

Auditor Information

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| Name: Maureen G. Raquet | Email: mraquet1764@comcast.net |
| Company Name: Raquet Justice Consultants LLC | |
| Mailing Address: P.O. Box 274 | City, State, Zip: Saint Peters, Pa. 19470-0274 |
| Telephone: 484-366-7457 | Date of Facility Visit: August 5, 6, 2019 |

Agency Information

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| Name of Agency Cove Prep | Governing Authority or Parent Agency (If Applicable) White Deer Run LLC | | |
| Physical Address: 310 Grove Road | City, State, Zip: Torrance, Pa. 15779 | | |
| Mailing Address: P.O. Box G | City, State, Zip: Torrance, Pa. 15779 | | |
| 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: www.coveprep.com | | | |

Agency Chief Executive Officer

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|---|-------------------------|
| Name: Thomas Callahan | |
| Email: thomas.callahan@acadiahealthcare.com | Telephone: 724-459-9700 |

Agency-Wide PREA Coordinator

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| Name: Darren Stiffler | |
| Email: darrenstiffler@coveprep.com | Telephone: 724-459-9700 |
| PREA Coordinator Reports to: Thomas Callahan | Number of Compliance Managers who report to the PREA Coordinator: zero |

Facility Information

Name of Facility: Cove Prep

Physical Address: same as above

City, State, Zip: s/a

Mailing Address (if different from above):
s/a

City, State, Zip: s/a

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www/coveprep.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: CARF

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Pa. Department of Human Services Annual Licensing Inspection

Facility Administrator/Superintendent/Director

Name: Darren Stiffler

Email: s/a

Telephone: s/a

Facility PREA Compliance Manager

Name: Darren Stiffler

Email: s/a

Telephone: s/a

Facility Health Service Administrator N/A

Name: Dakota Miller, Nursing Coordinator

Email: Dakota.miller@coveprep.com

Telephone: 724-459-9700

Facility Characteristics

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| Designated Facility Capacity: | 34 | |
| Current Population of Facility: | 34 | |
| Average daily population for the past 12 months: | 28 | |
| 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 type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males | |
| Age range of population: | 12-20 | |
| Average length of stay or time under supervision | 12-16 months | |
| Facility security levels/resident custody levels | secure | |
| Number of residents admitted to facility during the past 12 months | 33 | |
| 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> : | 33 | |
| 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> : | 33 | |
| 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 | |
| <p>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):</p> | <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: | 53 | |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 36 | |

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| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 0 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 5 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |
| 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> | 4 |
| Number of single resident cells, rooms, or other enclosures: | 34 |
| Number of multiple occupancy cells, rooms, or other enclosures: | 0 |
| Number of open bay/dorm housing units: | 0 |
| Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.): | 0 |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Medical and Mental Health Services and Forensic Medical Exams

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| Are medical services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are mental health services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Where are sexual assault forensic medical exams provided? Select all that apply. | <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.) |

Investigations

Criminal Investigations

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| 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: | 0 |
| 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. | <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations) | <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 |

Administrative Investigations

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| 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? | 0 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Pa. Dept. of Human Services) |

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Audit of Cove Prep was conducted on August 5, 6, 2019 by Maureen G. Raquet, Raquet Justice Consultants LLC (RJC), a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in October of 2015 by a different Auditor and was found to be in full compliance on January 4, 2016. This Audit, conducted on August 5, 6, 2019, is a re-audit of the facility, conducted in the third year of the second three year cycle. Notices of the upcoming Audit were posted on 6-11-19, and I received pictures of the postings in my PO Box on 6-19-19, including those posted in the living and common areas. The facility was requested to keep these notices posted during this pre-Audit period and they were still posted in all areas during the tour on August 5, 2019. There have been no communications received as a result of this posting in the Auditor's Post Office box. On 6-25-19, I received a flash drive with the completed Pre-Audit Questionnaire and the requested important documentation. During this time period, through emails and phone calls with the PREA Coordinator/Director the uploaded information and important documentation was discussed and clarified. Requests for additional documentation and policy amendments were requested. Extensive amendments and updates were needed for the PREA Zero Tolerance Policy to contain all verbiage to meet the standards. This policy update was ongoing through the pre-audit, audit, and post audit phase. The PREA Coordinator had not completed an annual review of staffing, nor had an Annual report been completed or published to the website. Prior to the 45 day Interim report, an amended PREA policy was submitted to the Auditor that contained all the required verbiage for all the standards. An Annual Report was also posted on the website prior to the interim report and the Director submitted an Annual Staffing Review as required by the standard.

The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on 7-25-19. The onsite portion of the Audit commenced with a brief entrance meeting with the Director/PREA Coordinator, the Clinical Manager, Educational manager, Milieu manger, Administrative Specialist/Human Resources staff, and the Nursing Coordinator. The timeline and expectations for the Audit were discussed. Rosters of both staff and students were reviewed and staff persons were selected for interview. The residents were selected from a roster that was submitted two days prior to the onsite portion of the Audit.

The tour of the facility was conducted on 8-5-29 by the Director and the Milieu Manager. During the tour, I saw postings for the upcoming Audit in every common area that the residents have access to. In addition, there were posters in both Spanish and English in all areas, including the visiting area, describing PREA, describing Sexual Abuse and providing reporting information for the Blackburn Center.

While on the tour, I saw the "PREA Hotline" that is available on any phone. A poster with the phone number and address for the Blackburn Center is posted above every phone. I requested a volunteer and a resident told me how he would ask to use the phone. He dialed the number and handed it to me and I verified that it went to the Blackburn Center 24 hour reporting Hotline. The Blackburn Center is a member of the Pennsylvania Coalition Against Rape (PCAR) and I spoke to the Blackburn staff person assigned to Cove PREP prior to the Audit. I also called the Director who left a message for me and confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. She was unaware of any ongoing issues at Cove Prep. The Blackburn staff person stated that she too was unaware of any problems at Cove PREP and states that she conducts a Blackburn informational session twice a year at Cove Prep for all residents and staff.

Residents were not in school during the onsite portion of the Audit, because summer school was on hiatus for two weeks. The residents attend school in three separate classrooms in the basement of the facility. The teachers are Cove PREP employees, but a staff person from the local school district works with the educational department to conduct IEPs. Residents can graduate and receive a diploma from Cove PREP.

During the tour, the residents were eating breakfast and watching movies in their individual Unit dayrooms. During the tour, I saw a Unit eating breakfast. There was one staff to six residents. Residents do everything by Unit including dining, attending school and recreating. The individual Units are never together. The groups are never larger than 10 residents. I saw two staff with 10 residents in one of the Unit dayrooms. Because this is a secure facility, Pa. Department of Human Services requires a 1:6 and 1:12 ratio. I saw the posted staff schedule in the Supervisor's office with the appropriate number of staff assigned. Several staff were mandated to work overtime during the Audit to meet ratio due to other staff calling out.

During the tour, several residents from each Unit stated they had received PREA education and knew how to report. As mentioned above, one resident volunteered to demonstrate the Hotline.

I spoke to staff persons who stated they received PREA training and told me that Administration conducts unannounced rounds on a regular basis. There are cameras outside and in the halls and classrooms of the facility. I saw a recorded Unannounced round that was conducted on a Sunday, July 28, 2019 at 11:06 AM by a member of the management team on the computer monitor in the Supervisor's office. There is a log of random Unannounced rounds. However, the rounds are only conducted on weekends by management from Friday 2nd shift to Monday 1st shift. This needs to be part of the plan of correction.

All Cove Prep residents receive physicals at the facility conducted by a CRNP (a contracted provider) within a week of Intake. All residents receive a Mental Health Assessment within 48 hours of Intake conducted by the Clinical Manager who is a LSW and also a member of the Pennsylvania Sexual Offender Assessment Board. The facility contracts with a psychologist and psychiatrist who see the residents as needed in the facility. Dental needs are met in the community, where the residents have to be transported securely, with at least two staff. While on the tour, I saw residents in individual sessions with their respective therapists and I saw the private room where the CRNP conducts the physicals and the private office where the LSW conducts the MH evaluations. The Nursing Coordinator also showed me the private closet where the resident medical files are kept.

Directly after the tour of the facility and for the next day, interviews were conducted privately in an upstairs conference room at Cove PREP. The following staff and random residents were interviewed:

Director/PREA Coordinator

Milieu Manager who conducts random Unannounced Rounds and Monitors Retaliation

Human Resources/Administrative Specialist

Clinical Manager (LSW) who conducts the Mental Health Assessment within 48 hours of Intake and is a member of the SAIR

Nursing Coordinator who administer the Vulnerability Assessment

Staff person who conducts Intake Education

Contracted Medical Employee (CRNP)

10 random residents

12 random staff

All Staff but one are full time and work permanent shifts with permanent days off. A roster of the 53 Cove Prep staff was provided to me and 12 of the 30 direct care staff were interviewed. They have job titles such as Behavioral Health Associate and Supervisor-Patient Support. These interviews represent 40% of the direct care staff. All facility staff can count in ratio. They are all given the training required so they can count in ratio in case of emergency. This includes the receptionist and the cook. There are no Unions or bargaining units at Cove Prep.

There are no volunteers at Cove Prep. There are five contracted employees and only one of those contracted has significant contact with the residents. That is the CRNP, who performs physicals of all Intakes. She was interviewed. The other four contractors include the Psychiatrist, Medical Doctor, Barber and School District Special Education Supervisor. They were not available for interview.

I was given a census of all 34 facility residents, which included all residents that identified as LGBTI (7), who disclosed a prior sexual abuse (24) and who had a physical disability (0) and an intellectual disability (23). Of the 34 total residents, ten (10) residents were interviewed, including 7 who identified as LGBTI, including two Transgender residents, four Bisexual residents and one resident who identified as "other", four with intellectual disabilities and five who disclosed a prior sexual abuse. The ten residents were from the four different housing Units. That represents 29% of the total population on the days of the Audit. There were no residents who reported a sexual abuse while at Cove Prep. There were no non-English proficient residents.

I reviewed the files of 9 staff for required documentation including one promoted within the past 12 months. There were 36 new hires in the past year and I reviewed the files of 5 of them. I looked for Pa. Child Abuse Clearances, Criminal History and FBI clearances as well as documentation of PREA training and refreshers. Two of the 9 files I reviewed required additional clearances and they had them. Cove Prep requires clearances to be conducted every three years. Cove Prep pays for all clearances. This is a more stringent policy than both Pa. DHS requirements and PREA standards. The five contractor files that were checked had appropriate clearances and education. All staff received PREA education either during its inception in 2015 or during orientation and there was documentation of that. Staff had not received training on the searches of Transgender and Intersex residents in a respectful and dignified manner. The policy was amended to include this provision. Not all Medical and Mental Health staff had received specialized training, however subsequent to the onsite portion of the Audit and prior to the 45 day Interim report, all Medical and Mental Health staff received the online NIC specialized training. Documentation of this training was submitted to the Auditor, who conducted telephone interviews to ensure compliance. Documentation of Transgender and Intersex search training was also submitted prior to the 45 day Interim report and the Auditor conducted telephone interviews with both staff and two Transgender residents to ensure compliance with that standard.

I reviewed the files of 12 residents: 10 active and two discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 10 active files were those of the residents that I interviewed. I looked for timely education and administration of the Risk Assessment as well as documentation of required Medical and Mental Health follow up and consideration for risk based housing. All residents received PREA education at Intake in a timely fashion. Both PREA Intake education and the more comprehensive education is conducted at the time of Intake. The Vulnerability Assessment was administered within 72 hours in all files reviewed. All files reviewed showed a Physical within one week of admission and a Mental Health Assessment within 72 hours. There was no documentation of risk based housing and there was no re-administration of the Risk Assessment at six months. The policy did not call for re-administration of the assessment. It was amended to include the six month requirement. Prior to the Audit, the Risk Assessment did not ask how a resident identified sexually or what his sexual orientation was. This was added to the VAI and residents who were admitted starting in July were asked this question. The new VAI was administered to all residents prior to the onsite portion of the Audit. All 34 of these VAIs were provided to the Auditor. Both of these standards will be addressed in the Plan of Correction.

Residents have several means to contact independent agencies to report instances of sexual abuse and sexual harassment including, as mentioned above, the Blackburn Center "PREA Hotline". An address and phone number for the Blackburn Center was posted throughout the facility in both Spanish and English, including the area that is used for visiting. This

information is contained in resident rule packets given to the residents during Intake. Residents have a grievance process for reporting and have ample opportunities to report to parents and guardians through frequent phone calls and visits as well as some home visits. Attorneys, Probation Officers and Caseworkers can call or visit at any time. Several probation officers visit their clients monthly.

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

The MOUs with Excelsior Health Latrobe for Forensic Examinations and with the Pennsylvania State Police, Kiski Barracks, who conduct Criminal Investigations were provided to me subsequent to the onsite portion of the Audit and prior to the 45 day Interim report. Prior to the onsite, the Director provided me with documentation of his efforts to obtain these MOUs. Pa. Child Line conducts investigations of any staff or contractor regarding resident sexual abuse or sexual harassment. This information is posted on the facility website.

There have been no allegations of sexual harassment or sexual abuse since the last PREA Audit in 2015. Cove Prep has not received allegations of sexual abuse or sexual harassment occurring at other facilities from residents in the past 12 months.

In addition to contacting the Blackburn Center, I contacted the Western Regional Director for the Pa. Department of Human Services, the licensing agency, who confirmed that there have been no problems at Cove Prep.

At the conclusion of the onsite Audit, a brief Exit meeting was held with the following staff on Tuesday, August 6, 2019: PREA Coordinator/Director, Clinical Manager, Milieu Manager, Operations Manager, Activity Coordinator, and the Human Resources/Administrative Specialist. The preliminary results of the Audit and a plan of correction were discussed.

The Plan of Correction must address how the facility is going to come into compliance and the timeline for doing so. This plan needs to be submitted to the Auditor prior to the 45 day Interim Report. The following standards need to be addressed in this plan:

#313 Monitoring and Supervision- Random unannounced rounds must be conducted on all shifts.

#341 Obtaining Information from Residents-Periodically throughout the Resident's stay, a Risk Assessment must be conducted. The amended policy states that this should occur every 6 months. During the 120 day corrective action period, any resident who has been at the facility for six months will have a VAI completed. Documentation of this will be submitted to the Auditor, who will randomly choose several VAIs to be submitted.

#342 Placement of Residents in Housing, Program and Work Assignments – Consideration of Risk based housing decisions must be documented. Documentation of risk based housing consideration for 120 days of admissions will be submitted. The Auditor will randomly choose and request specific documentation.

Throughout the corrective action period, the facility submitted documentation to come into compliance with the above standards. Logs of Random Unannounced rounds were submitted for six months showing that they were conducted on all shifts.

Vulnerability Assessments for 11 residents conducted at 6 months and twelve months were submitted.

Admissions of 20 new residents for the months of September 2019 through February 2020 were submitted with Vulnerability Assessments and documentation of risk based housing consideration.

The Auditor reviewed this documentation and it satisfies the plan of correction and demonstrates compliance with the standards.

The following standards have been exceeded:

#317 Hiring and Promotions – Due to clearances being obtained for all staff and contractors every 2 years, rather than the five years required by the PREA Standard and Pa. DHS 3800 regulations this standard has been exceeded.

#383 Ongoing Medical and Mental Health Care for sexual abuse victims and abusers – This is a sex offender treatment program and the residents are placed there by their respective juvenile courts for therapy and rehabilitation. Every resident

receives a physical at Intake and receives a comprehensive Bio-Psycho-Social evaluation by the Clinical Director and is assigned to a primary therapist, who they see at least once a week throughout their stay as well as group counseling several times a week.

In summary, after reviewing all pertinent information and documents provided to me prior to, during, and after the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was omnipresent due to this being a sex offender treatment program.

All policy is in place and all other standards have been met. This facility is PREA compliant, effective February 28, 2020.

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.

Cove PREP was founded in 1999 and is under the umbrella of White Deer Run LLC and Acadia Healthcare, a national and international provider of primarily Adult Drug and Alcohol programs. Cove Prep is a secure facility, licensed by the Pa. Department of Human Services under the Pa. #3800 Child Care Regulations. Cove Prep is also accredited by CARF. This facility has 34 beds and is an all male sex offender treatment program. There were 33 admissions in the past 12 months and the average length of stay is between 12-16 months. The age range of the residents is from 12 to 20 years of age. They accept adjudicated delinquents from about 50 Pa. counties and other states, including Hawaii, Oregon, Ohio, and Nebraska. The facility does not accept residents who are actively homicidal, suicidal or psychotic. This is a treatment facility and the residents all receive a Mental Health evaluation (a comprehensive Bio/Psycho/Social Assessment) within 48-72 hours of admission, conducted by an LSW, who is the Clinical Manager. She assigns the resident to a primary therapist, who he sees weekly for individual therapy and to a therapist for group counseling. She also works in conjunction with the psychologist and psychiatrist for medication evaluations and other mental health needs. The residents attend school year round and also attend group that can include Balanced and Restorative Justice groups as well as the Sexual Issues group counseling. There are activities in the evening, including life skills programming.

Cove PREP (Psychosexual Rehabilitation & Education Program) is located in Western Pennsylvania, approximately 45 miles east of Pittsburgh, PA., in Derry Township, Westmoreland County, Pa. The program is located in a secure, fenced facility that is located on the 300+ acre campus of Torrance State Hospital. Torrance State Hospital is in a very rural area surrounded by corn fields and rolling hills in the distance. As you enter State Hospital Entrance #2, you navigate around a circuitous route past many buildings to arrive at Cove PREP. The building is leased from the State Hospital and was built in 1949. The Director stated that the building formerly housed nurses who worked at the hospital. It is a 34,347 square foot brick building surrounded by a high fence topped with concertina wire. Two of the wings in this three story building are not in use and are blocked off from access by the residents. There is parking for visitors and guests to the rear of the building. In order to enter the building, you must be buzzed into a fenced area and then buzzed in again through the front doors into a sally port and then into the foyer. Upon entering the foyer, there is a desk with visitor logs and a visitor/conference room to the left and a reception office area to the right. At the rear of the foyer is the elevator to access all floors. Directly ahead is a corridor which houses Unit 4. There are 7 single bedrooms with a built in bed and an open closet with shelving. Some residents have small bureaus in their rooms, depending on level which are called "phases". There is a large window in each room with a security screen over it. The window behind the screen can be opened by staff for ventilation. There is a door with a window in it, with a privacy flap over it, with each resident's name. There is an alarm on the doorframe which sounds in the supervisor office when the resident opens his door. The residents are only in their rooms at night and during shift change. There is a single

bathroom with a urinal, stall, sink and tub on this corridor for resident use. There is a sign in/out sheet on the wall next to the bathroom. Residents shower and use the bathroom one at a time. Residents volunteered to show me their rooms. The midnight staff post is situated at the end of the corridor. There are two cameras at the front and back of the hallway, that are monitored by the Supervisor in his office. This hallway also houses the kitchen and dining room that all residents use. To the right of the foyer and the reception area is a hall that houses therapist offices, medical, staff and administrative offices. To the left of the foyer is a hallway that houses the Activity room and the dayroom/dining room for Unit 4. There is a small conference room at the end of the hall that is also used for visiting and a “Time Away” room. On both of these hallways are stairwells to access the basement/classroom area and the second and third floor. These stairways are used by the residents to go to school, meals and to access the outside fenced in grass yards.

The basement has three classrooms. Residents attend school by Unit. There are three classrooms, so the larger Unit is divided up and those residents attend school with another Unit. The classrooms have large colorful PREA posters and traditional desks. In addition to the classrooms, there is a library with books color coded for Phase level, not reading level. There is a computer lab with restricted and monitored access and an indoor recreation area. There is a “Sensory room” being developed for those residents on the Autism spectrum and there is a “Time Away” room. This room is similar to time out and can be used by residents at their request, or when staff place them in the time away room. It is also a safe place, where residents can talk to staff in privacy. It is an empty carpeted room with no door. There are forms which must be filled out any time a resident uses this room and they must be monitored by staff when it.

The second floor houses Units 1,2, and 3. When you leave the elevator, there is a central hub, which houses the Supervisor’s office with the computer monitors and the posted staff schedule. To enter a unit, you must go through a locked door. Directly across from the Supervisor’s office is Unit 1, with 8 single rooms, a dayroom in the middle of the hallway and two single bathrooms on either side of the hallway. Each bathroom had a single curtained shower, toilet, sink and tub. The dayroom had a table, single chairs, a television and washer/dryer. There is a “Time Away” room on this Unit as well. The bedrooms are the same as described earlier on Unit 4, which is directly under this Unit. Unit 2, with 9 beds, two bathrooms and a dayroom, at the end of the hallway closest to the door, is to the left of the Supervisor’s office. Unit 3, with 10 single bedrooms, two bathrooms, a time away room and dayroom closest to the entry door is to the right of the Supervisor’s office. There are no cameras in bathrooms or bedrooms. The camera monitor is in the Supervisor’s office and the system has a 7 day recording capability that is on a continuous loop. The Director is planning to have cameras installed in the “Activity Room” this year. The staff use “walkie talkies” to communicate throughout the building. All units are locked, as is the elevator and key cards are used for access.

The third floor has administrative offices, including the private conference room I used to conduct interviews of both staff and residents.

This facility is licensed by the Pa. Department of Human Services under the 3800 Child Care Regulations. They are inspected yearly by PA DHS.

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: 2
List of Standards Exceeded: 317,383

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documentation Reviewed:

Cove Prep Zero Tolerance Policy

Cove Prep Organizational Chart

Pre Audit Questionnaire

Interviews Conducted:

Director/PREA Coordinator

The review of the policy and the organizational chart and the interview of the PREA Coordinator show that he has sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that he has the authority within the organization to ensure compliance. The PREA Coordinator is the Facility Director and he has a management team that he works with to ensure PREA compliance. The management team is comprised of the following: Clinical Manger, Milieu Manager, Operations Manager, Human Resources/Administrative Specialist, Nursing Coordinator and Activity Coordinator.

The PREA Zero Tolerance Policy contains definitions of sexual abuse and sexual harassment and procedures regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The policy dictates how these procedures will be implemented. The Policy was updated and amended to include all necessary verbiage throughout the pre-audit, audit and post-audit time frame. The completed PREA Zero Tolerance Policy was submitted to the Auditor prior to the 45 day Interim report.

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

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

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

115.312 (a)

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

115.312 (b)

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

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the 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.

Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations
Pa. Department of Human Services Licensing and Inspection Summary
Posted Staff Schedules
PREA Zero Tolerance Policy
Logs of Unannounced Rounds
Randomly selected staff schedule from the week including March 17, 2019
Pre Audit Questionnaire
Annual Review of staffing for 2018 conducted by the PREA Coordinator/Facility Director
Six additional months of unannounced rounds as part of the plan of correction

Interviews:

Facility Director/PREA Coordinator
Milieu Manager
Residents during tour
Staff during tour

The review of the Zero Tolerance Policy, Cove Prep policies and the above documentation shows compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Dept. of Human Services Licensing and Inspection Summary. The Pa. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.

There was no Annual Review of Staffing by the PREA Coordinator. Prior to the 45 day Interim Report the PREA Coordinator/Facility Director prepared an Annual Review of staffing for the past year, 2018 and states that he 2019 review is a "living" document. He submitted the 2018 review to the Auditor and will conduct a review annually in the future. The PREA Coordinator states that staffing is reviewed daily to ensure one on one supervision and other resident needs such as transportation to court or the dentist are met.

The ratio that is required by the Pa. 3800 Child Care regulations is 1:6, 1:12, because this is a secure facility. The Unit Director states they always meet this ratio. On midnight shift, there is always one staff on each Unit, a floater and a supervisor. On awake shifts, there are always at least two staff on each unit and a supervisor. The Cook, Operations Manager, and Receptionist can also count in ratio, but only in emergencies. They receive all training that is required by Pa. DHS that is necessary to count in ratio. The Facility Director/PREA Coordinator also works as a direct care staff when needed, so ratio is always met.

I was provided with a randomly selected staff schedule from the week that included March 17, 2019, with more than the required ratio. The schedules are completed at least two weeks in advance by the Milieu Manger and are posted in the staff office. I observed these posted schedules in the office. The use of voluntary and, if needed, mandatory overtime provides for any emergency staffing, so that there are no deviations from ratio. There is one part time staff.

During the tour, I saw residents supervised as a group at the facility. I observed them in the dayroom and also at breakfast during the onsite. At breakfast I observed one staff and six residents. In the day rooms, I observed at least two staff with no more than 10 residents. The ratio exceeded 1:6. The resident population is never together as a whole. They do everything together as a Unit only.

Prior to the onsite, I was provided with twelve months of logs of unannounced rounds conducted by the Management team. I watched a recording of a UAR while onsite. It was conducted by the Activities Manager on a Sunday, July 28, 2019 at 11:06 AM. It also showed the Facility Director working as a Direct Care staff that day. The camera system only records for a week before it is taped over. The Management team only conducts UARs on weekends from Friday 2nd shift to Monday 1st shift. This was discussed with the Director prior to the onsite portion of the Audit and is part of the plan of correction. I interviewed the Milieu Manager who conducts UARs and documents them. He never advises anyone that he will be conducting a round to prevent staff from alerting other staff. This is also prohibited in policy. The Facility Director also conducts rounds and monitors the logs to ensure that they are conducted on all shifts according to policy.

There are alarms on the bedroom doors in the Units to aid in supervision. These are activated when the residents open a bedroom door and an alarm sounds in the Supervisor's office.

The midnight staff desk/post is positioned in the hallway to ensure lines of sight for the bedrooms and the bathrooms. The Supervisor monitors the hallways from the office via the cameras. The cameras are in the hallways and common areas. They are not in the bathrooms or bedrooms, where there is an expectation on privacy.

This standard has not been met. There is a need for corrective action.

Random unannounced rounds need to be completed on all shifts and documented, not just weekends. Documentation of 120 days of rounds needs to be submitted to the Auditor.

On December 5, 2019, I received documentation of rounds for August 2019 through November 2019 that were randomly conducted on all three shifts by mid and upper level supervisors. I received additional rounds for January and February 2020. These logs satisfy the plan of correction and show compliance with the standard.

This standard has been met.

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.

Documents Reviewed:

Cove Prep Zero Tolerance Policy
Cove Prep Policy: Search Procedure (updated and submitted as part of plan of correction)
Cove Prep Policy: Bathroom Procedure
Documentation of staff training regarding Transgender and Intersex searches
Pre Audit Questionnaire
Documentation of Training for all staff
Documentation of Transgender residents' notification of search policy

Interviews:

12 staff
10 Random residents including 2 residents who identified as Transgender girls and one resident who identified as other
Two staff by telephone as part of the plan of correction
Two Transgender residents by telephone as part of the plan of correction

The Cove Prep Zero Tolerance Policy was amended prior to the 45 day Interim report to contain the necessary requirements for this standard. It, along with the Cove Prep policy, prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. Cove Prep is an all male facility. There have been no cross gender

searches of any kind. Staff state they do not conduct them and some staff stated that even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search at Cove Prep. No staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner, because it was not in policy. Prior to the Audit, the Director stated that they did not accept Transgender or Intersex residents for admission. They also were not asking how a resident identified on the Risk Assessment. When they began to ask that question at Intake, they had two residents identify as Transgender girls and one resident who identified as “other”.

In order to be in compliance with this standard, staff will be trained on how to conduct searches of Transgender and Intersex residents and the training log and curriculum will be submitted to the Auditor. The Auditor will interview staff to ensure compliance.

Prior to the 45 day Interim report, documentation of staff training was submitted. The training included review of the amended policy and viewing a video obtained from the PREA Resource Center entitled “Guidance on cross gender and Transgender searches”. Two staff, who were randomly selected from those working and two Transgender residents were interviewed by phone to ensure that this policy and training are being practiced. The telephone interviews showed compliance with the standard. Documentation of notification of this policy signed by both the Transgender residents and the PREA Coordinator/Facility Director were also submitted.

Staff and residents both state that female staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. The female staff announce themselves and both staff and residents were able to demonstrate how this is done. The resident bedrooms have a door with a window that has a flap over it on the outside. All staff must knock and announce before lifting the flap. Staff do not enter the bedrooms unless it is an emergency.

All residents shower separately. The bathrooms contain single showers with a curtain. Same sex staff conduct showers. There is a sign in and sign out sheet for the bathroom. The shower procedure was demonstrated for me during the tour. There is a bathroom policy delineating this sign in/out procedure.

All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite gender according to interviews of both staff and residents. Staff state that residents are never viewed by any staff or resident.

This standard has been met. The corrective action was implemented and verified prior to the 45 day Interim report.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep Zero Tolerance Policy
Spanish and English Reporting Posters
Contracts with Translator
Resident with Disabilities tracking sheet
Pre Audit Questionnaire

Interviews Conducted:

Facility Director/PREA Coordinator
Twelve random Staff
Four Residents with an Intellectual disability

During the Audit, there were 23 residents with intellectual disabilities. Four of these residents were interviewed. None of these residents stated that they needed special accommodations. There were no residents with physical disabilities. There were no residents who were not English proficient. During the tour, I saw all PREA postings in Spanish and English. There is a contract with a translator that was provided. A student who does not speak English would probably not be admitted to Cove Prep, because he would not be able to participate in the required group and individual therapy. It is more likely that a parent would need the services of the translator.

The Director stated that all reasonable accommodations would be made for a resident with a disability. Cove Prep accepts residents with disabilities, both physical and mental, on a case by case basis, because they cannot accommodate them all and residents must participate in therapy and cognitive based programs. There is the capacity, through the Educational program, for all residents to receive PREA Education. The facility works in conjunction with the local school district to develop Individual Education Plans for any resident who receives special education.

The Director provided me with a tracking sheet of all residents who are identified as having a disability.

The PREA policy requires these accommodations and was updated prior to the 45 day Interim report to include all verbiage required by the standard.

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

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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 records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

Pa. Department of Human Services 3800 Child Care Regulations
Pa. Department of Human Services Licensing and Inspection Summary
Pa. Child Protective Services Law
Cove Prep Zero Tolerance Policy
Files of 9 staff including one who had been recently promoted and 5 new hires
Files of two contractors
Pre Audit Questionnaire

Interviews:

Human Resources/Administrative Specialist

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

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

I reviewed the files of 9 staff, including one who had been promoted in the past 12 months and five new hires. All required documentation was in the files.

I reviewed the files of two contractors, who were randomly chosen and they had all necessary clearances.

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

The Pa. CPSL and the PREA standards require 5 year re-checks, so the Cove Prep policy is more stringent. The HR staff stated that Cove Prep pays for all clearances. During the employment process and every three years the clearances are obtained online with the HR staff to ensure timely compliance. The HR staff maintains a system where she is reminded when a due date is approaching. These files were excellent.

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

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Cove PREP PREA Policy
Risk Management Meeting Minutes dated 6-27-18
Pre Audit Questionnaire

Interviews Conducted:

Facility Director/PREA Coordinator

The facility has not undergone significant expansion or renovation since the last PREA Audit in 2016.

Two cameras were added to the dining area to enhance supervision. Risk Management Meeting Minutes, dated 6-27-18, document the need for cameras to supplement the supervision of residents for safety reasons. These minutes were submitted prior to the onsite visit.

The PREA Zero Tolerance Policy contains all necessary verbiage.

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

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

Documents Reviewed:

Cove Prep Zero Tolerance Policy
MOU with the Blackburn Center (a member of the Pa. Coalition Against Rape, PCAR)
MOU with Excelsa Health Latrobe
MOU with the Pa. State Police, Kiski Barracks
Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator
Phone Interview with a staff person from the Blackburn Center (a PCAR) prior to onsite

The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. Forensic Exams are conducted by SAFE/SANE at Excelsa Health Latrobe. A MOU with the hospital was provided to the Auditor subsequent to the onsite portion of the Audit. The Pa. State Police, Kiski Barracks conduct Criminal Investigations. There is a MOU in place with the Pa. State Police and it was provided to the Auditor subsequent to the onsite portion of the Audit and prior to the 45 day Interim report. A MOU is in place with the Blackburn Center, a member of the Pennsylvania Coalition Against Rape (PCAR), which provides a victim advocate and crisis intervention, emotional support, information and referrals. The Blackburn Center will always provide a Victim Advocate for a Forensic Medical Exam and for emotional support.

I spoke to a staff person from Blackburn prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU. She also stated that she conducts classes twice a year at Cove Prep for all residents and employees regarding the services that are offered by the Blackburn Center. The Director of the Blackburn Center left a message confirming the services in the MOU.

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

This standard has been met. The corrective action was completed prior to the 45 day Interim report.

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

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Documents Reviewed:

Cove Prep PREA Zero Tolerance Policy

Pennsylvania Child Protective Services Law (CPSL)

Cove Prep website

Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator

I interviewed the Facility Director and reviewed the PREA Policy. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Director states that all incidents are reported and documented. I also verified that the website includes reporting information. Cove Prep staff do not investigate allegations but report all of them.

The Cove Prep Zero Tolerance Policy requires a report to Child Line and/or the Pa. State Police for all alleged incidents.

There have been no reports of sexual abuse or sexual harassment in the past 12 months at Cove Prep.

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep PREA Policy

Cove Prep PREA Curriculum for Employees

Pa. Dept. of Human Services 3800 Child Care Regulations

Logs of employee training

Nine Random employee files

Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator

Twelve Random Staff

I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2015 and any staff who were hired after that date receive this training during orientation. The staff receive training every year. Staff take a post test and the new online system provides a certificate. All staff receive yearly refreshers, with online reminders of when it is due. I reviewed 9 random staff files to ensure yearly training that is appropriate. All staff reviewed had received initial and refresher training if required. When staff receive initial training, they sign a form acknowledging receipt and understanding. It is kept in their personnel file.

The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner, including those who may identify as LGBTI. All staff could tell me that they received initial training and annual refresher training.

All line staff receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities. The staff at Cove Prep also receive specialized training, because this is a sex offender treatment program.

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

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

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep Zero Tolerance Policy
Pa. Child Protective Services Law (CPSL)
PREA Brochure for Contractors
Signed Training Acknowledgement of 5 Contracted Employees
Pre Audit Questionnaire

Interviews:

Contracted Employee (CRNP)

There are currently no volunteers at Cove Prep. There are five contracted employees who have contact with children at Cove Prep. Three of the employees are Medical employees, one is a barber and one works for the local school district and conducts IEPs. A contractor receives a PREA brochure that describes the Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt. I was provided with their signed acknowledgements. Only one contractor was available for interview during the onsite. She is a CRNP who is employed by Western Pa. Behavioral Health Resources. She completes physicals on all new Intakes. She stated that she received the brochure, reviewed it and signed and acknowledgement. She states that she is a mandated reporter and must complete mandated reporter training every 5 years for her licensure. She stated that she would report to the facility director if she became aware of any sexual abuse or harassment.

All contracted employees except the barber are mandated reporters under the Pa. Child Protective Services Law (CPSL).

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

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received 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.

Documents Reviewed:

Cove Prep PREA Zero Tolerance Policy
 Resident Handbook
 Blackburn Packet Information
 Resident PREA Orientation Acknowledgement Form
 Posters for Reporting and Education in Spanish and English
 12 Resident Files (10 active and two discharges)

Resident Log of Continuing Education

Pre Audit Questionnaire

Interviews:

Staff person who provides PREA Education as part of the Intake process

Facility Director/PREA Coordinator

10 random residents

Blackburn Center Staff Person by telephone prior to onsite.

Cove Prep conducts all PREA education including what is required at Intake as well as the more comprehensive education as part of the Intake process. As part of Intake, the new resident receives a rule packet, a handbook and a Blackburn packet, describing sexual abuse and sexual harassment and how to report, including the hotline. All staff conduct Intakes. The staff person interviewed stated that he questions the residents to see if they understand the information and if necessary, he will give examples. He states that when he goes over the packet from the Blackburn Center, he re-assures them that they will not be retaliated against if they report. He specifically discusses reporting and advises them they can use their individual therapy sessions to report. He states that he conducts Intake as soon as the resident arrives and requires them to sign an acknowledgement. I saw signed acknowledgement of timely education in all 12 files reviewed.

There are reporting posters throughout the facility that serve as long term education. A staff person from the Blackburn Center stated during a telephone interview that she conducts an educational session twice a year for all residents and staff at Cove Prep regarding sexual abuse and the services that her agency offers. I was provided with sign in sheets for the session that was conducted in June, one month prior to the onsite.

All residents could tell me that they received education during the first few days at the facility. Many residents have been in multiple juvenile facilities, prior to Cove Prep. Therefore, many residents had PREA education several times. Nine of the residents interviewed could tell me about services offered outside of the facility at Blackburn but all were aware of the reporting hotline through this Agency. Five of the residents referenced the Blackburn education session in June.

The PREA policy was updated to include all required verbiage prior to the 45 day Interim report.

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

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This facility does not conduct any criminal investigations. Criminal investigations are conducted by the Pa. State Police. Pa. Child Line conducts administrative investigations.

This standard has been met.

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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Documents Reviewed

Cove PREP PREA Policy
Cove Prep Employee Training Curricula
NIC Specialized Medical Training Online Curricula
Training Logs
Certificates of Completion of NIC Medical Training (as part of the plan of correction)
Contracted Employee Signed Acknowledgement of Training.
Pre Audit Questionnaire

Interviews:

Nursing Coordinator
Clinical Manager
Contracted CRNP
Therapist
Telephone interviews with a Medical staff and a Mental Health staff as part of the plan of correction

This facility does not perform forensic medical examinations. These are conducted at Excelsa Health Latrobe by SAFE/SANES. There is a MOU with the hospital obtained subsequent to the onsite portion of the Audit but prior to the 45 day Interim report.

There is a full time Nursing Coordinator, a contracted psychiatrist, psychologist and CRNP. There are four therapists and a Clinical Manager. All medical and mental health services are provided in the facility, except Dental services. Emergency Medical Services and Forensic Medical Examinations are obtained at Excelsa Health Latrobe.

I interviewed the Clinical Manager who receives extensive training regarding sexual abuse as a member of the Pa. Sexual Offender Assessment Board. She's receives this training quarterly. The Nursing Coordinator received the all employee PREA training and the mandated reporter training. He has not yet received the Specialized NIC training. He received it subsequent to the onsite and prior to the 45 day Interim report. Documentation of this training for him as well as all other Medical and Mental Health employees was submitted. Telephone interviews were conducted with the Nurse and a Mental Health staff to ensure compliance.

All Cove PREP Medical and Mental Health employees received the all employee PREA training that all employees receive. I saw documentation of this in two randomly selected Medical employee files and two randomly selected Mental Health employee files. The contracted employees, who have limited contact with the residents are all mandated reporters by law and receive this training for their licensure. They also received the contractor training. I saw signed acknowledgement for all contracted employees.

This standard has been met. The corrective action was completed and the PREA Policy was updated to include all required verbiage prior to the 45 day Interim report.

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.

Documents Reviewed:

Cove Prep PREA Zero Tolerance Policy

Vulnerability Assessment Instrument

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

Newly completed Vulnerability Assessments for all 34 residents

Pre-Audit Questionnaire

11 Vulnerability Assessments conducted at 6 and 12 months (as part of the plan of correction)

20 Vulnerability Assessments for new Admissions from October 2019 through February 2020 (as part of the plan of correction)

Interviews:

Facility Director/PREA Coordinator

Nursing Coordinator who completes Vulnerability Assessment

10 residents

The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. LGBTI identification was not part of this instrument. It was added during the Pre-Audit time period.

The staff who administers the instrument, the Nursing Coordinator, takes into account the Intake packet, which may include psychiatric and psychological exams and any other information that may accompany the child. He asks the questions directly to the resident as they appear on the instrument and throughout the Medical Admission Screening.

All completed VAIs have restricted access. Only the Cove Prep Medical and Mental Health staff and administrative staff have access to the VAI. All other staff must be granted access by the EHR administrator. The direct care staff are treatment staff and carry caseloads. All pertinent information is recorded in a housing log and communicated to staff by the Therapist. I reviewed the files of 12 residents (10 active and 2 discharged). I chose two files randomly from those admitted during the past 12 months and reviewed the file of the 10 residents I interviewed. I also reviewed the newly administered VAIs for all 34 residents that were completed immediately prior to the onsite Audit. This VAI was amended to include LGBTI identification. All files reviewed showed timely admission (within 72 hours) of the instrument.

The policy did not contain a specific time period for a re-assessment and was amended to include a reassessment at 6 months. However, no resident had received a timely reassessment.

Ten residents were interviewed and all could state that they were asked some of the questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, what their sexual identification is, or if they were fearful of sexual abuse at Cove Prep. Not all could state they were asked all the questions. However, the completed VAIs that they signed showed that they had.

This Standard has not been met. There is a need for corrective action.

Documentation of 120 days of admissions using the revised VAI must be submitted. Documentation of the VAI being administered at six months needs to be submitted during the same time period.

Throughout the corrective action period, I received Vulnerability Assessments for new Admissions using the new VAI tool. There was a total of 20 new admissions from October 2019 through and including February 2020. In addition, there were 11 residents who required either a 6 or 12 month assessment and these were sent to the Auditor for review. All but one were done in a timely fashion. One 6 month reassessment was conducted two weeks late. However, I believe there is enough documentation to satisfy the plan of correction and demonstrate compliance with the standard
This standard has been met.

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.

Documents Reviewed:

- Cove Prep PREA Zero Tolerance Policy
- Pa. Department of Human Services 3800 Child Care Regulations
- Bathroom Procedure
- Vulnerability Assessments of 36 residents (34 active, 2 discharges)

Pre-Audit Questionnaire

Documentation of Risk Based Housing for 20 new admissions (part of the corrective action plan)

Interviews:

Facility Director/PREA Coordinator

Clinical Coordinator

Nursing Coordinator who conducts Risk Screening

7 Residents who identified as LGBTI (2 Transgender girls, 4 Bi-Sexual and 1 “other”)

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

The Nursing Coordinator conducts the risk assessment and when complete submits it to the Floor Supervisor, who is responsible for assigning a room to the resident. The Clinical Manager and the Facility Director stated that prior to the resident arriving at the facility, the management team meets and decides what Unit a resident is going to be placed on. They review all referral information to make this determination. This is a Sex Offender Treatment program, so all residents score as sexually aggressive, but they may not be in this situation. The Clinical Manager conducts an extensive Bio/Psycho/Social Assessment of each new resident within 48-72 hours.

While on the tour, I saw the 4 separate Units. All residents have single rooms and all residents use the bathroom alone, including showers. There are some rooms that are closer to the staff post that can and are used for residents who require special supervision. Residents who are at the facility for a Diagnostic Assessment and those that are preparing for discharge are on Unit 4, which is the Unit by itself on the first floor. Younger residents, or those who are lower functioning are placed on Unit 1. More Aggressive residents are placed in a different Unit. Residents are also assigned seats in the dayroom, classroom and dining room. They can be placed in the front or back of the line for supervision.

There is no documentation of the housing decisions.

The staff state that there are no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case by case basis and would be formally reviewed twice a year or more often if needed. A resident who identified as Transgender or Intersex during an Admission interview would not be accepted according to the Director and that is why there was no LGBTI identification question on the VAI. However, when the question was added and all 34 residents had a new VAI administered, 7 residents identified as LGBTI: two transgender girls, 4 Bi-sexual and one “other”. Staff would consider the residents’ own views for their safety and would take them into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.

There were two Transgender residents in the population at the time of the onsite. There were four residents who identified as bi-sexual. There was one resident who identified as “other”. He stated that it was no one’s business what he identified as. He stated that “technically” he was not intersex, but that is how he identifies. These seven residents were interviewed and stated that they were not placed in any special room due to this identification nor where they discriminated against in any way.

I reviewed the files of 12 residents (10 active and 2 discharges). There was no documentation of risk based housing. Although risk based housing and programming decisions are being made to keep residents safe, there is no documentation of this decision.

This standard has not been met and corrective action is necessary.

Documentation of 120 days of admissions with consideration of risk based housing needs to be submitted. The Auditor will randomly select individual VAIs that require risk based housing consideration to ensure appropriate documentation.

As part of the plan of correction, VAIs for 20 new admissions from October 2019 through February 2020 were submitted along with documentation of risk based housing. The Clinical Director conducts an in-depth Bio-Psych-Social evaluation of each new admission within 72 hours. She reviews the VAI conducted at admission as part of this evaluation and notes whether there is a need for risk based housing that is different from what was determined by the Admission team. The documentation satisfies the plan of correction and demonstrates compliance with the standard.

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.

Documents Reviewed;

Cove Prep PREA Zero Tolerance Policy
Cove Prep Grievance Policy
Cove Prep Telephone Policy
Cove Prep Visiting Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care Regulations
Resident Rights' Form
MOU with Blackburn Center
Resident Brochure
Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director
Staff Person from the Blackburn Center, a PCAR (by phone, prior to Audit)
Twelve Random Staff
Ten Random Residents

I reviewed the PREA Zero Tolerance Policy and it contains all necessary information and provides for residents to make reports verbally, in writing, anonymously and through third parties. It mandates that staff accept resident reports in all these

formats and that they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made.

The primary reporting mechanism is to an outside agency, the Blackburn Center. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite, I conducted a telephone interview with a staff person from the Center and she confirmed the services outlined in the MOU. The Director of the Blackburn Center also left me a voicemail confirming the MOU content. This reporting method is posted throughout the facility. The "hotline" is located on every phone. There is a phone # and address for Blackburn posted above every phone. While on the tour, a resident volunteered to show me how to privately use this phone. He took me to the phone in the dayroom, followed the posted directions and dialed the Hotline; it went directly to the Blackburn Center Hotline. I asked him how he would do this privately and he stated he would ask his therapist. The residents can also call Child Line and the staff must call Child Line, as mandated reporters. During the tour, I observed that residents had access to pencils and paper. The residents "journal" The PREA Coordinator/Facility Director confirmed that residents have access to pencil and paper, but not pens. There are grievance forms and sick call slips on the wall of every Unit. I saw these during the tour.

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

Residents can call home at least one and as many as four times a week, depending on "phase" according to resident interviews and the informational packet for residents and families. Residents can also receive visits from parents, grandparents, guardians, once a week on Saturday or Sunday and special accommodations can be made for parents to visit during the week. Those that cannot afford to travel can be provided with bus or train tickets, gas cards and hotel lodging if needed. The Director stated that a resident from Hawaii saw his parents quarterly. They were flown in by the facility.

Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them. Public Defenders from some Pa. Counties visit every month or every other month. Some lawyers video chat privately with the residents according to resident and staff interviews. Several probation officers visit their clients monthly.

Some residents, who are transitioning home are permitted to have Court Ordered home visits. Others sometimes have day passes in the community with their families.

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

This standard has been exceeded. No corrective action is needed.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Cove Prep Grievance Policy

Pa. Department of Human Services 3800 Child Care Regulations

Pa. Department of Human Service Licensing Annual Licensing and Inspection Summary

Child's Rights' Form

Grievance Form

Files of 12 residents (10 Active, 2 discharges)

Pre Audit Questionnaire

Interviews Conducted:

PREA Coordinator/Facility Director

There were no grievances filed alleging sexual abuse, harassment or retaliation by residents or third parties. The Policy needed to be amended because it did not contain the verbiage in the PREA Standard. The amended policy requires that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

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

The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but it is available to all residents. During the tour, I observed grievance forms in a box on the wall in each Unit.

This standard has been met and does not require corrective action.

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

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

115.353 (a)

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

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

Documents Reviewed:

- Cove Prep PREA Policy
- Visiting Policy
- Telephone Policy
- Spanish and English Posters for Blackburn Center in the Facility
- Child's Intake Packet
- MOU with the Blackburn Center (a member of the Pa. Coalition against Rape, PCAR)
- Documentation of Attendance at Blackburn Informational Session
- Pre Audit Questionnaire

Interviews:

- Facility Director/PREA Coordinator
- Ten Random residents
- Blackburn Center staff (by phone prior to onsite)

The PREA Policy was amended prior to the 45 day Interim report to include all required verbiage and outlines that the Facility will provide residents with access to confidential emotional support services through the Blackburn Center. Posters in both Spanish and English are posted throughout the facility with the name, phone number and address for this service. The Hotline to Blackburn, has directions posted on the wall above the phone, including the address and phone number.

The PREA Coordinator described the MOU with the Blackburn Center, a member of the Pa. Coalition Against Rape (PCAR), and the services that they offer. The MOU was reviewed and I received a voice mail from the Director and spoke to a Blackburn staff person who conducts education at Cove Prep by telephone prior to the Audit to confirm the services offered in the MOU. This Agency will always provide a Victim Advocate. The Blackburn staff states that twice a year she conducts an

informational session for all residents and staff at Cove Prep. This occurred as recently as June 2019. I received documentation of attendance by residents at this session.

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

Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. All residents stated that they could see or call their lawyer if they wanted to. Some Public Defenders visit their clients once a month, or every other month. Several probation officers visit their clients monthly.

Seven out of the ten residents interviewed were able to tell me about the counseling services offered through Blackburn. All ten residents could tell me about the Hotline.

This standard has been met and does not require corrective action.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Zero Tolerance Policy

Cove Prep website

Pre Audit Questionnaire

The policy was updated prior to the 45 day Interim report to include all required verbiage and requires third party reporting avenues. This information on how to report is publicly disseminated by Cove Prep via the website, which was verified, and it is posted in the facility in the two areas where parents and guardians visit. Parents also receive notification of the grievance process via the Family handbook. There were no third party reports of sexual abuse or sexual harassment in the past 12 months.

This standard has been met and requires no corrective action.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

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

- If 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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Cove Prep PREA Policy
- Pa. Child Protective Services Law
- Training Logs
- Pa. Department of Human Services 3800 Residential Child Care Regulations
- Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

Twelve Contracted Staff

Nursing Coordinator

Clinical Manager

The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The contracted employees, who are Medical staff and the School District employee are also mandated reporters and must receive Mandated reporter training on a regular basis for licensure.

The Facility Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. He stated that if there is an attorney of record, they would also be notified and if there was a court order prohibiting a parent from notification, they would contact a guardian. This information is contained on what is called a HCSIS report. This is an acronym for a Pa. DHS notification requirement that must be completed within 24 hours of the incident.

The Clinical Manager and the Nursing Coordinator both stated that residents sign an informed consent as part of the Intake process, but are reminded “when things come up” of the mandated reporting responsibility.

The PREA Policy was updated prior to the 45 day Interim report to include all required verbiage.

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

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Cove Prep PREA Zero Tolerance policy

Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

Twelve random staff

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

After reviewing the policy and interviewing the 12 random staff and the PREA Coordinator/Facility Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard. This would include a safety plan that could remove a child from their room, change their roommates or remove the child from the facility if need be.

The policy was updated prior to the 45 day Interim report to include all required verbiage for this standard.

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

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Pa. Child Protective Services Law

Pre Audit Questionnaire

Interview:

Facility Director

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

The policy clearly states that if a resident reports a sexual abuse that occurred at another facility to a staff person, it will be reported to Child Line and documented. The Facility Director or Clinical Manager will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours.

If a report is made at another facility regarding an allegation that occurred at Cove Prep, it will be reported to the PREA Coordinator/Facility Director or Clinical Manager, who will contact Child Line and the Pa. State Police and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs, and caseworkers, will also be notified within 24 hours.

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

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Pre Audit Questionnaire

Interviews:

Twelve Random Staff

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

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

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

The policy was updated prior to the 45 day Interim report to include all required verbiage for this standard.

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

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA policy

Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Facility Director states that he would be notified, as he is for many other kinds of incidents, and he would respond to the facility.

The policy and procedure meet the standard. The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Pa. Child Protective Services Law

Pre Audit Questionnaire

Interviews:

Facility Director

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

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

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

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures, 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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Documents Reviewed:

Cove Prep PREA Zero Tolerance Policy

Retaliation Monitoring Form

Observation Form

Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator

Milieu Manager

The Cove Prep PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or sexual harassment or who cooperates in the investigation. The staff persons charged with monitoring retaliation at Cove Prep are the Shift Supervisors and the Milieu Manager. I interviewed the Milieu Manager who supervises all staff including the Shift Supervisors and the Residents. He states that he would prevent retaliation by advising the victim and everyone involved in an incident that “there will be no retaliation”. He would institute a safety plan by changing a room or unit assignment, changing a “group” and changing a classroom. He would communicate with everyone to keep aware of the situation. He would also do a status check at least weekly and more often if need be and would do so for length of stay, which may exceed the 90 day requirement in policy. He would document this monitoring on the Retaliation Monitoring Form and on the observation form. He would monitor the kid’s demeanor, out of normal behavior, isolation, refusing to meet expectations and staff reports. He would monitor work performance of staff, including tardiness, and decline in work.

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

Ultimately, a staff person could be suspended or terminated and a resident could be discharged.

The policy was updated prior to the 45 day Interim report to include all verbiage for this standard.

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

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy
Pennsylvania 3800 Child Care Regulations
Pre Audit Questionnaire

Interviews:

Facility Director

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

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

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

Documents Reviewed:

Cove Prep PREA Policy
MOU with the Pa. State Police, Kiski Barracks
Pa. Child Protective Services Law
Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Pa. State Police. Subsequent to the onsite visit but prior to the 45 day Interim report the Director provided the Auditor with a copy of the signed MOU with the Pa. State Police, Kiski Barracks. The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. The PREA Coordinator/Facility Director states that he would contact the lead investigator from the PSP to stay advised of the status of the investigation. He also states that he has a good relationship with the Pa. DHS Western Regional Office.

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

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

There have been no allegations of sexual abuse or sexual harassment at Cove Prep in the past 12 months.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

The policy meets the standard and no corrective action is needed.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Pre Audit Questionnaire

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

This standard has been met.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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.

Documents Reviewed:

Cove Prep PREA Policy
Pa. Department of Human Services 3800 Child Care Regulations
Abuse Allegation Policy
Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

There have been no incidents of sexual abuse or sexual harassment that have required resident notification.

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

The HCSIS reports (an acronym for a Pa. DHS required reporting form) show documentation that the parent/guardian, court, etc. are notified of the initial incident and the safety plan within 24 hours of the report. If Pa. DHS investigates the allegation, they will notify the resident, parent and facility of the outcome. Pa. DHS only investigates the Staff on resident sexual abuse or

sexual harassment allegations. Resident on resident allegations are reported to the Pa. State Police. The PSP conduct the investigation and the facility contacts the police for status updates and outcome, so they can advise the residents.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Cove Prep PREA Policy

Pa. Child Protective Services Law

Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator

There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment.

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

This standard has been met and needs no corrective action.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Cove Prep PREA Policy

Pa. Child Protective Services Law

Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

There have been no incidents of this nature in the past twelve months. There are no volunteers at Cove Prep. There are five contractors at Cove Prep that have contact with residents.

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

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

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

- 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

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

Documents Reviewed:

Cove Prep PREA Policy
Pa. Child Protective Services Law
Pa. Department of Human Services 3800 Child Care regulations.
Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator
Clinical Manager

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

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

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

The Director states that the only sanctions for a violation of the policy are "phase" reduction and loss of privileges. He states that "treatment is never on hold". A resident could be discharged for violation of the policy. Isolation is prohibited by regulation. No other discipline is allowed and he states that age, mental illness or disability would be taken into account on a case by case basis for all residents.

The Clinical Manager stated that a resident would not be prohibited from recreation or educational participation. However, a resident is court committed to Cove Prep for therapy and may be removed by the committing agency if they refuse to participate.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Cove Prep PREA Policy
- Vulnerability Assessment Instrument
- Logs of all Admissions for the past 12 months
- Secondary Medical Documentation
- Files of 12 residents (10 active, 2 discharges)
- Resident Tracking Log
- Pre Audit Questionnaire

Interviews:

- Clinical Coordinator
- Nursing Coordinator who administers Risk Assessment
- Facility Director
- Five Residents who disclosed a prior victimization.

The policy requires the offer of a Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires an offer of a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. All residents receive a physical within one week of admission, conducted by a CRNP. A health screen is conducted at Intake by the Nursing Coordinator, who also administers the Vulnerability Assessment at the same time.

The Clinical Coordinator, an LSW, conducts an extensive Bio/Psycho/Social Assessment of each resident within 48-72 hours of admission. This is used to determine the needs of the resident, who is then assigned to an individual therapist, and a group therapist. The resident is also referred to the contracted psychologist or psychiatrist, for further testing or medication evaluations.

In the current population, there were 24 residents who were identified as having disclosed a previous sexual abuse. I interviewed five of these residents. One resident told me he could not remember if he received either a medical or mental health evaluation. The other four residents told me they receive individual therapy weekly since the time of admission. One of the residents could tell me that the Clinical Manager conducted a lengthy assessment within 2-3 days of admission. All residents are sexual perpetrators and all receive a mental health evaluation as mentioned above.

I reviewed 12 resident files with the Clinical Manager and saw documentation of timely physicals for all residents and a Bio/Psycho/Social Assessment conducted on all residents within 48-72 hours.

The Nurse showed me where the medical files are kept in a locked closet in his office. This contains the secondary Medical documentation.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep PREA Policy

Pre Audit Questionnaire

Interviews:

Twelve Staff

There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Excelsa Health Latrobe, either by staff or ambulance for a Forensic Medical Exam. These exams are conducted by SAFE/SANEs. This medical care would be free of charge for the resident. As part of the response, staff would first protect the resident and then immediately notify medical.

This is an all male facility and all residents are offered STD testing and follow up.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

Cove Prep PREA Policy

Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

Clinical Manager

Nursing Coordinator

All Medical and Mental Health services are conducted at the facility by both facility employees and contracted employees. Dental services are obtained in the community. Forensic medical examinations would be received at Excelsa Health Latrobe.

All residents are offered STD testing during their Admission's physical or upon request.

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

Residents are court committed to Cove Prep for treatment and rehabilitation. They attend group and individual counseling weekly that includes treatment for sexual victimization and for sexual offending. This is a sex offender treatment program.

The Clinical Manager states that during the step down phase of treatment, there would be communication with either the family or the next placement regarding the residents needs and recommendations for treatment would be included in the discharge plan.

The Nursing Coordinator stated that continuing treatment for any STI would be included in the discharge plans.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

Due to the nature of this program and the kind and amount of treatment the residents receive, this standard has been exceeded.

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep PREA Policy

Sexual Abuse Incident Review Form

Pre Audit Questionnaire

Interviews:

Facility Director/PREA Coordinator

Clinical Manager who is a Member of the Sexual Incident Review Team

There have been no incidents within the past 12 months that have required a SAIR. The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Management Team: Facility Director, Clinical Manager, Milieu Manager, Nursing Coordinator, Facilities Manager, and the Activities Manager with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation. The recommendation would be followed or the reason for not doing so would be documented. The SAIR form used for documentation is excellent.

I interviewed the Clinical Manager, who is a permanent member of the SAIR team.

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

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep PREA Policy

Pre Audit Questionnaire

Interviews:

PREA Coordinator/Facility Director

The policy is in place that requires the collection of data that is utilized in the Annual report of Sexual Violence. There have been no incidents of sexual abuse or sexual harassment since the last PREA Audit, and therefore no data to aggregate. Data would be collected using information from reports and any other resources. The PREA Coordinator would write the report and because he is the Facility Director, he would approve it as well.

The DOJ has not requested information in the years since the initial PREA Audit.

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

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Cove Prep PREA Policy
Cove Prep Website
Pre Audit Questionnaire
Annual Report

Interviews:

PREA Coordinator/Facility Director

The PREA Final Audit Report from 2016 is posted on the website. Also, on the website is a hyperlink for the Annual Report. There have been no incidents and thus no data. Prior to the 45 day interim report the Facility Director/PREA Coordinator completed an Annual Report and included the Facility's efforts at prevention, detection, reporting and response in terms of staff training completed. This was posted on the website and verified by the Auditor.

If there were incidents, corrective Action would be taken on an ongoing basis through the utilization of the Sexual Abuse Incident Review.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Cove Prep PREA policy

Cove Prep website

Pre Audit Questionnaire

Annual Report

Interviews:

Facility Director/PREA Coordinator

The PREA Final Audit Report from 2016 is posted on the website. Also on the website is a hyperlink for the Annual Report. There have been no incidents and thus no data. Prior to the 45 day Interim report, the Facility Director/PREA Coordinator completed an Annual Report and included the Facility's efforts at prevention, detection, reporting and response in terms of staff training completed. He posted it on the website and this was verified by the Auditor.

If there were incidents, he would remove all personal identifiers of residents and staff and state in the report what information was redacted. He would keep all information securely in his office on his hard drive or flash drive.

Corrective Action would be taken on an ongoing basis through the utilization of the Sexual Abuse Incident Review.

The policy was updated prior to the 45 day Interim report to include required verbiage for this standard.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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.

Cove Prep was first Audited in 2015 and found to be in full compliance in 2016. This is a re-audit being conducted in the third year of the second three year cycle.

The auditor had access to and toured all areas of the facility on August 5, 2019. All staff and residents were interviewed privately at the facility on August 5,6, 2019.

The Auditor was provided with all reports and documentation she requested and was able to view a recording of an unannounced round.

The dates of the upcoming Audit were posted in the facility on 6-11-19, six weeks prior to the onsite portion of the Audit, along with the Auditor's contact information. There was no correspondence with the Auditor.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Cove Prep has a website. As part of my Pre-Audit review, I verified that the first PREA Audit Final Report was posted on the website. This Audit was conducted in 2015 and the Final Audit Report was submitted to the Facility in January 2016. This standard has been met. There is no need for corrective action.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Maureen G. Raquet

February 28, 2020

Auditor Signature

Date

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

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