

PREA Facility Audit Report: Final

Name of Facility: Gulf Coast Trades Center Facilities

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/19/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 11/19/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	10/04/2022
End Date of On-Site Audit:	10/05/2022

FACILITY INFORMATION	
Facility name:	Gulf Coast Trades Center Facilities
Facility physical address:	143 Forest Service Road 233, New Waverly, Texas - 77358
Facility mailing address:	143 Forest Service Rd 233, New Waverly, Texas - 77358

Primary Contact		
Name:	LeWanda Martin	
Email Address:	lewanda.martin@rop.com	
Telephone Number:	9363446677	

Superintendent/Director/Administrator		
Name:	Johnny Munoz	
Email Address:	john.munoz@rop.com	
Telephone Number:	9363447825	

Facility PREA Compliance Manager		
Name:	LeWanda Martin	
Email Address:	lewanda.martin@rop.com	
Telephone Number:	O: (936) 344-7816	

Facility Health Service Administrator On-Site		
Name:	LeWanda Martin	
Email Address:	lewanda.martin@rop.com	
Telephone Number:	9363447816	

Facility Characteristics	
Designed facility capacity:	196
Current population of facility:	49
Average daily population for the past 12 months:	46
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-18
Facility security levels/resident custody levels:	non-secure
Number of staff currently employed at the facility who may have contact with residents:	86
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

AGENCY INFORMATION	
Name of agency:	Rite of Passage, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2560 Business Parkway Suite A, Minden, Nevada - 89423
Mailing Address:	
Telephone number:	7752679411

Agency Chief Executive Officer Information:		
Name:	S. James Broman	
Email Address:	sbroman@rop.com	
Telephone Number:	775-267-9411	

Agency-Wide PREA Coordinator Information			
Name:	Angela Lowe	Email Address:	angela.lowe@rop.com

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-04
2. End date of the onsite portion of the audit:	2022-10-05

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention-email correspondence Local Child Advocacy Center-attempts made, unable to reach

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	196
15. Average daily population for the past 12 months:	46
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	53
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>83</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected residents based on the housing units. There were several residents identified based on their age and length of time at the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon review of resident files and random discussion with staff and residents, there were no residents identified in the targeted area.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were three identified residents who reported a prior history of sexual abuse; however, to avoid duplication, the auditor only listed two for the purpose of the post audit report.</p>
<h2 style="text-align: center;">Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	22
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The interviewed staff provided mental health services.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed additional information on residents interviewed and where corrective action was warranted.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor reviewed all reported allegations of sexual abuse and sexual harassment.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
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Identify the name of the third-party auditing entity

PREA Auditors of America

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Gulf Coast Trades Center (GCTC) is a private, non-profit educational institution dedicated to improving the economic independence and social well-being of disadvantaged and adjudicated youth.</p> <p>GCTC provides male youth ages 15 to 18 with a comprehensive program of education, counseling, job referrals, residential and community services. This matrix of services is provided by our dedicated staff in a “no fail” atmosphere, which emphasizes the worth of each individual.</p> <p>RESIDENTIAL</p> <p>GCTC offers a structured living environment designed to meet youths’ needs in a variety of ways.</p> <p>Dormitory living supervised by trained staff Daily routine with a structured schedule Central dining hall Level-based behavioral system Positive Peer Culture groups Therapeutic recreation Large campus featuring a gymnasium, pool, game and weight rooms, and athletic fields Onsite medical clinic with a licensed vocational nurse</p> <p>CASE MANAGEMENT</p> <p>Case Managers advocate for the youth and provide guidance and mentoring throughout their time at GCTC.</p> <p>Create 72-hour and 40-day individual service plans that identify the youth’s strengths and needs combined with treatment strategies and goals Teach positive coping skills and help develop social skills Communicate youth’s progress with referring agency Assist with completing community service</p> <p>COUNSELING</p> <p>GCTC offers treatment services to our residents. Youth are assessed when they arrive to determine the level of treatment they will receive. Individual and group counseling is provided by licensed counselors in accordance with the youth’s service plan. Counseling services include:</p> <p>Sex Offender Counseling Drug Education Drug Treatment Individualized Counseling Drug Group Counseling Trauma/PTSD</p>

Grief Counseling
Crisis Intervention
Anger Management

EDUCATION

The onsite charter, the Raven School, melds academics with vocational training to offer students the unique opportunity to gain job skills while working towards a GED or High School Diploma. The Raven School features:

Self-paced computer aided instruction
Dedicated and experienced teachers
Innovative reading program
Small classes
Post-secondary opportunities
Work experience
Career orientation and development
Vocational shops
Independent living

VOCATIONAL TRAINING

Building Trades, I: construction, framing, sheetrock, wood working projects, basic building maintenance, and NCCER certification

Building Trades II: bricklaying and masonry, tile projects, flooring projects, and NCCER certification

Culinary Arts: the art of preparing, cooking, presenting, and serving food

TRANSITION / AFTERCARE

Research shows that aftercare is essential to successful transition. GCTC's model of aftercare focuses on the development of an individualized plan for employment and independence. Every student participates in the development of a transition plan that emphasizes career development as the key to independence. The aftercare program provides support through mentoring, additional training, help securing employment and post-secondary education for up to a year after the youth leaves GCTC.

Juvenile Gulf Coast Trade Center Facilities

The following evidence was analyzed in making compliance determination:

Documents: (Policies, directives, forms, files, records, etc.):

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy Statement

Rites of Passage Safe Environments Manual

Agency Organization Chart

Regional Organization Chart

Facility Organization Chart

PREA Coordinator Position Description

PREA Compliance Manager Position Description

Interviews:

PREA Coordinator

PREA Compliance Manager

Findings (By Provision):

115.311 (a). As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Policy: The Prison Rape Elimination Act (PREA) Policy Statement, states that:

All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact, or any sexual act regardless of age, sexual orientation, and sexual identification.

The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing sexual acts, abusive sexual acts, or possible vulnerability to being a victim of sexual acts, abusive sexual activity; to ensure that ROP employees, contract workers, volunteers, or any persons providing services in the program are trained to recognize such behaviors and take appropriate action; and to ensure students receive orientation and have mechanisms for reporting and pursuing criminal prosecution as deemed appropriate.

Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited, and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.

Rite of Passage adopts the Juvenile Facility Standards as described in the Prison Rape Elimination Act (PREA) under the United States Department of Justice Final Rule (May 17, 2012.) (p. 1).

Policy: The Prison Rape Elimination Act (PREA) Policy Statement, states that:

Definitions related to sexual abuse: For purposes of this part, the term “sexual abuse” includes:

(1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and

(2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes:

(1) Sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and

(2) Verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (pp. 4-5).

Furthermore, the facility has a Rites of Passage Safe Environments Standards manual that monitor compliance for the Prison Rape Elimination Act.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.311 (b). As reported in the PAQ, the facility employs an upper level, agency wide PREA coordinator, Angela Lowe. According to the agency organizational chart, the agency PREA coordinator reports to the Youth Services Program Director. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The Rites of Passage Safe Environments Standards manual, states that "Rite of Passage will assign and train an upper level, staff member to assume the duties of Regional Improvement Imbedded Coordinator (RIIP), as PREA Coordinator. The responsibilities of this assignment include (but are not limited to) assisting in the development, implementation, and oversight of the PREA standards within the organization. The RIIP will be afforded the sufficient time and authority to develop, implement and oversee the organization's efforts to comply with PREA standards" (p. 6).

Documentation Reviewed

Agency Organization Chart

Regional Organization Chart

PREA Coordinator Position Description

Interviews

PREA Coordinator -The interviewed PREA coordinator reported that they have adequate time to manage all PREA related duties. It was further reported that every site in the company has a PREA Compliance Manager at the site level. I have an opportunity to interact monthly on the SES Compliance calls where I provide training and discuss various PREA related matters. If a deficit is discovered through the CQI process or otherwise, me and the site management team will meet to discuss a plan to address the deficit then provide additional training and monitor the issue until it is addressed and/or corrected to meet the standard compliance requirements.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.311 (c). According to the PAQ, the facility designated PREA compliance manager. It was further reported that the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure: PREA Compliance Manager. The person to whom the PREA Compliance Manager reports: Program Director.

The Rites of Passage Safe Environments Standards manual, states that "The RIIP will ensure that PREA Site Compliance Managers, along with the Program Directors, will conduct an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate to ensure the protection of students against sexual abuse" (p. 6).

Documentation Reviewed

Facility Organizational Chart

PCM Position Description

Interviews

PREA Compliance Manager - The interviewed PREA compliance manager reported that they have enough time to manager their PREA related responsibilities. It was further reported that in the role, the compliance manager will coordinate the facilities efforts for compliance by conducting site assessments, communication, and training. If there is an identified issue with complying with the PREA standards a corrective action plan will be put in place.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Corrective Action and Conclusion

Overall, the agency/facility has a very thorough policy that addresses all of the standards related to the Prison Rape Elimination Act. The agency has multiple levels of compliance needed to monitor facility practices and procedures. Based on review

	and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. The site does not have a subcontract for the confinement of residents.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>115.312 (b). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, after further review it is determined that the site is the contracted site for various juvenile justice entities. The site does not have a subcontract for the confinement of residents.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.313	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 1118 452">Documents: (Policies, directives, forms, files, records, etc.):</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 940 595">Rites of Passage Safe Environments Standards</p> <p data-bbox="280 631 751 667">2021 Annual Report/Staffing Plan</p> <p data-bbox="280 703 799 739">Staffing Schedule (September 2022)</p> <p data-bbox="280 775 572 810">Staff Deviation Form</p> <p data-bbox="280 846 639 882">Youth Roster (12 months)</p> <p data-bbox="280 918 754 954">Unannounced Rounds (8 months)</p> <p data-bbox="280 990 496 1025">Memo: Staffing</p> <p data-bbox="280 1061 437 1097">Interviews:</p> <p data-bbox="280 1133 751 1169">Superintendent (Facility Director)</p> <p data-bbox="280 1205 533 1240">PREA Coordinator</p> <p data-bbox="280 1276 665 1312">PREA Compliance Manager</p> <p data-bbox="280 1348 799 1384">Intermediate or higher-level staff (2)</p> <p data-bbox="280 1420 612 1456">Findings (By Provision):</p> <p data-bbox="280 1491 1469 1653">115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.</p> <p data-bbox="280 1688 1406 1760">Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 46.</p> <p data-bbox="280 1796 1406 1868">Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 48.</p> <p data-bbox="280 1904 1171 1939">The Rites of Passage Safe Environments Standards states that:</p> <p data-bbox="280 1975 1458 2047">Rite of Passage programs will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each student against sexual abuse.</p>

When with a student, staff is to remain in an area that can be observed by another staff member directly or through video monitoring system. In situations where additional staffing is needed, the Program Director/ Manager will be notified, and additional staff will be made available. When the program is calculating the appropriate staffing ratios and need for video monitoring, the following items must be considered:

- a. Generally accepted juvenile detention and correctional/secure residential practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from federal investigative bodies
- d. Any findings of inadequacy from internal or external oversight bodies (i.e.- Continuous Quality Improvement (CQI) processes, Quality Assurance (QA) audits).
- e. All components of the program's physical plant (including "blind spots" or areas where staff or students may be isolated)
- f. The composition of the student population (i.e.- gender ratios, risk/need of students, physical size, Sexual Aggressive Behavior (SAB), Vulnerability to Victimization (VV))
- g. The number and placement of supervisory staff
- h. Programs occurring on a particular shift
- i. Any applicable State or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse

Documentation Reviewed

2021 Annual Report/Staffing Plan

Staffing Schedule (September 2022)

Interviews

Director- The interviewed director reported that there is staffing plan. The staffing plan considers adequate staffing levels to protect residents against sexual abuse. There is a site schedule, a monitored student roster, site assessments and announced rounds. In addition, the plan monitors videos and the staffing plan is documented. There is an annual review of the plan, and it is attached to the annual PREA report. When assessing staffing levels, the plan considers all the above-mentioned areas. The facility follows the ratio requirements per licensing minimum standards. There were no judicial findings, inadequacy from federal investigative agencies, or internal/external oversight bodies. All components of the physical plant are reviewed. Compliance is checked via staff schedules and daily shift reports, unannounced rounds, and documentation of any deviations.

PREA Compliance Manager - The interviewed staff reported that the above-

mentioned areas are reviewed when assessing adequate staffing levels and the need for video monitoring. Further review happens during the annual review.

Site Observation: During the onsite review, the auditor observed that the 1:8 ratio requirements were not consistently followed in the education area. There was one identified classroom that was out of compliance. It was further determined that the facility was unaware that the requirements are necessary even during school hours. The education staff are trained the same as direct care staff.

It was also observed that the age and design of the housing area, created an environment for several blind spots. There were several closets that could benefit from having decal that indicate no youth allowed. The closets were in proximity of the sleeping and bathroom area, where there were no cameras. It was also identified that there were very minimal cameras in the housing area along with the gymnasium where multiple blind spots existed.

During the site inspection information conversation occurred with staff and residents. Staff and residents could articulate some basic information regarding PREA and its purpose and how to make a report. Residents reported that there is information throughout the facility; and overall, they felt safe at the facility.

Corrective Action: While the facility had adequate staffing to support the 1:8 and 1:16 ratio's, staff were not always positioned in education to support the standard. The facility provided a memo addressing additional staffing and the hiring of education aides to support staffing requirements during education hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (b). According to the PAQ the facility has not deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. However, upon further review, there was documentation of deviation from the staffing plan for the following reasons:

- Call Ins
- No Shows
- Sick Staff

Documentation Reviewed

Staffing Deviation Form

Interviews

Director- The interviewed director reported that there have been no circumstances that have prevented the facility from meeting the staffing plan.

Site Observation: During the onsite review, the auditor observed that the 1:8 ratio

requirements were not consistently followed in the education area. There was one identified classroom that was out of compliance. It was further determined that the facility was unaware that the requirements are necessary even during school hours. The education staff are trained the same as direct care staff.

It was also observed that the age and design of the housing area, created an environment for several blind spots. There were several closets that could benefit from having decal that indicate no youth allowed. The closets were in proximity of the sleeping and bathroom area, where there were no cameras. It was also identified that there were very minimal cameras in the housing area along with the gymnasium where multiple blind spots existed.

During the site inspection information conversation occurred with staff and residents. Staff and residents could articulate some basic information regarding PREA and its purpose and how to make a report. Residents reported that there is information throughout the facility; and overall, they felt safe at the facility.

Corrective Action: While the facility had adequate staffing to support the 1:8 and 1:16 ratios, staff were not always positioned in education to support the standard. The facility provided a memo addressing additional staffing and the hiring of education aides to support staffing requirements during education hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (c). According to the PAQ, the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. It was further reported that the facility maintains the 1:8 waking hours and 1:16 sleeping hours ratio.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 5.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0.

Interviews

Director- The interviewed director reported that facility is required to meet the ratio of 1:8 day and 1:16 night.

Site Observation: During the onsite review, the auditor observed that the 1:8 ratio requirements were not consistently followed in the education area. There was one identified classroom that was out of compliance. It was further determined that the facility was unaware that the requirements are necessary even during school hours. The education staff are trained the same as direct care staff.

It was also observed that the age and design of the housing area, created an

environment for several blind spots. There were several closets that could benefit from having decal that indicate no youth allowed. The closets were in proximity of the sleeping and bathroom area; where there were no cameras. It was also identified that there were very minimal cameras in the housing area along with the gymnasium where multiple blind spots existed.

During the site inspection information conversation occurred with staff and residents. Staff and residents could articulate some basic information regarding PREA and its purpose and how to make a report. Residents reported that there is information throughout the facility; and overall, they felt safe at the facility.

Corrective Action: While the facility had adequate staffing to support the 1:8 and 1:16 ratio's, staff were not always positioned in education to support the standard. The facility provided a memo addressing additional staffing and the hiring of education aides to support staffing requirements during education hours.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.313 (d). As reported in the PAQ, at least once a year the facility, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns
- The deployment of monitoring technology; or
- The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The Rites of Passage Safe Environments Standard states that "The RIIP will ensure that PREA Site Compliance Managers, along with the Program Directors, will conduct an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate to ensure the protection of students against sexual abuse" (p. 7).

Documentation Reviewed

2021 Annual Report/Staffing Plan

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the assessment occurs annually, and a meeting is held to discuss the staffing plan, necessary revisions, technological adjustments (and how to consider PREA), and other areas are addressed during this meeting.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this

standard. No corrective action is warranted.

115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts.

The Rites of Passage Safe Environments Standards states that:

(a) Unannounced rounds will be conducted by a Shift Supervisor (or designee) at least once per shift.

(b) Site Vulnerability Assessments using the "Site Visit Reporting Form" will be conducted by a Shift Supervisor (or designee) at least once per quarter.

(c) All rounds shall be random and unannounced.

(d) Documentation of these rounds will be maintained in a log in the Shift Supervisor or designee's office.

(e) Documentation/ findings of these rounds and the "Site Visit Reporting Forms" will be sent quarterly to the RIIP" (p. 7).

Documentation Reviewed

Unannounced Rounds (8 months)

Interviews

Intermediate or Higher-Level Staff- The interviewed staff reported that unannounced rounds are conducted to ensure that residents are on schedule and doing what they are supposed to do. We have a shift leader checklist to document and log the information. Some ways that it was reported that they would conduct the rounds to prevent staff from alerting other staff include monitoring the radio and conduct the rounds at different times.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Corrective Action: While the facility had adequate staffing to support the 1:8 and 1:16 ratio's, staff were not always positioned in education to support the standard. The facility provided a memo addressing additional staffing and the hiring of education aides to support staffing requirements during education hours.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environments Standards Body Search Log</p> <p>Training Curriculum PPT</p> <p>Training Sign in Sheet (7/29/2022)</p> <p>Body Search Log</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Random sample of residents (16)</p> <p>Non-medical staff (involved in cross-gender strip or visual searches) (2)</p> <p>Findings (By Provision):</p> <p>115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents.</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0.</p> <p>In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0.</p> <p>The Rite of Passage Safe Environments Standards states that “Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room. Rite of Passage prohibits cross-gender pat down searches. Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes, or performing bodily functions except when such view is incidental during routine cell (bed) checks. Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student’s genital status” (p. 9).</p> <p>The training curriculum further states that cross gender or cross gender visual body</p>

cavity searches of residents is prohibited.

Documentation Reviewed

Training Curriculum PPT

Body Search Log

Site Inspection Observation: During the onsite inspection the auditor did not observe any areas or opportunities where staff conducted cross-gender strip or visual body cavity searches. During informal conversations with staff and residents, cross gender strip or visual body cavity searches are not a common practice at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, the number of cross-gender pat-down searches of residents: 0. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0.

The Rite of Passage Safe Environments Standards states that “Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room. Rite of Passage prohibits cross-gender pat down searches. Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes, or performing bodily functions except when such view is incidental during routine cell (bed) checks. Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student’s genital status” (p. 9).

Documentation Reviewed

Training Curriculum PPT

Body Search Log

Interviews

Random Sample of Staff: All but one of the interviewed staff reported that they are restricted from conducting cross-gender pat down searches except in exigent circumstances. When further probed the staff were able to describe those exigent circumstances, and opposite gender staff consistently reported that they are not involved or have had to conduct such a search.

Random Sample of Residents- All the interviewed random sample of residents reported that opposite gender staff have never performed a pat down search of

their bodies.

Site Inspection Observation: During the onsite inspection the auditor did not observe any areas or opportunities where staff conducted cross-gender strip or visual body cavity searches. During informal conversations with staff and residents, cross gender strip or visual body cavity searches are not a common practice at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (c). The facility indicated in their response to the PAQ that the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. The facility has a form to document such instances.

Documentation Reviewed

Training Curriculum PPT

Body Search Log

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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, along with policies and procedures that advise staff.

The Rite of Passage Safe Environments Standards states that "Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room. Rite of Passage prohibits cross-gender pat down searches. Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes, or performing bodily functions except when such view is incidental during routine cell (bed) checks. Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student's genital status" (p. 9).

Interviews

Random Sample of Staff: All the interviewed staff reported the opposite gender staff announce themselves when entering the housing area. When probed it was determined that such announcements are not made when entering the units but

when entering where the residents dress, shower, toilet and change clothes. Furthermore, all the staff reported that residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. It was further reported that the residents can put up a temporary curtain when privacy is needed. All residents shower to themselves.

Random Sample of Residents- All the interviewed random sample of residents reported that opposite gender staff making announcements. It was further reported that staff do not come in the area when they shower or change clothes. The residents stated that the opposite gender staff typically make announcements in the area where they shower, but maybe not always when they come into the building. One resident also elaborated that some staff are more consistent than others. When the residents were asked if they are ever naked and in full view of staff, all the residents reported “no”.

Site Inspection Observation: During the onsite inspection the auditor did not observe any areas or opportunities where staff conducted cross-gender strip or visual body cavity searches. During informal conversations with staff and residents, cross gender strip or visual body cavity searches are not a common practice at the facility. The facility does not have a central control room, and there are a limited number of cameras. However, the facility Director has remote access to watch video footage. It should also be noted that the auditor observed that the video monitoring system was routinely running live in the director’s office.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (e.) Per the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were no reported searches that were conducted in the last 12 months.

The Rite of Passage Safe Environments Standards states that “Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room. Rite of Passage prohibits cross-gender pat down searches. Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes, or performing bodily functions except when such view is incidental during routine cell (bed) checks. Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student’s genital status” (p. 9).

Interviews

Random Sample of Staff: The interviewed staff reported the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (f). As reported in the PAQ, the facility trained one hundred percent of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited.

The Rite of Passage Safe Environments Standards states that “Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room. Rite of Passage prohibits cross-gender pat down searches. Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes, or performing bodily functions except when such view is incidental during routine cell (bed) checks. Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student’s genital status” (p. 9).

Documentation Reviewed

Training Curriculum PPT

Training Sign in Sheet (7/29/2022)

Interviews

Random Sample of Staff: All but one of the interviewed staff reported that they receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Staff reported that they recently watched a video on it and some of the newer staff reported receiving the training in orientation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Save Environment Standards</p> <p>Third Party Reporting Form (Spanish)</p> <p>Acknowledgement (Spanish)</p> <p>Student Brochure (Spanish)</p> <p>Training Curriculum PPT (English/Spanish)</p> <p>Zero Tolerance Posters (Spanish)</p> <p>Language Line Solutions</p> <p>Interviews:</p> <p>Agency Head</p> <p>Random sample of staff (12)</p> <p>Findings (By Provision):</p> <p>115.316 (a). As reported in the PAQ, the facility, has established procedures to provide disabled residents 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.</p> <p>The Rite of Passage Safe Environments Standard states that “The program shall take appropriate steps to ensure that students with disabilities (including, for example, students who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the program’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>(a) When necessary to ensure effective communication with students who are deaf or hard of hearing, the program will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the program shall ensure that written materials are provided in formats or through methods that ensure effective</p>

communication with students with disabilities, including students who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Note: A program is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

(b) The program shall take reasonable steps to ensure meaningful access to all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to students who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary (p. 10).

Documentation Reviewed

Third Party Reporting Form (Spanish)

Acknowledgement (Spanish)

Student Brochure (Spanish)

Training Curriculum PPT (English/Spanish)

Zero Tolerance Posters (Spanish)

Interviews

Agency Head-The interviewed agency head reported that the agency has established procedures to provide residents with disabilities and residents who are limited English proficiency 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 at the facility. We have had our information printed in different languages, we have access to an interpreter line that allows us to ensure that all students regardless of their limitations can participate and benefit from all aspects of our prevention, detection, and response efforts to stop any sexual abuse or harassment.

Residents (with disabilities or who are limited English proficient) - There were no identified residents with disabilities.

Site Review: The facility does not have a phone system where residents have access to an independent phone system. All language line services would be coordinated with the counselor. The auditor observed that the facility had staff onsite who spoke various languages.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (b). As reported in the PAQ, the facility has established procedures to

provide residents with limited English proficiency 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.

The Rite of Passage Safe Environments Standard states that "The program shall take reasonable steps to ensure meaningful access to all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to students who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary" (p. 10).

Documentation Reviewed

Third Party Reporting Form (Spanish)

Acknowledgement (Spanish)

Student Brochure (Spanish)

Training Curriculum PPT (English/Spanish)

Zero Tolerance Posters (Spanish)

Language Line Solutions

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0.

The Rite of Passage Safe Environments Standard states that "The program shall not rely on student interpreters, student readers, or other types of student assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the student's safety, the performance of first-response duties under § 115.364, or the investigation of the student's allegations".

Documentation Reviewed

Language Line Solutions

Interviews

Random Sample of Staff: The interviewed random sample of staff reported that they are not aware of the agency ever allowing the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Several staff reported that they would get an interpreter if one was needed; and that there are staff interpreters onsite.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1342 374">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 451 450">Documents:</p> <p data-bbox="280 488 703 521">Pre-audit Questionnaire (PAQ)</p> <p data-bbox="280 560 1142 593">PREA Employment Questionnaire/PREA Attestation Form (19)</p> <p data-bbox="280 631 708 665">5 Year Background Check (20)</p> <p data-bbox="280 703 719 736">Employee Reference Check (2)</p> <p data-bbox="280 775 563 808">Background Checks</p> <ul data-bbox="280 846 568 949" style="list-style-type: none"> <li data-bbox="280 846 488 880">· Staff (37) <li data-bbox="280 916 568 949">· Contractors (1) <p data-bbox="280 987 437 1021">Interviews:</p> <p data-bbox="280 1059 847 1093">Administrative (Human Resources) Staff</p> <p data-bbox="280 1131 611 1164">Findings (By Provision):</p> <p data-bbox="280 1202 1474 1321">115.317 (a). As reported in the PAQ, the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="280 1359 1474 1704" style="list-style-type: none"> <li data-bbox="280 1359 1458 1435">1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. <li data-bbox="280 1473 1458 1592">2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; or <li data-bbox="280 1630 1474 1704">3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p data-bbox="280 1742 1458 1904">The Rite of Passage Safe Environments Standards further reiterates the above by stating that “The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:</p> <ol data-bbox="280 1942 1474 2089" style="list-style-type: none"> <li data-bbox="280 1942 1437 2018">(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997); <li data-bbox="280 2056 1474 2089">(2) Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in this policy (p. 11).

Documentation Reviewed

PREA Employment Questionnaire (19)

Employee Reference Check (2)

Corrective Action: The facility did not have a process in place to ensure reference checks were conducted. The process was implemented this summer and the facility was able to provide implementation of the process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (b). As reported in the PAQ, the facility, has a policy that requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

The Rite of Passage Safe Environments Standards states that “The program shall also ask all applicants and staff who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct” (p. 11).

Documentation Reviewed

PREA Employment Questionnaire (19)

Interviews

Administrative (Human Resources) - The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background

records check; and (2) 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 55.

The Rite of Passage Safe Environments Standards states that “Before hiring new staff who may have contact with students, the program shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the staff would work; and

(3) 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” (p. 11).

The Background Records Clearance Policy and Procedure provides further guidance on the process.

Documentation Reviewed

Personnel Files (Background Checks) (37)

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. All employees and contractors who may have contact with residents cleared through the HHS portal/child abuse registry, and the Texas DJJ background check process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (d). The facility indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver’s license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who

might have contact with residents: 5.

The Rite of Passage Safe Environments Standards states that “The program shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with students” (p. 12).

Documentation Reviewed

Contractor Background Checks (2)

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. All employees and contractors who may have contact with residents cleared through the HHS portal/child abuse registry, and the Texas DJJ background check process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

The Rite of Passage Safe Environments Standards states that “The program shall either conduct criminal background records checks of current staff and contractors may have contact with students or have in place a system for otherwise capturing such information for current staff. Criminal background checks will occur at least every five years, or more often as required by licensing, regulatory or contractual requirements” (p. 12).

Documentation Reviewed

5 Year Background Check (20)

Interviews

Administrative (Human Resources)-The interviewed human resources staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the HHS Child abuse registry, the DFPS, and the Texas DJJ background check process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this

standard. No corrective action is warranted.

115. 317 (f). The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Rite of Passage Safe Environments Standards states that “The program shall also ask all applicants and staff who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct” (p. 12).

Interviews

Administrative (Human Resources) - The interviewed human resources staff reported that the facility asks all applicants and contractors who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self--evaluations conducted as part of reviews of current employees. This is done using the PREA Employment Questionnaire/PREA Disclosure form during the application process for employment or promotion.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (g). According the to the PAQ, the agency’s policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination.

The Rite of Passage Safe Environments Standards states that “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination” (p. 12).

Documentation Reviewed

PREA Employment Questionnaire (19)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (h). Unless prohibited by law, the agency shall 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.

The Rite of Passage Safe Environments Standards states that “Unless prohibited by law, the program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work. All such requests will be forwarded to Corporate Director of Human Resources who is the sole individual who may respond to such requests”. (p. 12).

Interviews

Administrative (Human Resources) - The interviewed human resources staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. Such information would be provided if requested.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

115.317 (a): Corrective Action: The facility did not have a process in place to ensure reference checks were conducted. The process was implemented this summer and the facility was able to provide implementation of the process.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.318	Upgrades to facilities and technologies
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1342 374">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 450">Documents:</p> <p data-bbox="280 488 703 521">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 895 593">Rite of Passage Safe Environment Standard</p> <p data-bbox="280 631 699 665">Camera Install Invoice (2022)</p> <p data-bbox="280 703 437 736">Interviews:</p> <p data-bbox="280 775 464 808">Agency head</p> <p data-bbox="280 846 395 880">Director</p> <p data-bbox="280 918 608 952">Findings (By Provision):</p> <p data-bbox="280 990 1458 1191">115.316 (a). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit. However, it should be noted that the facility audited was acquired by the parent agency in the last 12 months and/or since the last PREA audit.</p> <p data-bbox="280 1229 1458 1509">The Rite of Passage Safe Environments Standard states that “When designing or acquiring any new program and in planning any substantial expansion or modification of existing facilities the CEO, Regional Executive Director and Director of Program Operations will consider and document the effect of the design, acquisition, expansion, or modification upon the organization’s ability to protect students from sexual abuse. The Director of Program Operations will formulate the documentation as mentioned above” (p. 13).</p> <p data-bbox="280 1547 427 1581">Interviews</p> <p data-bbox="280 1619 1474 1944">Agency Head - The interviewed agency head reported that when designing, acquiring, or planning substantial modifications to facilities the agency will consider the effects of such changes on its ability to protect residents from sexual abuse. As an agency we deploy video monitoring and attempt to identify any areas of concern that could prevent detection of abuse. We examine if any modifications will create any blind spots or may reduce the ability for staff to maintain line of sight easily on the residents. We also project how many cameras may be needed to properly capture all locations residents may occupy at any given time with staff.</p> <p data-bbox="280 1982 1465 2060">Director- The interviewed director reported that the facility has not expanded since the last PREA audit.</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (b). The facility reported in the PAQ that they have installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

The Rite of Passage Safe Environments Standard states that “When installing or updating a video monitoring system, the electronic surveillance system or other monitoring technology, the CEO, Regional Executive Director, Director of Program Operations, Program Director/ Manager and Corporate IT Director will consider how such technology may enhance the organization’s ability to protect students from sexual abuse. The Director of Program Operations will formulate documentation of the review” 9p. 13).

Documentation Reviewed

Camera Install Invoice (2022)

Interviews

Agency Head – The interviewed agency head reported that the agency uses new monitoring technology to enhance protection of residents from incidents of sexual abuse. We are always monitoring new technology such as advanced camera abilities such as enhanced views, including night vision capabilities, enhanced motion sensor technology, enhanced servers to allow for more video storage capabilities. We know that any new technology that empowers us to better protect our residents is worth monitoring for potential purchase.

Director- The interviewed director reported that when installing video monitoring they facility strives to have what is allowed by licensing.

Onsite Inspection: While onsite, the auditor reviewed the camera system. The camera system is available to the facility leadership via the computer. It was also observed that the facility has a limited number of cameras and several blind spots in the housing and the gymnasium area. While not required it is recommended that, if possible, the facility installs more camera’s and or mirrors.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents)</p> <p>Uniform Definitions for Sexual Violence</p> <p>MOU-Law Enforcement Attempt</p> <p>MOU Safe House</p> <p>Student Services Offered Acknowledgement Form</p> <p>Memo: MOU Safe House</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Random sample of staff (12)</p> <p>Child Advocacy Center</p> <p>Resident Who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.321 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Walker County Sheriff’s Department is responsible for conducting criminal sexual abuse investigations. It was further reported that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>The Rite of Passage Safe Environment Standards states that “(a) To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining</p>

usable physical evidence for administrative proceedings and criminal prosecutions.
(b) The protocol to be used is the "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." (p. 14).

Documentation Reviewed

A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents)

Uniform Definitions for Sexual Violence

Interviews

Random Sample of Staff: The interviewed random sample of staff reported that they were aware of the agency's protocol for obtaining usable physical evidence. When probed the staff provided very vague responses such as, immediately notify the supervisor and secure the area. After probing the staff were able to discuss things like not brushing teeth, keep the area safe, not allow any to shower, and immediately take to medical. When asked who conducts the interviews staff reported the PREA staff, the PREA staff or the hotline. Three staff reported that they are not aware who may conduct the interviews.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321(b). As reported by the PAQ, the protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

The Rite of Passage Safe Environment Standards states that "(a) To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
(b) The protocol to be used is the "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." (p. 14).

Documentation Reviewed

A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents)

Uniform Definitions for Sexual Violence

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire

that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. It was further reported that when SANEs or SAFEs are not available, they do not offer a qualified medical practitioner performs forensic medical examinations. Forensic Medical exams are conducted by a SANE Hope Center at Southwest Health. Email correspondence was provided stating that the center will see adult/adolescent victims of sexual assault male or female ages 14 or older. It further states that "we would be available for assistance if the need arises anytime 24/7.

The number of forensic medical exams conducted during the past 12 months: 0.

The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

The Rite of Passage Safe Environment Standards states that "The program shall offer all students who experience sexual abuse access to forensic medical examinations whether on-site or at an outside program, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners informed on the protocols listed above. The program shall document its efforts to provide SAFEs or SANEs medical practitioners and place in the student's medical file" (p. 14).

Documentation Reviewed

A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents)

Uniform Definitions for Sexual Violence

MOU Safe House

Memo: MOU Safe House

Attempts were made to interview the local advocacy center; however, the auditor was unable to interview them.

It should be noted that the facility is in progress of updating their MOU as the ED on the MOU is no longer employed.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a

rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member.

The Rite of Passage Safe Environment Standards states that “The program shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program shall make available to provide these services a qualified staff member from a community-based organization or a qualified program staff member. The program shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The program may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement program) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services” (p. 14).

Documentation Reviewed

MOU Safe House

Student Services Offered Acknowledgement Form

Interviews

Attempts were made to interview the local advocacy center; however, the auditor was unable to interview them.

PREA Compliance Manager-The interviewed staff reported that the facility has a MOU with the rape crisis center. When the rape crisis center provides victim advocacy services, we would maintain communication to ensure it meets the qualifications described in standard 115.321.

Residents who reported a sexual abuse: The interviewed resident reported that he does not recall the facility allowing him to contact anyone. He further reported that he did not want his mother to not because he had similar issues at another facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

The Rite of Passage Safe Environment Standards states that “As requested by the

victim, the victim advocate, qualified program staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals” (p. 14).

Interviews

PREA Compliance Manager-The interviewed staff reported that the facility has a MOU with the rape crisis center. Such services at the rape crisis center would be provided by the victim.

Attempts were made to interview the local advocacy center; however, the auditor was unable to interview them.

Residents who reported a sexual abuse: The interviewed resident reported that he does not recall the facility allowing him to contact anyone. He further reported that he did not want his mother to not because he had similar issues at another facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (f). The facility has attempted to attain a MOU with the Walker County Sheriff’s Department

Documentation Reviewed

MOU-Law Enforcement Attempt

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (g). The auditor is not required to audit this section.

115.321 (h). The auditor is not required to audit this section.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Internal Notice of Potential SES Incident (1)</p> <p>Post Onsite Internal Notice of Potential SES Incident (1)</p> <p>Rite of Passage PREA/SES Administrative Responsibilities Post Allegation</p> <p>Administrative Investigation Report</p> <p>Coordinated Response Plan (1)</p> <p>PREA Investigation Recommendation and Implementation (1)</p> <p>Student Services Offered</p> <p>Site Allegation Tracking Form</p> <p>Site Allegation Log (2021)</p> <p>Investigations (3):</p> <ul style="list-style-type: none"> · Incident Checklist · Incident Report · Student Complaint Form · Email Correspondence · Administrative Investigation Report · Incident Review · Notification <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Agency head</p>

Investigative Staff (1)

Findings (By Provision):

115.322 (a): As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Rite of Passage Safe Environment Standards states that “The program shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment” (p. 16). It further states that “Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Program Director and Corporate Director of Human Resources” (p. 16).

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 3

In the past 12 months, the number of allegations resulting in an administrative investigation: 3

In the past 12 months, the number of allegations referred for criminal investigation: 0

It was further reported that allegations have completed investigations.

Documentation Reviewed

Internal Notice of Potential SES Incident

Post Onsite Internal Notice of Potential SES Incident (1)

Rite of Passage PREA/SES Administrative Responsibilities Post Allegation

Administrative Investigation Report

Coordinated Response Plan (1)

PREA Investigation Recommendation and Implementation (1)

Student Services Offered

Site Allegation Tracking Form

Site Allegation Log (2021)

Investigations (3)

Post Onsite Investigation (1)

Interviews

Agency Head – The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. We have a flow chart that clearly identifies the reporting and investigation process. If the allegations are potentially criminal, the investigation is conducted by law enforcement. If it does not rise to the level of being a crime an investigation is completed by a PREA trained designated employee to conduct the internal administrative investigation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (b). As reported in the PAQ, the facility has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. In addition, the facility reported in the PAQ that the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.

The Rite of Passage Safe Environment Standards states that “If a criminal investigation is conducted, the program will provide the following: 1. Incident/ Information Reports 2. Access to program and location of the incident 3. Access to students and / or staff involved 4. Access to all records deemed necessary to complete the investigation” (p. 16).

Documentation Reviewed

Website

Investigation Reports (3)

Post Onsite Investigation (1)

Interviews

Investigative Staff: The interviewed investigative staff reported that the agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Outside law enforcement would conduct such investigations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (c). If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Documentation Reviewed

Website

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.331	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 557 667">Training Curriculum</p> <p data-bbox="280 703 644 739">Staff Training Lesson Plan</p> <p data-bbox="280 775 1003 810">Competency Based Acknowledgement Assessment</p> <p data-bbox="280 846 1114 882">Acknowledgement and Receipt of PREA Training/Policy (41)</p> <p data-bbox="280 918 437 954">Interviews:</p> <p data-bbox="280 990 687 1025">Random sample of staff (12)</p> <p data-bbox="280 1061 612 1097">Findings (By Provision):</p> <p data-bbox="280 1133 1469 1214">115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul data-bbox="280 1249 1469 2092" style="list-style-type: none"> <li data-bbox="280 1249 1437 1285">· The agency’s zero-tolerance policy for sexual abuse and sexual harassment; <li data-bbox="280 1321 1469 1402">· How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. <li data-bbox="280 1438 1326 1473">· Residents right to be free from sexual abuse and sexual harassment; <li data-bbox="280 1509 1437 1590">· The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; <li data-bbox="280 1626 1414 1662">· The dynamics of sexual abuse and sexual harassment in resident facilities; <li data-bbox="280 1697 1366 1733">· The common reactions of sexual abuse and sexual harassment victims; <li data-bbox="280 1769 1414 1805">· How to detect and respond to signs of threatened and actual sexual abuse; <li data-bbox="280 1841 1142 1877">· How to avoid inappropriate relationships with residents; <li data-bbox="280 1912 1430 1993">· How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; <li data-bbox="280 2029 1414 2092">· How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and

- Relevant laws regarding the applicable age of consent.

The Rite of Passage Safe Environment Standards provides guidance on the above training requirements (p. 17).

Documentation Reviewed

Training Curriculum

Staff Training Lesson Plan

Competency Based Acknowledgement Assessment

Acknowledgement and Receipt of PREA Training/Policy (41)

Interviews

Random Sample of Staff - The interviewed staff reported that they have been trained on the agencies zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:

- a. The agency's zero-tolerance policy on sexual abuse and sexual harassment?
- b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?
- c. Resident's right to be free from sexual abuse and sexual harassment?
- d. Residents' and employees' right to free from retaliation for reporting sexual abuse and sexual harassments?
- e. The dynamics of sexual abuse and sexual harassment in confinement?
- f. The common reactions of sexual abuse and sexual harassment victims?
- g. How to detect and respond to signs of threatened and actual sexual abuse?
- h. How to avoid inappropriate relationship with residents?
- i. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- k. Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained on initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming. The staff further reported that there is no consent at their facility. The

staff also reported that they do annual training allowing with routine meetings that cover PREA related topics.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are not given additional training.

The Rite of Passage Safe Environment Standards states that “Such training shall be tailored to the unique needs and attributes of students in the programs and to the gender of the students in the programs. The staff shall receive additional training if the staff is reassigned from a program that houses only male students to a program that houses only female students, or vice versa” (p. 18).

Documentation Reviewed

Training Curriculum

Staff Training Lesson Plan

Competency Based Acknowledgement Assessment

Acknowledgement and Receipt of PREA Training/Policy (41)

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (c). As reported in the PAQ, between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: every six months.

The Rite of Passage Safe Environment Standards states that “The program shall provide each staff with refresher training every six months to ensure that all staff know the program’s current sexual abuse and sexual harassment policies and procedures” (p. 18).

Documentation Reviewed

Training Curriculum

Staff Training Lesson Plan

Competency Based Acknowledgement Assessment

Acknowledgement and Receipt of PREA Training (41)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (d). The PAQ indicated that the facility requires employees who may have contact with residents to document, via signature, that they understand the training they received.

The Rite of Passage Safe Environment Standards states that “The program shall document, through attendance sheet and Form 13.44 which must include staff signature or electronic verification that staff understand the training they have received. Documentation will be kept in employee files” (p. 18).

Documentation Reviewed

Acknowledgement and Receipt of PREA Training/Policy (41)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Training Curriculum/Independent Contractors and Volunteers</p> <p>Independent Contractor/Volunteer Lesson Plan</p> <p>Volunteer/Contractor PREA Information</p> <p>Contractor Acknowledgment of PREA Training (2)</p> <p>Interviews:</p> <p>Contractor (1)</p> <p>Findings (By Provision):</p> <p>115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 5.</p> <p>The Rite of Passage Safe Environment Standards states that "All volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures" (p. 19).</p> <p>Documentation Reviewed</p> <p>Training Curriculum/Independent Contractors and Volunteers</p> <p>Independent Contractor/Volunteer Lesson Plan</p> <p>Volunteer/Contractor PREA Information</p> <p>Contractor Acknowledgment of PREA Training (2)</p> <p>Interviews</p>

Volunteer(s) or Contractor(s) who have Contact with Residents - The interviewed contractor reported that they were trained on the sexual abuse or sexual harassment policy at the initiation of services. It was further reported that they received additional training throughout the year.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.332 (b). 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, and all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The Rite of Passage Safe Environment Standards states that "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 students, but all volunteers and contractors who have contact with students shall be notified of the program's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents" (p. 19).

Documentation Reviewed

Training Curriculum/Independent Contractors and Volunteers

Independent Contractor/Volunteer Lesson Plan

Volunteer/Contractor PREA Information

Contractor Acknowledgment of PREA Training (2)

Interviews

Volunteer(s) or Contractor(s) who have Contact with Residents - When probed the interviewed volunteer and contractor reported that the training was detailed and addressed the policy, their role, and how to report PREA allegations.

115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received.

The Rite of Passage Safe Environment Standards states that "The program shall maintain documentation confirming that volunteers and contractors understand the training they have received" (p. 19).

Documentation Reviewed

Contractor Acknowledgment of PREA Training (2)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.333	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <ul data-bbox="280 488 1161 1236" style="list-style-type: none"> <li data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ) <li data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards <li data-bbox="280 631 564 667">Student PREA Video <li data-bbox="280 703 743 739">PREA Brochure (Spanish/English) <li data-bbox="280 775 549 810">Student Handbook <li data-bbox="280 846 1161 882">Student Acknowledgement of Zero Tolerance Policy/Video (29) <p data-bbox="280 918 437 954">Interviews:</p> <ul data-bbox="280 990 751 1236" style="list-style-type: none"> <li data-bbox="280 990 491 1025">Intake staff (1) <li data-bbox="280 1061 751 1097">Random sample of residents (16) <li data-bbox="280 1133 560 1169">On-site observation <li data-bbox="280 1205 469 1240">PREA Posters <p data-bbox="280 1276 612 1312">Findings (By Provision):</p> <p data-bbox="280 1348 1458 1464">115.333 (a). As reported in the PAQ, residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="280 1500 1458 1617">The number of residents admitted in past 12 months who were given this information at intake: 84. It was further reported that the information is provided in an age-appropriate fashion.</p> <p data-bbox="280 1653 1474 1814">Rite of Passage Safe Environment Standards states that “Students shall receive information explaining the program’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="280 1850 1442 2056">PROCEDURE (a) During the intake process, students shall receive ROP Safe Environment Standards “A Student Guide to Rights, Protections, and Reporting of Sexual Abuse” explaining the program’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b) During the intake process, students shall receive</p>

and sign ROP Safe Environment Standards “Student Acknowledgment of Zero Tolerance”. The signed acknowledgment form will be maintained in the Case Management file” (p. 20).

Student Handbook states:

Zero Tolerance for Sexual Abuse - Prison Rape Elimination Act (PREA) GCTC standard has zero-tolerance for sexual abuse/harassment. This standard is designed to prevent, detect, and respond to sexual abuse and sexual harassment. Sexual activity between youth or between youth and any adult is strictly prohibited. Reports of such abuse may be made in writing or verbally through a staff member or calling the hotline. Retaliation for a report is strictly prohibited. All youth will receive training in the awareness and risk of sexually transmitted diseases. This training will be provided by the campus nurse or other outside agencies that provide these educational services.

Documentation Reviewed

Student Handbook

Student Acknowledgement of Zero Tolerance Policy/Video (29)

PREA Orientation Video

Interviews

Intake Staff - The interviewed intake staff reported that the facility provides residents with information about the agency’s zero--tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. On arrival date during the intakes process the first step is enrollment. The student is provided with the GCTC handbook and the Safe Environmental Standards Brochure which provides information on zero tolerance, what is prohibited and how to report. The intake staff reported that they will review with the student and have the student sign verification of orientation form in which is verbally reviewed with the student. The student is also advised that they will watch a video in the orientation class.

Resident Interview Questionnaire- Sixteen residents were interviewed. All the interviewed residents reported that when they first came to the facility, they received information about the facility’s rules against sexual abuse and harassment. The information was typically received on the first day.

It should be noted that an additional resident acknowledgment form was created over the last year to also include language of watching the video. Due to the timing of the update, some residents signed a policy acknowledgement, and some signed a policy and video/education acknowledgement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (b). As reported in the PAQ, 84 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their. right to be free from both sexual abuse/ harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. It should also be noted that the facility reported that education is provided by giving the residents a brochure and the education classes have been suspended due to COVID.

The Rite of Passage Safe Environment Standards states that "Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents" (p. 20).

Documentation Reviewed

Student Handbook

Student Acknowledgement of Zero Tolerance Policy/Video (29)

Interviews

Intake Staff - The interviewed intake staff reported that the agency ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. All students are provided the Safe Environmental Standards brochure, student handbook in which includes PREA information. The students are verbally advised of PREA during the intake process within the first two hours of arrival. Students also watch a PREA video during their first week of orientation. Students will periodically have a PREA refresher course. Caseworkers speak with the students during their weekly visits to see if there is anything that may need reported.

Resident Interview Questionnaire- Sixteen residents were interviewed. All the interviewed residents reported that when they first came to the facility, they were told that you have a right to not be sexually abuse or sexually harassed, how to report sexual abuse or sexual harassment, and a right to not be punished for reporting. When how long after arriving at the facility did, they get the information, most of the residents reported the same day, and several said within a couple of days.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation. It

was further reported that the residents receive PREA education within the date of admission.

The Rite of Passage Safe Environment Standards states that “Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents” (p. 20).

Furthermore, the policy states that “Students shall receive education upon transfer to a different program to the extent that the policies and procedures of the student’s new program differ from those of the previous program” (p. 20).

Documentation Reviewed

Student Acknowledgement of Zero Tolerance Policy/Video (29)

Interviews

Intake Staff - As previously discussed, the interviewed intake staff reported that the facility provides residents with information about the agency’s zero--tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. On arrival date during the intakes process the first step is enrollment. The student is provided with the GCTC handbook and the Safe Environmental Standards Brochure which provides information on zero tolerance, what is prohibited and how to report. The intake staff reported that they will review with the student and have the student sign verification of orientation form in which is verbally reviewed with the student. The student is also advised that they will watch a video in the orientation class.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (d). As indicated in the PAQ, resident PREA education is not available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. It was further reported that the clients admitted to this program would not be eligible for admission if there was an identified disability or LEP.

The Rite of Passage Safe Environment Standards states that “The program shall provide student education in formats accessible to all students, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to students who have limited reading skills” (p. 20).

Documentation Reviewed

PREA Posters (English/Spanish)

PREA Video

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions.

The Rite of Passage Safe Environment Standards states that “The program shall maintain documentation of student participation in these education sessions in the student file” (p. 20).

Documentation Reviewed

Student Acknowledgement of Zero Tolerance Policy/Video (29)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The Rite of Passage Safe Environment Standards states that “In addition to providing such education, the program shall ensure that key information is continuously and readily available or visible to students through posters, student handbooks, or other written formats” (p. 20).

Student Handbook states:

Zero Tolerance for Sexual Abuse - Prison Rape Elimination Act (PREA) GCTC standard has zero-tolerance for sexual abuse/harassment. This standard is designed to prevent, detect, and respond to sexual abuse and sexual harassment. Sexual activity between youth or between youth and any adult is strictly prohibited. Reports of such abuse may be made in writing or verbally through a staff member or calling the hotline. Retaliation for a report is strictly prohibited. All youth will receive training in the awareness and risk of sexually transmitted diseases. This training will be provided by the campus nurse or other outside agencies that provide these educational services.

Documentation Reviewed

Student Handbook

PREA Posters

3rd party reporting posters

PREA Audit Site Review: During the onsite portion of the audit, the auditor observed

posters, resident handbooks, and brochures readily accessible to the residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Specialized Training for Administrative Investigators Curriculum</p> <p>A National Protocol for Sexual Assault Medical Forensic Examinations Adults/ Adolescents</p> <p>Training Records of Investigators (specialized/annual) (3)</p> <p>Interviews:</p> <p>Investigative Staff (1)</p> <p>Findings (By Provision):</p> <p>115.334 (a). As indicated in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>The Rite of Passage Safe Environment Standards states that “Any Rite of Passage administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings” (p. 21).</p> <p>Documentation Reviewed</p> <p>Training Records of Investigators (specialized/annual) (3)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed investigator reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was completed through DOJ NIC site. The training topics included steps on how to preserve evidence, how to interview juvenile victims, use of proper Miranda and Garrity, evidence collection, and the criteria and requirements to substantiate a case or refer for prosecution.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.334 (b). Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Rite of Passage Safe Environment Standards states that “Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence preservation, and the criteria and evidence required to substantiate a case for administrative action or law enforcement referral” (p. 21).

Documentation Reviewed

Training Records of Investigators (specialized/annual) (3)

Interviews

Investigative staff: The interviewed investigative staff reported that they have been trained on:

- Techniques for interviewing juvenile sexual abuse victims
- Proper use of Miranda and Garrity Warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative prosecution referral

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 12.

The Rite of Passage Safe Environment Standards states that “Rite of Passage Human Resources and/or Site Trainer shall maintain documentation that Rite of Passage investigators have completed the required specialized training in conducting sexual abuse administrative investigations” (p. 21)

Documentation Reviewed

Training Records of Investigators (specialized/annual) (3)

A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents

115.334 (d). Auditor is not required to audit this provision.

Conclusion

	<p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Curriculum and Facilitator Guide Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization</p> <p>Documented Specialized Training (7)</p> <p>Annual PREA Training (7)</p> <p>Outside agency Medical/Mental Health Personnel PREA/SES Acknowledgement</p> <p>Staff Training and Development Documentation</p> <p>Interviews:</p> <p>Medical and mental health staff (2)</p> <p>Findings (By Provision):</p> <p>115.335 (a). The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 3. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 75.</p> <p>The Rite of Passage Safe Environment Standards states that “Rite of Passage medical and mental health care practitioners who work regularly in its facilities will receive specialized training in how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how/to whom to report allegations or suspicions of sexual abuse and harassment” (p. 22).</p> <p>The policy further states that Rite of Passage shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <p>a. How to detect and assess signs of sexual abuse and sexual harassment</p>

- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

Documentation Reviewed

Specialized Training PREA 201 for Medical and Mental Health practitioners (7)

Annual PREA Training (7)

Interviews

Medical and Mental Health Staff: The interviewed staff reported that they received specialized PREA training and in-service training. It was further reported that the training covered the below topics:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

It was further reported that there are monthly trainings that cover topics related to PREA.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.335 (b). As reported in the PAQ, agency medical staff at this facility do not conduct forensic medical exams.

Interviews

Medical and Mental Health Staff: The interviewed staff reported that they do not perform forensic examinations and are not trained to conduct forensic examinations.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff. A sample of three medical and mental health staff records were reviewed and confirmed that the staff receives training as required by

the standard.

The Rite of Passage Safe Environment Standards states that "Rite of Passage Human Resources and/or Site Trainer shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from Rite of Passage or elsewhere" (p. 22).

Documentation Reviewed

Specialized Training PREA 201 for Medical and Mental Health practitioners (7)

Annual PREA Training (7)

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The Rite of Passage Safe Environment Standards states that "Medical and mental health care practitioners shall also receive the training mandated for employees under PREA Standard 115.331 or for contractors and volunteers under PREA Standard 115.332, depending upon the practitioner's status at the agency" (p. 22).

Documentation Reviewed

Specialized Training PREA 201 for Medical and Mental Health practitioners (7)

Annual PREA Training (7)

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>PREA Student Vulnerability Assessment Instrument (25)</p> <p>PREA Student Vulnerability Assessment Instrument Reassessment (1)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (1)</p> <p>Random sample of residents (16)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the residents in care. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 165.</p> <p>Rite of Passage Safe Environment Standards states that:</p> <p>All students will be screened for risk of sexual victimization and abusiveness. PROCEDURE (a) Within 24 hours of the student’s arrival at the program and periodically throughout a student’s stay, the Case Manager/ Therapeutic Manager (CM/TM) shall complete the Vulnerability Assessment instrument with the student and document it in case notes” (p. 23).</p> <p>Documentation Reviewed</p> <p>PREA Student Vulnerability Assessment Instrument (25)</p> <p>PREA Student Vulnerability Assessment Instrument Reassessment (1)</p>

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for performing screening for risk of victimization and abusiveness reported that all residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The facility will review court orders, application, and psychological evaluations prior to admission and a PREA screening is conducted within 24 hours. The information is ascertained by completing the PREA screening during intake and via asking the residents questions. The residents are rescreened as needed and if there is a PREA incident or allegation.

Resident Interview Questionnaire: Fourteen of the sixteen interviewed residents reported that when they first arrived at the facility, they could recall being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender and whether they have a disability or think they may be in danger of sexual abuse. One resident further elaborated that they could only recall being asked about prior history of sexual abuse. It should be noted that all the interviewed residents have been at the facility for less than 12 months.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument.

Documentation Reviewed

PREA Student Vulnerability Assessment Instrument (25)

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (c). At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Rites of Passage Safe Environment Standards states that “Information should include: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or

intersex, and whether the students may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The student's own perception of vulnerability; and (11) Any other specific information about individual students that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other students" (p. 23).

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the risk screening considers history of sexual victimization or perpetration, any gender non-conforming appearance or disclosure of sexual orientation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (d). This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Rites of Passage Safe Environment Standards states that "This information shall be ascertained through conversations with the students during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the student's files".

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the information is ascertained by talking to residents, review of the referral packet information, and asking the resident questions.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (e). The agency shall implement 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.

The Rites of Passage Safe Environment Standards states that "The program shall implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students" (p. 24).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the risk assessments are available to Case Managers, Clinical Staff, and Building Administration (Shift Supervisors). Case Managers work with the Shift Supervisors around bed placement and bed management. Other staff members on the campus are aware of what student risk levels are; however, they are not privy to how the risk level was concluded. The assessment books are secured and are only able to be accessed by the staff members.

PREA Compliance Manager- The interviewed staff reported that the facility has outlined who can have access to a resident's risk assessment within the facility.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the agency outlined who can have access to a resident's risk assessment within the facility. The department heads are allowed access to such information.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Rite of Passage Safe Environment Standards PREA Student Vulnerability Assessment Instrument (25) <p>Interviews:</p> <ul style="list-style-type: none"> PREA Coordinator PREA Compliance Manager Staff responsible for Risk Screening (1) Superintendent Medical and mental health staff (2) Randomly selected staff (12) <p>Onsite Tour</p> <p>Review of housing units</p> <p>Findings (By Provision):</p> <p>115.342 (a). As stated in the PAQ, the facility, uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse.</p> <p>The Rite of Passage Safe Environment Standards states that “Rite of Passage programs shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse” (p. 25). The policy further states that “Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342” (p. 25).</p> <p>Interviews</p> <p>PREA Compliance Manager - The interviewed staff reported that the risk screening information is used to determine the safety group placement for the residents. Overall, the information is used to determine housing, bed assignments, education,</p>

and work assignments.

Staff Responsible for Risk Screening - The interviewed staff reported that the agency/facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The information is used for housing/placement.

Documentation Reviewed

PREA Student Vulnerability Assessment Instrument (25)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Rite of Passage Safe Environment Standards states that the "Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible" (p. 25).

Interviews

Director- The interviewed director reported that there is no such instance where isolation was used to protect a resident who alleged to have suffered sexual abuse.

Medical and Mental Health Staff: The interviewed staff reported that the facility does not utilize isolation; however, when probed it was reported that if isolation was necessary the students would continue to receive visits from medical or mental health care clinicians.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely based on such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Rite of Passage Safe Environment Standards states that “Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive” (p. 25).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex residents.

PREA Compliance Manager - The interviewed staff reported that the facility does not have special housing for residents that identify as lesbian, gay, bisexual, transgender, or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (d). As reported in the PAQ, the facility makes housing and facility assignments for transgender or intersex residents in a facility on a case-by-case basis.

Rite of Passage Safe Environment Standards states that “In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student’s health and safety, and whether the placement would present management or security problems” (p. 25).

Interviews

PREA Compliance Manager - The interviewed staff reported that housing assignments are determined based on the results of the PREA Student Vulnerability Assessment.

115.342 (e). Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The Rite of Passage Safe Environment Standards states that “Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students” (p. 25).

Interviews

PREA Compliance Manager - The interviewed staff reported that facility does not have any specialized housing units for the categories. However, placement would consider the residents health and safety.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that all transgender or intersex residents’ views of their safety are given serious consideration in placement and programming assignments.

115.342 (f). Transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The Rite of Passage Safe Environment Standards states that “A transgender or intersex student’s own views with respect to his or her own safety shall be given serious consideration” (p. 26).

Interviews

PREA Compliance Manager - The interviewed staff reported that the facility considers whether placement would present management or security problems.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that all are residents given the opportunity to shower separately from other residents. However, when asked transgender residents or intersex residents views of their safety given serious consideration in placement and programming assignments.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The Rite of Passage Safe Environment Standards states that “Transgender and intersex students shall be given the opportunity to shower separately from other students” (p. 26).

Interviews

PREA Compliance Manager - The interviewed staff reported that placement and programming assignments for each transgender or intersex resident is reviewed twice a year and as needed.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk

screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow--up meeting with a medical and/or medical health practitioner.

115.342 (h). If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The PAQ, indicated that there were zero residents at risk of sexual victimization who were held in isolation in the past 12 months.

The Rite of Passage Safe Environment Standards states that "If a student is isolated pursuant to paragraph (b) of this section, the program shall clearly document: (1) The basis for the program's concern for the student's safety; and (2) The reason why no alternative means of separation can be arranged" (p. 26).

115.342 (i). If reported in a PAQ if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

The Rite of Passage Safe Environment Standards states that "post-allegation decisions regarding student housing will be reviewed by the MDT members. Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population" (p. 26).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 451 452">Documents:</p> <ul style="list-style-type: none"> <li data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ) <li data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards <li data-bbox="280 631 903 667">Student Problem Solving & Grievance Policy <li data-bbox="280 703 632 739">Incident Reporting Policy <li data-bbox="280 775 624 810">Incident Reporting Form <li data-bbox="280 846 507 882">Grievance Form <li data-bbox="280 918 491 954">PREA Brochure <li data-bbox="280 990 611 1025">Staff PREA Training PPT <li data-bbox="280 1061 547 1097">MOU SAAFE House <li data-bbox="280 1133 499 1169">Grievances/Log <li data-bbox="280 1205 890 1240">Memo: Corrective Action Outside Reporting <p data-bbox="280 1276 435 1312">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="280 1348 683 1384">Random sample of staff (12) <li data-bbox="280 1420 751 1456">Random sample of residents (16) <li data-bbox="280 1491 887 1527">Resident Who Reported a Sexual Abuse (1) <p data-bbox="280 1563 663 1599">PREA Compliance Manager</p> <p data-bbox="280 1635 611 1671">Findings (By Provision):</p> <p data-bbox="280 1706 1485 1908">115.351 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> <li data-bbox="280 1787 1445 1823">• sexual abuse and sexual harassment; <li data-bbox="280 1832 1445 1868">• retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND <li data-bbox="280 1877 1445 1912">• staff neglect or violation of responsibilities that may have contributed to such incidents. <p data-bbox="280 1944 1398 2069">The Rite of Passage Safe Environment Standards states that “Rite of Passage programs encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual</p>

harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

PROCEDURE (a) The program shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Corrective Action: During the onsite audit phase it was determined that it would be beneficial to update the handbook to provide the residence with how to use the grievance system to make a report along with information regarding the outside emotional support and victim advocacy services. The handbook was updated. No further action is warranted (p. 27).

Documentation Reviewed

PREA Brochure

Grievances/Log

Interviews

Random Sample of Staff - The interviewed staff reported that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods for which they can report include telling any staff member, calling the hotline, writing a grievance, or anyone they feel comfortable with.

Resident Interview Questionnaire: The interviewed residents reported that they could report any sexual abuse or sexual harassment by notifying staff, tell their caseworker or writing a grievance. When asked if there was someone who does not work at the facility, they could make a report to the residents stated a family member or the probation officer.

Site Inspection: While conducting the site inspection the auditor observed PREA related posters throughout the facility to include housing areas, education, cafeteria, gymnasium, and administrative areas. There is a grievance box located in the cafeteria. The residents do not have ready access to a phone line system.

Corrective Action: Due to the limited access to outside reporting, the auditor recommended that the facility develop a process to give residents with access to self-addressed stamped envelopes that would be treated as confidential mail. To ensure residents have a smoother process to report to an outside entity anonymously or without staff involvement, the facility will provide the residents with self-addressed stamped envelopes to an outside reporting entity upon intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (b). As reported in the PAQ, the facility provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The PAQ further states that the agency does not detain for civil immigration purposes.

The Rite of Passage Safe Environment Standards states that “The program shall also provide at least one way for students to report abuse or harassment to a public or private entity or office that is not part of the program and that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials, allowing the student to remain anonymous upon request. Students detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security” (p. 27).

The facility Student Problem Solving & Grievance Policy provides guidance on how the grievance form can be used as a means to report allegations of sexual abuse or sexual harassment. The policy further states that “If the grievance is an allegation of sexual abuse, sexual harassment, or sexual contact, the Program Director or designee take steps to separate the alleged victim and perpetrator immediately and shall notify the PREA Coordinator. Appropriate law enforcement and social services agencies will be notified” (p. 3).

Documentation Reviewed

MOU SAAFE House

Grievances/Log

Interviews

PREA Compliance Manager - The interviewed staff reported that residents are provided information via postings and student brochures. It was further reported that the procedure allows residents with immediate transmission for reporting. The residents are given information on the SAAFE House, and a copy is also provided during release.

Resident Interview Questionnaire: The interviewed residents reported that they could report an allegation of sexual abuse or sexual harassment that happened to them or someone else by telling staff, telling parents, notify their probation officer, call the hotline, or write a grievance. When asked if there was someone outside of the facility, they could make a report to, the residents stated law enforcement, parents, or attorney. When asked if they could make a report without giving their name; all but two believed they could make an anonymous report. Several residents further elaborated that they would do so by writing a grievance, because it would be difficult using the phone system. As staff are present during phone calls.

Corrective Action: Due to the limited access to outside reporting, the auditor recommended that the facility develop a process to give residents with access to self-addressed stamped envelopes that would be treated as confidential mail. To

ensure residents have a smoother process to report to an outside entity anonymously or without staff involvement, the facility will provide the residents with self-addressed stamped envelopes to an outside reporting entity upon intake.

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. It further reported that staff are required to document verbal reports within 48 hours.

The Rite of Passage Safe Environment Standards states that “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager” (p. 27).

The Incident Reporting Policy provides additional guidance on staff responsibility to report allegations of sexual abuse or sexual harassment.

Documentation Reviewed

Incident Reporting Form

Interviews

Random Sample of Staff: The interviewed staff reported that when a resident alleges sexual harassment, can he/she do so verbally, in writing, anonymously and through third parties. Such reports are documented immediately. When probed the staff reported that there is a form the residents and staff can complete. It was further reported that the residents’ parents could complete a third-party report.

Resident Interview Questionnaire: The interviewed residents reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. It was further reported that their parents or the probation officer could make one on behalf of them if needed. However, several residents reported that it would be hard to have a private phone call or visit with their parents as the calls and visitation are monitored. The most noted way was to write a grievance

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (d). As reported in the PAQ, the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Rite of Passage Safe Environment Standards states that “The program shall provide students with access to tools necessary to make a written report. This could include (but not limited to) the following: 1. Student Grievance Form 2. Student Statement Form 3. Medical Request Form 4. Student One-on-One Request Form” (p.

27).

Documentation Reviewed

PREA Brochure

Interviews

PREA Compliance Manager - The interviewed staff reported that residents are provided with grievance forms, student brochures, and zero tolerance training; that will assist them with writing a report of sexual abuse or sexual harassment.

Resident Who Reported a Sexual Abuse: The interviewed resident reported that he verbally told a staff member and then he later discussed the allegation with investigator. No one assisted him in making a written report.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

The Rite of Passage Safe Environment Standards states that, "The program shall provide a method for staff to privately report sexual abuse and sexual harassment of students. Staff shall adhere to the following: 1. Regardless of its source, staff, contractors and/or volunteers who receive information concerning a student and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that student has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and the shift supervisor and/or designee." (p. 27).

Documentation Reviewed

Staff PREA Training PPT

Interviews

Random Sample of Staff: The interviewed staff reported that staff can privately report sexual abuse and sexual harassment of residents. Some of the methods reported are to send an email to facility leadership, pull their supervisor to the side and privately discuss, notify the PREA staff member or call the hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

Corrective Action: Due to the limited access to outside reporting, the auditor

recommended that the facility develop a process to give residents with access to self-addressed stamped envelopes that would be treated as confidential mail. To ensure residents have a smoother process to report to an outside entity anonymously or without staff involvement, the facility will provide the residents with self-addressed stamped envelopes to an outside reporting entity upon intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 507 667">Grievance Form</p> <p data-bbox="280 703 501 739">Grievances/Log</p> <p data-bbox="280 775 427 810">Interviews</p> <p data-bbox="280 846 887 882">Resident Who Reported a Sexual Abuse (1)</p> <p data-bbox="280 918 612 954">Findings (By Provision):</p> <p data-bbox="280 990 1481 1106">115.352 (a). As reported in the PAQ, the agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.</p> <p data-bbox="280 1142 970 1178">The Rite of Passage Safe Environment Standards</p> <p data-bbox="280 1214 1474 1420">115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 1456 1458 1617">Rite of Passage Safe Environment Standards states that “Rite of Passage programs will follow the Student Grievance Process to address allegations of sexual abuse. Rite of Passage will provide upon admission of the student, a copy of the student’s rights and privileges which includes freedom from sexual abuse and harassment.</p> <p data-bbox="280 1653 1474 1980">PROCEDURE (a) (1) The program shall not impose a time limit on when a student may submit a grievance regarding an allegation of sexual abuse. (2) The program may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The program shall not require a student to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the program’s ability to defend against a lawsuit filed by a student on the ground that the applicable statute of limitations has expired” (p. 28).</p> <p data-bbox="280 2016 1410 2092">115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without</p>

submitting it to the staff member who is the subject of the complaint. The Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

The Rite of Passage Safe Environment Standards states that “The program shall ensure that: (1) A student who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint” (p. 28).

Documentation Reviewed

Grievances/Log

115.352 (d). As reported in the PAQ, the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

The Rite of Passage Safe Environment Standards states that “The program shall issue a final program 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 shall not include time consumed by students in preparing any administrative appeal. The program may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The program shall notify the student in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the student does not receive a response within the time allotted for reply, including any properly noticed extension, the student may consider the absence of a response to be a denial at that level” (p. 28).

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: N/A.

The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made-N/A.

Documentation Reviewed

Grievances/Log

Post Investigation Student Notification Form (1)

Student Grievance Form

Interviews

Resident Who Reported a Sexual Abuse: The interviewed resident reported that the facility did not follow up with him. He further reported that he doesn't want to keep saying anything because staff say things like they are just playing, and he doesn't want to have to move dorms.

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0-N/A.

The Rite of Passage Safe Environment Standards states that "Third parties, including fellow students, staff members, family members, attorneys, and outside advocates, shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of students.

If a third party, other than a parent or legal guardian, files such a request on behalf of a student, the program 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.

If the student declines to have the request processed on his or her behalf, the program shall document the student's decision.

A parent or legal guardian of a student shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such student. Such a grievance shall not be conditioned upon the student agreeing to have the request filed on his or her behalf (pp. 28-29).

Documentation Reviewed

Grievances/Log

Post Investigation Student Notification Form (2)

Student Grievance Form

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0

The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

The Rite of Passage Safe Environment Standards states that “The program shall establish procedures for the filing of an emergency grievance alleging that a student is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging a student is subject to a substantial risk of imminent sexual abuse, the program shall 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, shall provide an initial response within 48 hours, and shall issue a final program decision within 5 calendar days. The initial response and final program decision shall document the program’s determination whether the student is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance” (p. 29)

Documentation Reviewed

Grievances/Log

Post Investigation Student Notification Form (2)

Student Grievance Form

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

The Rite of Passage Safe Environment Standards states that “The program may discipline a student for filing a grievance related to alleged sexual abuse only where the program demonstrates that the student filed the grievance in bad faith” (p. 29).

Documentation Reviewed

Grievances/Log

Post Investigation Student Notification Form (2)

Student Grievance Form

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.353	<p>Resident access to outside confidential support services and legal representation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Rite of Passage Safe Environment Standards PREA Posters (English/Spanish) 3rd party reporting PREA Poster Student Handbook Healthy Boundaries Men Poster No Means No Poster MOU SAAFE House MOU LE Attempt Corrective Action Memo <p>Interviews:</p> <ul style="list-style-type: none"> Random sample of residents (17) Director Resident Who Reported a Sexual Abuse (1) PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The facility does not provide</p>
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residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes as they do not detain for civil immigration.

The Rite of Passage Safe Environment Standards states that “Rite of Passage programs shall provide students access to outside victim advocates for emotional support services related to sexual abuse” (p. 30).

Documentation Reviewed

PREA Posters (English/Spanish)

3rd party reporting PREA Poster

Student Handbook

Healthy Boundaries Men Poster

No Means No Poster

Interviews

Random sample of residents: Four of the interviewed residents reported being aware of outside services that deal with sexual abuse. When probed the residents’ stated areas like child protective services, law enforcement and the rape hotline. Both residents stated that the facility provided information on the outside services. They believed the information was in their PREA brochures or handbook. The residents could not recall the detail of what the services may entail. The residents stated that if they needed to contact the outside services, they would have to ask staff for permission. Two of the residents stated that they believe the calls could remain private; however, they were unsure if there was anything discussed that could not remain private.

Resident who Reported a Sexual Abuse: The informed resident reported that he was not given mailing addresses or telephone numbers for any outside services. He reported that he is not sure if he is able to talk to such services and if he communicates with them that the conversation is kept confidential.

Corrective Action: The facility shall develop a process where residents are immediately given outside information for victim advocates or emotional supportive services. While advocacy information is provided at intake and posted in the dorms, the facility has developed a process where youth will be given information immediately upon reporting sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (b). As reported in the PAQ the facility informs residents, prior to giving them access to outside support services, the extent to which such communications

will be monitored. It was also reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The Rite of Passage Safe Environment Standards states that “Each Rite of Passage site will provide access to support via postings, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program shall enable reasonable communication between students and these organizations and agencies, in as confidential a manner as possible” (p. 30).

Interviews

Resident Interview Questionnaire: Two of the residents stated that they believe the calls could remain private; however, they were unsure if there was anything discussed that could not remain private.

Resident who Reported a Sexual Abuse: The interviewed resident reported that he is not sure if he could talk to an outside service, and how much of the conversation could be confidential.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (c). As reported in the PAQ, the agency or facility maintains memoranda of understandings or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The Rite of Passage Safe Environment Standards states that “Each Rite of Passage site shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide students with confidential emotional support services related to sexual abuse. The program shall maintain copies of agreements or documentation showing attempts to enter into such agreements”.

Documentation Reviewed

MOU SAAFE House

MOU LE Attempt

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (d). As reported in the PAQ, the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians.

The Rite of Passage Safe Environment Standards states that “The program shall inform students, 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.

The program shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

When students request phone calls of this nature, they will be facilitated by Case Manager or higher position and reasonable privacy measures will be taken, while maintaining visual observation” (p. 30).

Interviews

Director – The interviewed director reported that the facility provides residents with reasonable access and confidential access to their attorneys or other legal representation and parents. This would occur during onsite private visitation, private phone calls and private zoom meetings.

PREA Compliance Manager – The interviewed staff reported that residents are permitted to speak with their attorney or parent/legal guardian via the case manager or higher and reasonable privacy measures would be taken.

Resident Interview Questionnaire: When the interviewed residents were asked whether the facility allowed them to see or talk to their lawyer privately. Most of the residents stated yes, some of the residents reported that they are not sure how private the conversation would be over the telephone. The residents stated that they are also allowed to talk to their parents, however again most of the residents were not sure how private the call would be due to staff presence. It should also be noted that several of the residents reported that they do not have an attorney so they are unsure if they could speak to them.

Resident Who Reported a Sexual Abuse: The interviewed resident reported that he is not sure if he can talk to a lawyer and that calls are not private because a caseworker is always present; however, he would like to speak to his mother privately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Corrective Action: The facility shall develop a process where residents are immediately given outside information for victim advocates or emotional supportive

services. While advocacy information is provided at intake and posted in the dorms, the facility has developed a process where youth will be given information immediately upon reporting sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Rite of Passage Safe Environment Standards</p> <p>PREA Posters (English/Spanish)</p> <p>3rd party reporting PREA Poster</p> <p>3rd party reporting form</p> <p>Findings (By Provision):</p> <p>115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>The Rite of Passage Safe Environment Standards states that:</p> <p>Rite of Passage programs accept third-party reports of sexual abuse and sexual harassment.</p> <p>PROCEDURE (a) Programs will display a poster in the lobby/ reception/visiting areas (and any other area deemed appropriate) outlining to third parties how to report an incident of sexual abuse or harassment in regard to a student within the program.</p> <p>(b) Programs will have third party reporting forms available upon request from the program receptionist. Any reports of sexual abuse or harassment from a third party should be immediately referred to the Program Director/ Manager” (p. 31).</p> <p>Documentation Reviewed</p> <p>PREA Posters (English/Spanish)</p> <p>3rd party reporting PREA Poster</p> <p>3rd party reporting form</p> <p>PREA Onsite Review: During the site inspection the auditor observed PREA posters and signage throughout the facility. The residents had ready access to information for internal and external reporting of sexual abuse and sexual harassment. The auditor also observed that in the cafeteria the residents had access to complete grievances and the grievances are placed in a locked secure box.</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 687 667">Child Abuse Reporting Policy</p> <p data-bbox="280 703 528 739">Investigations (3)</p> <p data-bbox="280 775 683 810">Post Onsite Investigation (1)</p> <p data-bbox="280 846 437 882">Interviews:</p> <p data-bbox="280 918 687 954">Random sample of staff (12)</p> <p data-bbox="280 990 778 1025">Medical and mental health staff (2)</p> <p data-bbox="280 1061 395 1097">Director</p> <p data-bbox="280 1133 667 1169">PREA Compliance Manager</p> <p data-bbox="280 1205 612 1240">Findings (By Provision):</p> <p data-bbox="280 1276 1465 1644">115.361 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1680 1474 1966">The Rite of Passage Safe Environment Standards states that “Rite of Passage programs are required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse. Rite of Passage programs are required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.</p> <p data-bbox="280 2002 1458 2083">The program shall require all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident</p>

of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” (p. 32).

Interviews

Random Sample of Staff – All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

It was further reported that such report would immediately be made to the supervisor, and then a written report is required.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws.

The Rite of Passage Safe Environment Standards states that “The program shall also require all staff to comply with any applicable mandatory child abuse reporting laws.” (p. 32).

The Child Abuse Reporting Policy provides additional guidance on the agency reporting requirements.

Interviews

Random Sample of Staff – The interviewed staff reported that they have been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:

- a. The agency's zero-tolerance policy on sexual abuse and sexual harassment?
- b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?
- c. Resident's right to be free from sexual abuse and sexual harassment?
- d. Residents' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassments?
- e. The dynamics of sexual abuse and sexual harassment in confinement?
- f. The common reactions of sexual abuse and sexual harassment victims?

- g. How to detect and respond to signs of threatened and actual sexual abuse?
- h. How to avoid inappropriate relationship with residents?
- i. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- k. Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained on initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming. The staff further reported that there is no consent at their facility. The staff also reported that they do annual training allowing with routine meetings that cover PREA related topics.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (c). As reported in the PAQ, apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The Rite of Passage Safe Environment Standards states that “Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in program policy, to make treatment, investigation, and other security and management decisions” (p. 32).

Interviews

Random Sample of Staff - All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

It was further reported that such report would immediately be made to the supervisor, and then a written report is required.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this

standard. No corrective action is warranted.

115.361 (d). Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The Rite of Passage Safe Environment Standards states that “(1) Medical and mental health practitioners shall be 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 program where required by mandatory reporting laws. (2) Such practitioners shall be required to inform students at the initiation of services of their duty to report and the limitations of confidentiality” (p. 32).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Medical and Mental Health Staff: The interviewed staff reported that at the initiation of services, the limitations of confidentiality and duty to report is explained to the resident. The staff reported that they will let the students know who can be told about any sexual abuse or sexual harassment allegations. Since the residents are minors the probation officer will sign the consent form. The medical and mental health staff reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor. The report is sent to the program director, clinical director, and the PREA compliance manager.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (e). Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The Rite of Passage Safe Environment Standards states that:

(1) Upon receiving any allegation of sexual abuse, the Program Director/ Manager or designee shall promptly report the allegation to the appropriate program office and to the alleged victim's parents or legal guardians, unless the program has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the Program Director/ Manager or designee shall also report the allegation to the student's attorney or other legal representative of record within 14 days of receiving the allegation (pp. 32-33).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

PREA Compliance Manager - The interviewed staff reported that when the facility receives an allegation of sexual abuse it is reported to the designated supervisor/ officials, designated state or local services, PD, or designee reports to alleged victims' parents/legal guardians. IF the victim is under the guardianship of child welfare the victims case worker receives the report instead of the parent/legal guardian. This notification occurs immediately. If a juvenile court retains jurisdiction notification is made within 14 days.

Director- The interviewed director reported that the when the facility receives an allegation of sexual abuse who they report to includes law enforcement, supervisor, and the Regional Executive Director. If the victim is under the guardianship of the child welfare system, the allegations are reported to the DFPS caseworker. On average, such notifications are made withing six hours. If a juvenile court retains jurisdiction over the victim, it is reported to the referring Juvenile Probation Department.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (f). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Rite of Passage Safe Environment Standards states that:

The program shall report all allegations of sexual abuse and sexual harassment,

including third-party and anonymous reports, to the program's PREA compliance manager who will inform the RIIP.

(1) The program will complete the ROP Internal PREA Notice form for all PREA allegations.

(2) The ROP Internal PREA Notice form will be submitted to the RIIP within 7 days of the incident being reported (p. 33).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Director- The interviewed director reported all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to designated facility investigators.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.362	Agency protection duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 1378 667">Rite of Passage Safe Environmental Standards Coordinated Response Plan (1)</p> <p data-bbox="280 703 751 739">PREA Incident Review Flow Chart</p> <p data-bbox="280 775 437 810">Interviews:</p> <p data-bbox="280 846 469 882">Agency head</p> <p data-bbox="280 918 400 954">Director</p> <p data-bbox="280 990 687 1025">Random sample of staff (12)</p> <p data-bbox="280 1061 612 1097">Findings (By Provision):</p> <p data-bbox="280 1133 1417 1330">115.362 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p data-bbox="280 1366 1442 1487">The Rite of Passage Safe Environment Standards states that “When a Rite of Passage program learns that a student is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the student” (p. 34).</p> <p data-bbox="280 1523 644 1559">Documentation Reviewed</p> <p data-bbox="280 1594 1378 1630">Rite of Passage Safe Environmental Standards Coordinated Response Plan (1)</p> <p data-bbox="280 1666 751 1702">PREA Incident Review Flow Chart</p> <p data-bbox="280 1738 432 1774">Interviews</p> <p data-bbox="280 1809 1481 2056">Agency Head - The interviewed agency head reported that when they learn that resident is subject to a substantial risk of imminent sexual abuse, immediate protective actions are taken by the facility. We will immediately relocate the resident and assign a staff member one to one to that resident to ensure they are safe. If the threat is from another student we will seek removal of that student, if the potential threat is a staff member that staff will be immediately terminated.</p>

Director- The interviewed director reported that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate protective measures are taken. Such measures include maintain direct supervision of the victim and the perpetrator; separate the victim and the perpetrator; do not question the student, call SS, preserve evidence, start close observation, secure area, escort to medical services, and call DSS. Such actions should occur immediately.

Random Sample of Staff: The interviewed staff reported that when they learn that a resident is at risk of imminent sexual abuse the actions taken to protect the residents include move the residents into a different housing area, keep involved parties separated, monitor, report to supervisor, and document. Such actions would be taken immediately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.363	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 437 667">Interviews:</p> <p data-bbox="280 703 469 739">Agency head</p> <p data-bbox="280 775 395 810">Director</p> <p data-bbox="280 846 1430 1043">115.363 (a). As reported in the PAQ the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p data-bbox="280 1079 1485 1160">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p data-bbox="280 1196 1481 1438">The Rite of Passage Safe Environment Standards states that “Rite of Passage will notify the appropriate law enforcement or social services program upon receiving an allegation that a student was sexually abused while confined at another program. Rite of Passage will notify the appropriate licensing or regulatory agency upon receiving an allegation that a student was sexually harassed while confined at another program.</p> <p data-bbox="280 1473 1469 1639">PROCEDURE (a) The Program Director/ Manager of the program that received the allegation shall notify the director of the program or appropriate office of the program where the alleged abuse occurred and shall also notify the appropriate law enforcement or social services program” (p. 35).</p> <p data-bbox="280 1675 1469 1796">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="280 1832 1469 1953">115.363 (b). As reported in the PAQ, the agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="280 1989 1469 2069">The Rite of Passage Safe Environment Standards states that “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the</p>

allegation” (p. 35).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

The Rite of Passage Safe Environment Standards states that “The program shall document in the student’s case notes that such notification has been provided” (p. 35).

115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

The Rite of Passage Safe Environment Standards states that “The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards” (p. 35).

Interviews

Agency Head - The interviewed agency head reported that if another agency or a facility within the agency refers allegations of sexual abuse or sexual harassment there is a designated point of contact. Each of our programs have a designated PREA contact person

A. If we receive an allegation from another agency or another program we make the proper notifications, which is usually the abuse hotline who will then assign the appropriate action based on the information received.

B. We have had residents make allegations against others from their community or other programs.

Director - The interviewed director reported that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility the allegation would be investigated. There are no examples of another facility or agency reporting such an allegation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.364	Staff first responder duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 1353 667">Rite of Passage Safe Environment Standards Coordinated Response Plan (1)</p> <p data-bbox="280 703 751 739">PREA Incident Review Flow Chart</p> <p data-bbox="280 775 948 810">GCTC PREA Notification and Responsibility Tree</p> <p data-bbox="280 846 600 882">Site Allegation Tracker</p> <p data-bbox="280 918 528 954">Investigations (3)</p> <p data-bbox="280 990 683 1025">Post Onsite Investigation (1)</p> <p data-bbox="280 1061 437 1097">Interviews:</p> <p data-bbox="280 1133 1358 1169">Random sample of staff/Security and non-security staff first responders (12)</p> <p data-bbox="280 1205 863 1240">Resident Who Reported Sexual Abuse (1)</p> <p data-bbox="280 1276 587 1312">Findings by Provision:</p> <p data-bbox="280 1348 1474 2047">115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p>

The Rite of Passage Safe Environment Standards states that:

Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. PROCEDURE The first staff member to respond to an incident shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

At a minimum, the follow is to be determined in the plan:

1. Assessment of the victim's acute medical needs.
2. Informing the victim of his or her rights under relevant Federal or State law.
3. Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
4. Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
5. Providing crisis intervention counseling.
6. Interviewing the victim and any witnesses.
7. Collecting evidence.
8. Providing for any special needs the victim may have (p. 36).

In the past 12 months, the number of allegations that a resident was sexually abused: 1.

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0.

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0.

Documentation Reviewed

Rite of Passage Safe Environment Standards Coordinated Response Plan (1)

PREA Incident Review Flow Chart

GCTC PREA Notification and Responsibility Tree

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to notifying the supervisor, make sure the victim is safe, keep involved parties separated, take the residents to medical, and don't allow them to drink or brush teeth. When probed staff reported that they would not share the information with other residents or unnecessary staff.

Residents who Reported a Sexual Abuse: The interviewed resident reported that when they notified staff, the staff had left work and it was not reported for two days. At the time there was no supervisor onsite. It was a couple of days before staff came to address the allegations. The individuals that he reported too no longer work at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.364 (b). As reported in the PAQ all staff members are considered first responders.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to notifying the supervisor, make sure the victim is safe, keep involved parties separated, take the residents to medical, and don't allow them to drink or brush teeth. When probed staff reported that they would not share the information with other residents or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Rite of Passage Safe Environment Standards Coordinated Response Plan (1)</p> <p>PREA Incident Review Flow Chart</p> <p>GCTC PREA Notification and Responsibility Tree</p> <p>Site Allegation Tracker</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p> <p>The Rite of Passage Safe Environment Standards states that:</p> <p>Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. PROCEDURE The first staff member to respond to an incident shall be required to:</p> <ol style="list-style-type: none">1. Separate the alleged victim and abuser;2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. <p>At a minimum, the follow is to be determined in the plan:</p> <ol style="list-style-type: none">1. Assessment of the victim's acute medical needs.

2. Informing the victim of his or her rights under relevant Federal or State law.
3. Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
4. Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
5. Providing crisis intervention counseling.
6. Interviewing the victim and any witnesses.
7. Collecting evidence.
8. Providing for any special needs the victim may have (p. 36).

Documentation Reviewed

Rite of Passage Safe Environment Standards Coordinated Response Plan (1)

PREA Incident Review Flow Chart

GCTC PREA Notification and Responsibility Tree

Site Allegation Tracker

Interviews

Director- The interviewed director reported that in response to an incident of sexual abuse, the facility has a coordinate response plan, a communication tree and a PREA Incident Response Flow Chart.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Findings (By Provision):</p> <p>115.366 (a). N/A-As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that the agency is not responsible for collective bargaining.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 879 667">Policy: Employee Protection Whistleblower</p> <p data-bbox="280 703 1031 739">Policy: Student Problem Solving and Grievance Policy</p> <p data-bbox="280 775 719 810">Monitoring for Retaliation Form</p> <p data-bbox="280 846 995 882">Memo: Corrective Action Monitoring for Retaliation</p> <p data-bbox="280 918 437 954">Interviews:</p> <p data-bbox="280 990 464 1025">Agency head</p> <p data-bbox="280 1061 395 1097">Director</p> <p data-bbox="280 1133 1150 1169">Designated staff member charged with monitoring retaliation</p> <p data-bbox="280 1205 887 1240">Resident Who Reported a Sexual Abuse (1)</p> <p data-bbox="280 1276 612 1312">Findings (By Provision):</p> <p data-bbox="280 1348 1477 1505">115.367 (a). As reported in the PAQ, the agency has 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. The agency has a designated staff charged with monitoring for retaliation.</p> <p data-bbox="280 1541 1477 1742">The Rite of Passage Safe Environment Standards states that “Students, staff, contractors, volunteers, or third-party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of or participation in an investigation of such.</p> <p data-bbox="280 1778 1477 2069">PROCEDURE (a) (1) Rite of Passage Policy 600.402 Student Problem Solving, and Grievance Procedure protects all students who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The Director of Student Services or designee is charged with monitoring retaliation against students. (2) Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment</p>

investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff (p. 37).

The Employee Protection Whistleblower and the Student Problem Solving and Grievance Policy provides additional guidance on the staff and student protection measures.

Documentation Reviewed

Monitoring for Retaliation Form Blank

Interviews

Resident Who Reported a Sexual Abuse: The interviewed resident stated that he feels protected against possible revenge or staff of other youth; however, he has concern that the alleged perpetrator is a member of a white supremacy group.

Corrective Action: During the onsite inspection and review of investigations, it was determined that there was not a clearly documented process for monitoring for retaliation. The site created a form to be utilized for any future allegations of sexual abuse. In addition, a layer was added to ensure the staff responsible for monitoring is notified in writing of a sexual abuse allegation and the monitoring is provided to the PREA compliance manager upon the conclusion of monitoring.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (b). The agency shall 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.

The Rite of Passage Safe Environment Standards states that "The program shall employ multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abusers from contact with victims, and emotional support services for students or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations" (p. 37)

Documentation Reviewed

Monitoring for Retaliation blank

Interviews

Agency Head - The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. We have a zero tolerance for any type of retaliatory actions against any student or staff who

cooperates with a PREA investigation. Any staff who takes any type of retaliatory action against a resident or another staff will have their employment terminated immediately upon discovery. Any resident who takes any retaliatory actions against another resident or staff will be staffed for removal from the program.

Director- The interviewed director reported that different measures that will be taken after a sexual abuse or sexual harassment allegation. Such measures include the Employee Protection (Whistle Blower) Policy 100.402, housing changes, removal of the alleged staff from contact with the victims, and Student Problem solving policy 600.402.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) – The interviewed staff charged with monitoring for retaliation stated that if it is reported that a staff or client is being retaliated against, they would look to make housing changes, remove the abuser, and refer the victim to outside emotional support. In addition, they would monitor for disciplinary reports, housing and program changes, performance reviews and reassignment of staff. Contact is made with the resident who reported abuse immediately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0.

The Rite of Passage Safe Environment Standards states that “For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of students or staff who reported the sexual abuse and of students who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by students or staff and shall act promptly to remedy any such retaliation. Items the program should monitor include any student disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The program shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need” (p. 37).

Documentation Reviewed

Monitoring for Retaliation blank

Interviews

Director- The interviewed director reported that the following measures are taken if

there is suspicion of retaliation: any reports are reviewed immediately and there is zero tolerance for retaliation.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) – The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include looking to see if there are behavior changes and negative performance reviews. Monitoring would look at resident disciplinary reports, trends of behaviors, campus talks, and periodic status checks. The monitoring would occur for 90 days; or extended if longer if needed.

Corrective Action: During the onsite inspection and review of investigations, it was determined that there was not a clearly documented process for monitoring for retaliation. The site created a form to be utilized for any future allegations of sexual abuse. The site created a form to be utilized for any future allegations of sexual abuse. In addition, a layer was added to ensure the staff responsible for monitoring is notified in writing of a sexual abuse allegation and the monitoring is provided to the PREA compliance manager upon the conclusion of monitoring.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks. There was one allegation of sexual abuse that occurred in the last 12 months. That allegation was reported after the resident left the facility; therefore, monitoring did not occur.

The Rite of Passage Safe Environment Standards states that “In the case of students, such monitoring shall be included in a Multi-Disciplinary Team (MDT) meeting” (p. 37).

Documentation Reviewed

Monitoring for Retaliation blank

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available) – The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include looking to see if there are behavior changes and negative performance reviews.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The Rite of Passage Safe Environment Standards states that “If any other individual

who cooperates with an investigation expresses a fear of retaliation, the program shall take appropriate measures to protect that individual against retaliation” (p. 38).

Interviews

Agency Head - The interviewed agency head reported that if an individual cooperates with an investigation expresses fear of retaliation, the agency/facility will take measures to protect the individual against retaliation. We have a zero tolerance for any type of retaliatory actions against any student or staff who cooperates with a PREA investigation. Any staff who takes any type of retaliatory action against a resident or another staff will have their employment terminated immediately upon discovery. Any resident who takes any retaliatory actions against another resident or staff will be staffed for removal from the program.

Director - The interviewed director reported that different measures that will be taken after a sexual abuse or sexual harassment allegation. Such measures include the Employee Protection (Whistle Blower) Policy 100.402, housing changes, removal of the alleged staff from contact with the victims, and Student Problem solving policy 600.402. It was further reported that the report would be reviewed immediately and that there is zero tolerance for retaliation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion:

Corrective Action: During the onsite inspection and review of investigations, it was determined that there was not a clearly documented process for monitoring for retaliation. The site created a form to be utilized for any future allegations of sexual abuse. In addition, a layer was added to ensure the staff responsible for monitoring is notified in writing of a sexual abuse allegation and the monitoring is provided to the PREA compliance manager upon the conclusion of monitoring.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Interviews:</p> <p>Director</p> <p>Medical and mental health staff (2)</p> <p>Findings (By Provision):</p> <p>115.368 (a). As reported in the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0</p> <p>The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0</p> <p>From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility’s concern for the resident’s safety, and • The reason or reasons why alternative means of separation cannot be arranged: 0</p> <p>The Rite of Passage Safe Environment Standards Policy states that:</p> <p>Rite of Passage programs shall use all information obtained pursuant to § 115.341</p>

and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse.

Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342.

PROCEDURE

(a) Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.

(b) Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

(c) In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.

(d) Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students.

(e) A transgender or intersex student's own view with respect to his or her own safety shall be given serious consideration.

(f) Transgender and intersex students shall be given the opportunity to shower separately from other students.

(g) If a student is isolated pursuant to paragraph (b) of this section, the program shall clearly document:

- The basis for the program's concern for the student
- The reason why no alternative means of separation can be arranged.

(h) Post-allegation decisions regarding student housing will be reviewed by the MDT members. (i) Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population (pp. 39-40).

Interviews

Director- The interviewed director reported that there is no such instance where isolation was used to protect a resident who alleged to have suffered sexual abuse. The facility does not use isolation.

Medical and Mental Health Staff: The interviewed staff reported that isolation is never really used. When probed it was reported that if isolation was deemed necessary, the students would continue to receive services from medical and mental health. One staff reported that they have never seen isolation used at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Director</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Investigative Staff (1)</p> <p>Resident Who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Rite of Passage Safe Environment Standards states that “Rite of Passage facilities do not conduct criminal investigations. When a Program Director (or designee) conducts his/her own administrative investigation into allegations of sexual abuse and sexual harassment, s/he shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports “(p. 41).</p> <p>Documentation Reviewed</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed staff reported that an investigation is initiated</p>

immediately after the allegation is made. Anonymous or third-party allegations are handled in the same manner.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The Rites of Passage Safe Environment Standards states that “When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334” (p. 41).

Documentation Reviewed

Certificate of Completion PREA: Investigating Sexual Abuse in a Confinement Setting (3)

Interviews

Investigative Staff: The interviewed investigator reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was completed through DOJ NIC site. The training provided in depth steps of how to preserve evidence, how to interview juvenile victims, use of proper Miranda and Garrity, evidence collection, and the criteria and requirements to substantiate a case or refer for prosecution.

115.371 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Rites of Passage Safe Environments Standard states that “Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

” (p. 41).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Investigative Staff: The interviewed investigative staff reported that the of the investigation is immediate and begins with an interviewed of the involved parties. The investigation process would include preserving evidence, internal notifications, and review of the incident. The investigator would ensure that the resident did not wash, shower, or eat. If required, the facility would work with outside investigators to address circumstantial evidence.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation.

The Rite of Passage Safe Environment Standards states that “Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation” (p. 41).

Interviews

Investigative Staff: The interviewed investigative staff reported that the investigation does not terminate if the source of the allegation recants the abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (e). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Investigative Staff: The interviewed investigative staff reported that any incident that is potentially criminal in nature would not be investigated by staff however turned over to outside law enforcement to investigate.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (f). The credibility of an alleged victim, suspect, or witness shall be

assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The Rite of Passage Safe Environment Standards states that "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation" (p. 41).

Interviews

Investigative Staff: The interviewed investigative staff reported that the credibility of alleged victims, suspects, or witnesses is done on an individual basis and that under no circumstance would they require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

Resident Who Reported a Sexual Abuse: The interviewed resident reported that he was not required to take a polygraph test.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (g). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Rite of Passage Safe Environment Standards states that "Administrative investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings" (p. 41).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Investigative Staff: The interviewed investigative staff reported that the efforts that would be made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would be determined through interviews with the staff. Such interviews are documented into a report.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (h). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

It should be noted that there was one allegation that was referred for criminal investigation that is pending.

Interviews

Investigative Staff: The interviewed investigative staff reported that the site does not conduct criminal investigations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (i). As reported in the PAQ, there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20,2012, or since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

The Rite of Passage Safe Environment Standards states that "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution" (p. 41).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Investigative Staff: The interviewed investigative staff reported that any allegation appearing criminal in nature would be immediately referred to the local law

enforcement agency. Allegation that are substantiated are referred.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (j). As reported in the PAQ the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The Rite of Passage Safe Environment Standards states that "Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention" (p. 41).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

115.371 (k). The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The Rite of Passage Safe Environment Standards states that "The departure of the alleged abuser or victim from the employment or control of the facility or Rite of Passage shall not provide a basis for terminating an investigation" (p. 41).

Interviews

Investigative Staff: The interviewed investigative staff reported that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct, we would continue the investigation until a conclusion was reached.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.371 (l). Auditor is not required to audit this provision.

115.371 (m). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. There was one allegation of sexual abuse that was

referred to outside law enforcement for investigation.

The Rite of Passage Safe Environment Standards states that "Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation" (p. 42).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Interviews

Director- The interviewed director reported that if an outside agency conducted the investigation, they would remain informed via the ROP Safe Environmental Standards and communication with the outside agencies.

PREA Coordinator - The interviewed PREA Coordinator reported that Walker County Sheriff's Office completes the criminal investigations for the campus. The Program Director as well as the Assistant Program Director maintain contact with the assigned detective periodically to ensure updates on the case are received.

PREA Compliance Manager - The interviewed staff reported that they would maintain communication with the outside investigator.

Investigative Staff: The interviewed investigative staff reported that when an outside agency investigates an incident of sexual abuse in a facility the facility investigator serves as a point of contact.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Investigative Staff (1)</p> <p>Findings (By Provision):</p> <p>115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>The Rite of Passage Safe Environment Standards states that “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated” (p. 43).</p> <p>Documentation Reviewed</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed investigative staff reported that the standard of evidence is no greater than a preponderance of evidence.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.</p>

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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Post Investigation Student Notification (2)</p> <p>Site Allegation Tracker</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Director</p> <p>Resident Who Reported a Sexual Abuse (1)</p> <p>Findings (By Provision):</p> <p>115.373 (a). As reported in the PAQ, the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>The Rite of Passage Safe Environment Standards states that “Following an investigation into a student’s allegation of sexual abuse suffered in a program, the program shall inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded” (p. 44).</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 1.</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 1.</p> <p>Documentation Reviewed</p> <p>Post Investigation Student Notification (2)</p> <p>Site Allegation Tracker</p>

Investigations (3)

Post Onsite Investigation (1)

Interviews

Director- The interviewed director reported the upon completion of the investigation residents are made aware of the outcome of the investigation.

Investigative Staff: The interviewed staff reported that a resident is notified of the outcome of the investigation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (b). As reported in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

The Rite of Passage Safe Environment Standards states that "If the program did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the student (p. 44)

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0.

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/ facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Rite of Passage Safe Environment Standards states that "Following a student's allegation that a staff member has committed sexual abuse against the student, the program shall subsequently inform the student (unless the program has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the student's unit;

(2) The staff member is no longer employed at the program;

(3) The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or (4) The program learns that the staff member has been convicted on a charge related to sexual abuse within the program (p. 44).

Documentation Reviewed

Post Investigation Student Notification (2)

Site Allegation Tracker

Interviews

Residents who reported a sexual abuse: The allegation did not involve a staff member.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (d). The facility reported in the PAQ that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There was one allegation made; however, the youth was no longer at the facility when the allegation was made; therefore, notification did not occur.

The Rite of Passage Safe Environment Standards states that "Following a student's allegation that he or she has been sexually abused by another student, the program shall subsequently inform the alleged victim whenever:

(1) The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or

(2) The program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program (p. 44).

Interviews

Resident Who Reported a Sexual Abuse: The interviewed resident reported that the facility did not do anything and that he and the other resident are still in the same dorm room.

It should be noted while conducting the interview the other resident who was alleged to be the perpetrator in the incident along with other residents where in the hallway during the interview. The auditor could hear them talking derogatory toward the resident who reported sexual abuse; and making insulting comments. The

auditor attempted to talk to the residents, and one became disrespectful and was dismissed from the interview process. The concern was addressed with leadership while onsite and the residents were placed in separate housing units.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented.

The Rite of Passage Safe Environment Standards states that "All such notifications or attempted notifications shall be provided to the student in writing on a "Post Allegation Student Notification Response Form" by the Program Director (or designee) and kept in the student file. (see Form in Appendix of Safe Environmental Standards Binder)" (p. 44).

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

While there were zero reported allegations of sexual abuse, the facility has a form (PREA Post Investigation Resident Notification) to notify residents of the results of the sexual abuse allegation.

Documentation Reviewed

Post Investigation Student Notification (2)

Site Allegation Tracker

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (f). The auditor is not required to audit this provision.

Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Findings (By Provision):</p> <p>115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.</p> <p>The Rite of Passage Safe Environment Standards states that “Staff shall be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies” (p. 45).</p> <p>Documentation Reviewed</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.376 (b). The facility reported in the PAQ that there was zero staff that violated the agency’s sexual abuse or sexual harassment policies in the past 12 months. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p>The Rite of Passage Safe Environment Standards states that Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse” (p. 45).</p> <p>Documentation Reviewed</p> <p>Investigations (3)</p>

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.376 (c). According to the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.

The Rite of Passage Safe Environment Standards states that "Disciplinary sanctions for violations of program policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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" (p. 45).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.376 (d). According to the PAQ, 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

The Rite of Passage Safe Environment Standards states that "All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and social services agencies" (p. 45).

Documentation Reviewed

Investigations (3)

Post Onsite Investigation (1)

Based on review and analysis of the available evidence, the auditor has determined

that the agency and facility is fully compliant with this standard.

Corrective Action:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard. No corrective action is warranted.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 437 667">Interviews:</p> <p data-bbox="280 703 395 739">Director</p> <p data-bbox="280 775 612 810">Findings (By Provision):</p> <p data-bbox="280 846 1477 1084">115.377 (a). As reported in the PAQ, there have been zero volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/ persons reported to law enforcement for engaging in sexual abuse of residents. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="280 1120 1477 1326">The Rite of Passage Safe Environment Standards states that “Volunteers and contractors found to have participated in activity in this policy will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program” (p. 47).</p> <p data-bbox="280 1361 1401 1442">In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p data-bbox="280 1478 1477 1559">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p data-bbox="280 1594 1477 1751">115.377 (b). As reported in the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="280 1787 1458 1912">The Rite of Passage Safe Environment Standards states that “The program shall take appropriate remedial measures and prohibit further contact with students and be denied access to any program” (p. 46).</p> <p data-bbox="280 1948 427 1984">Interviews</p> <p data-bbox="280 2020 1394 2101">Director- The interviewed director reported that if the allegation involved a volunteer or contractor the facility would take remedial measures and prohibit</p>

further contact with residents. Examples of remedial measures include staff suspension, staff counseling, and termination.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard. No corrective action is warranted.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 451 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 435 667">Interviews:</p> <p data-bbox="280 703 395 739">Director</p> <p data-bbox="280 775 778 810">Medical and mental health staff (2)</p> <p data-bbox="280 846 611 882">Findings (By Provision):</p> <p data-bbox="280 918 1461 1075">115.378 (a). As reported in the PAQ, there were no reported residents subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="280 1111 1477 1191">In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p data-bbox="280 1227 1390 1308">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p data-bbox="280 1344 1477 1711">The Rite of Passage Safe Environment Standards states that “Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process. (See ROP Policy 600.121- Code of Conduct). A student will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse” (p. 47).</p> <p data-bbox="280 1747 1469 1863">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted</p> <p data-bbox="280 1899 1477 2060">115.378 (b). Per the PAQ, in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. It was also</p>

reported in the PAQ that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. It should be noted that the facility does not utilize isolation.

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

The Rite of Passage Safe Environment Standards states that “

Interviews

Director- The interviewed director reported that disciplinary sanctions following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse include removing the perpetrator from the program. The sanctions would be proportionate to the nature and circumstances of the abuse committed, the residents’ disciplinary histories and sanctions imposed for similar offenses by other residents with similar histories. Mental illness or disability would not be a factor and the facility does not utilize isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Rite of Passage Safe Environment Standards states that “The disciplinary process shall consider whether a student’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed” (p. 47).

Interviews

Director- The interviewed director reported that disciplinary sanctions following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse include removing the perpetrator from the program. The sanctions would be proportionate to the nature and circumstances of the abuse committed, the residents’ disciplinary histories and sanctions imposed for similar offenses by other residents with similar histories. Mental illness or disability would not be a

factor and the facility does not utilize isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (d). As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It was further reported that if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

The Rite of Passage Safe Environment Standards states that “If the program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the program shall conduct an MDT meeting to consider whether to offer the offending student participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education” (p. 47).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that the facility offers therapy, counseling, or other intervention services designated to address and correct underlying reasons or motivations for sexual abuse for an offending resident. When such services are provided it is not a requirement that a resident participate as a condition of access to any rewards-based behavior management system, programming, or education.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (e). As reported in the PAQ, the facility disciplines resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact.

Rite of Passage Safe Environment Standards states that “The program will discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The program will discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact” (p. 47).

A review of the appropriate documentation, interviews with staff, and review of

relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (f). As reported in the PAQ, the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Rite of Passage Safe Environment Standards states that “A client/resident's report of sexual abuse made in good faith and based on reasonable belief will not be disciplined for falsely reporting an incident, even if the investigation does not establish evidence sufficient to substantiate the allegation” (p. 23).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.378 (g). As reported in the PAQ, the facility prohibits sexual activity between residents. In addition, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Rite of Passage Safe Environment Standards states that “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation” (p. 47).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Rite of Passage Safe Environment Standards Tracking form (Follow up with Medical and Mental Health) Follow up with Mental Health/Medical (1) Memo: Corrective Action (Referral to Mental Health) <p>Interviews:</p> <ul style="list-style-type: none"> Staff responsible for Risk Screening (1) Medical and mental health staff (2) Residents who reported a prior history of sexual abuse (2) <p>Findings (By Provision):</p> <p>115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100 (3 students).</p> <p>The Rite of Passage Safe Environment Standards states that “Rite of Passage programs will screen for prior sexual victimization or perpetration and provide mental health services. If the screening pursuant to PREA Standard 115.341 indicates that a student has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening” (p. 48).</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> Follow up with Mental Health/Medical (1)

Interviews

Residents who Disclosed Prior Sexual Victimization During Risk Screening: There were two residents at the facility who were identified as having reported a prior history of sexual abuse. Both residents were interviewed and reported that when they notified staff that they had been previously sexually abused, they do not recall staff following up with them or offering services to address the sexual abuse.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow--up meeting with a medical and/or medical health practitioner as within 24 hours for medical and within seven days for counselors.

Recommendations: During the audit process, it was difficult to determine where the follow up with medical and mental health was documented. The auditor recommended that the facility developed a process to consistently document follow up. The facility developed said process.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.381 (b). As indicated in the PAQ, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The Rite of Passage Safe Environment Standards states that "If the screening pursuant to PREA Standard 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening" (p. 48).

In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0 (0 reported).

Documentation Reviewed

Follow up with Mental Health/Medical (1)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting or in the community, the facility offers a follow--up meeting with a medical and/or medical health practitioner. Medical follow up will occur within 24 hours and counselors within seven days.

Recommendations: During the audit process, it was difficult to determine where the follow up with medical and mental health was documented. The auditor recommended that the facility developed a process to consistently document follow up. The facility developed a process to state that if a youth reported prior history of victimization or perpetration, the resident will be asked about the need for additional services with medical and mental health, and if a youth reports “yes”, the Student Services Acknowledgement form will be completed and forward to the counselor and medical services. Such services will be documented on the tracking form.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners.

The Rite of Passage Safe Environment Standards states that “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. (p. 48).

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.381 (d). As reported in the PAQ, 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.

The Rite of Passage Safe Environment Standards states that “Medical and mental health practitioners shall obtain informed consent from students before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the student is under the age of 18” (p. 48).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that they will obtain informed consent for residents who are 18 or older. It should be noted that all clients at the facility are under the age of 18; therefore, the probation officer signs the form.

Corrective Action and Conclusion

Recommendations: During the audit process, it was difficult to determine where the follow up with medical and mental health was documented. The auditor recommended that the facility developed a process to consistently document follow up. The facility developed said process. The facility developed a process to state

that if a youth reported prior history of victimization or perpetration, the resident will be asked about the need for additional services with medical and mental health, and if a youth reports “yes”, the Student Services Acknowledgement form will be completed and forward to the counselor and medical services. Such services will be documented on the tracking form.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <ul data-bbox="280 488 1011 734" style="list-style-type: none"> <li data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ) <li data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards <li data-bbox="280 631 1011 667">Student Services Offered Acknowledgement (blank) <li data-bbox="280 703 651 739">14-day MH tracker (blank) <p data-bbox="280 775 437 810">Interviews:</p> <ul data-bbox="280 846 1082 1025" style="list-style-type: none"> <li data-bbox="280 846 778 882">Medical and mental health staff (2) <li data-bbox="280 918 1082 954">Security staff and non-security staff first responders (12) <li data-bbox="280 990 887 1025">Resident Who Reported a Sexual Abuse (1) <p data-bbox="280 1061 612 1097">Findings (By Provision):</p> <p data-bbox="280 1133 1477 1541">115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="280 1576 1417 1778">The Rite of Passage Safe Environment Standards states that “Student victims of sexual abuse shall 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.” (p. 49).</p> <p data-bbox="280 1814 427 1850">Interviews</p> <p data-bbox="280 1886 1481 2087">Medical and Mental Health Staff: The interviewed staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such determination is made by mental health practitioners and qualified medical staff. The services are rendered as soon as possible. The interviewed staff reported that the nature and the scope of these</p>

services are determined by professional judgement.

Resident who Reported a Sexual Abuse: The interviewed resident reported that he was asked if he wanted to see medical and he reported no.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The Rite of Passage Safe Environment Standards states that “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners” (p. 49).

Documentation Reviewed

Student Services Offered Acknowledgement (blank)

14-day MH tracker (blank)

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, and contact their chain of command, When probed staff reported that they would not share the information with other residents or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are 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. Interviewed medical and mental health staff reported that such services are addressed immediately.

The Rite of Passage Safe Environment Standards states that “Student victims of sexual abuse while in the program shall be 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” (p. 49).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Since it is a male facility, such services would only address sexual transmitted infection prophylaxis.

Resident who Reported a Sexual Abuse: The interviewed resident reported that he refused any services when offered.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

The Rite of Passage Safe Environment Standards states that “Treatment services shall be 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” (p. 49).

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Corrective Action and Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Follow up with medical and mental health (1)</p> <p>Interviews</p> <p>Resident Who Reported a Sexual Abuse (1)</p> <p>Medical and Mental Health Staff (2)</p> <p>Findings (By Provision):</p> <p>115.383 (a). As reported in the PAQ, the facility offers 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.</p> <p>The Rite of Passage Safe Environment Standards states that “The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse” (p. 51).</p> <p>Documentation Reviewed</p> <p>Follow up with medical and mental health (1)</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>185.383 (b). The evaluation and treatment of such victims shall 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.</p> <p>The Rite of Passage Safe Environment Standards states that “The evaluation and treatment of such victims shall 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 the program” (p. 50).</p> <p>Interviews</p>

Medical and Mental Health Staff: The interviewed staff reported the evaluation and treatment of residents who had been victimized include follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to or placement in other facilities. When there is an allegation, within 10 days a mental health evaluation is done to determine the need for treatment.

Resident Who Reported a Sexual Abuse: The interviewed resident reported that when offered follow up services, he refused.

Documentation Reviewed

Follow up with medical and mental health (1)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.

The Rite of Passage Safe Environment Standards states that "The program shall provide such victims with medical and mental health services consistent with the community level of care" (50).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that medical and mental health services are consistent with community level of care.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.383 (d). N/A the program is an all-male facility.

115.383 (e). N/A the facility is an all-male facility.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The Rite of Passage Safe Environment Standards states that "Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws" (p. 50).

Interviews

Resident Who Reported a Sexual Abuse: N/A the victim is a male.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.383 (g). As reported in the PAQ, treatment services are 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.

The Rite of Passage Safe Environment Standards states that “Treatment services shall be 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” (p. 50).

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents.

The Rite of Passage Safe Environment Standards states that “The program shall attempt to conduct a mental health evaluation of all known student-on student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners” (p. 50).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that the facility conducts a mental health evaluation on all known resident on resident abusers and offer treatment if appropriate. Such services are offered within 60 days.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Conclusion

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard. No corrective action is warranted.

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Rite of Passage SES/PREA Administrative & Response Review (blank)</p> <p>Rite of Passage SES/PREA Administrative & Response Review (1)</p> <p>Administrative Investigation Report</p> <p>PREA Investigation Recommendation and Implementation (1)</p> <p>Internal Notice of Potential SES Incident (1)</p> <p>Post Onsite Internal Notice of Potential SES Incident (1)</p> <p>Investigations (3)</p> <p>Post Onsite Investigation (1)</p> <p>Interviews:</p> <p>Director</p> <p>Incident review team (1)</p> <p>Findings (By Provision):</p> <p>115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility provided a document that shows how an incident review debriefing would be documented.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1.</p> <p>The Rite of Passage Safe Environment Standards states that "A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation" (p. 51).</p> <p>Documentation Reviewed</p>

Rite of Passage SES/PREA Administrative & Response Review (blank)

Rite of Passage SES/PREA Administrative & Response Review (1)

Investigations (3)

Post Onsite Investigation (1)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.386 (b). Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1.

The Rite of Passage Safe Environment Standards states that "Such review shall be completed within 30 days of the conclusion of the investigation" (p. 51).

Documentation Reviewed

Rite of Passage SES/PREA Administrative & Response Review (blank)

Rite of Passage SES/PREA Administrative & Response Review (1)

Investigations (3)

Post Onsite Investigation (1)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.386 (c). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Rite of Passage Safe Environment Standards states that "The RIIP shall report findings to site upper-level management" (p. 51).

Documentation Reviewed

Rite of Passage SES/PREA Administrative & Response Review (blank)

Rite of Passage SES/PREA Administrative & Response Review (1)

Interviews

Director- The interviewed director reported that the facility has an incident review team, and the incident review team includes upper-level management.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.386 (d). The facility reported in the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

The Rite of Passage Safe Environment Standards states that “The RIIP will submit completed SES Administrative and Response Review to the Executive Director and the CEO within 30 days of the conclusion of the investigation” (p. 51).

The Administrative Investigation Report procedure provides additional guidance on preparing allegations of sexual abuse for the incident review.

Documentation Reviewed

Rite of Passage SES/PREA Administrative & Response Review (blank)

Rite of Passage SES/PREA Administrative & Response Review (1)

PREA Investigation Recommendation and Implementation (1)

Internal Notice of Potential SES Incident (1)

Post Onsite Internal Notice of Potential SES Incident (1)

Investigations (3)

Post Onsite Investigation (1)

Interviews

Director- The interviewed director reported that the incident review team utilizes information from the sexual abuse incident review to determine if further steps need to be taken. The review team:

Considers 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; and/or other group dynamics at the facility; examines the area in the facility in which the incident allegedly occurred; assess for adequate staffing and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

PREA Compliance Manager - The interviewed staff reported that the facility conducts a sexual abuse incident review. The facility will provide the PCM with a copy of the report and if necessary, the following actions will be taken consider policy changes, consider if the event is motivated by race, gender identity, status, or gang affiliation; assess for physical barriers, assess for staffing adequacy, assess whether monitoring technology should be deployed or modified; and prepare a

report of the findings.

Incident Review Team – The interviewed staff on the incident review team reported that the team will 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 was motivated or otherwise caused by other group dynamics at the facility. The review team assesses staffing levels and looks for any deficiencies. Some of the ways this is conducted is to physically walk to the location of where the allegation occurred, make sure doors that are supposed to be locked are locked, review the staff schedules, shifts and any deviations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.386 (e). The facility reported in the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so.

The Rite of Passage Safe Environment Standards states that:

The site management team and RIIP shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the program;

(3) Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (b)(1) -(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director (p. 51).

Documentation Reviewed

Rite of Passage SES/PREA Administrative & Response Review (blank)

Rite of Passage SES/PREA Administrative & Response Review (1)

PREA Investigation Recommendation and Implementation (1)

Internal Notice of Potential SES Incident (1)

Post Onsite Internal Notice of Potential SES Incident (1)

Investigations

Post Onsite Investigation (1)

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard. No corrective action is warranted.

115.387	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 703 524">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 560 911 595">Rite of Passage Safe Environment Standards</p> <p data-bbox="280 631 732 667">2021 Annual Report/SSV Report</p> <p data-bbox="280 703 612 739">Findings (By Provision):</p> <p data-bbox="280 775 1458 891">115.387 (a). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 927 1449 1133">The Rite of Passage Safe Environment Standards states that “Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control. Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews” (p. 52).</p> <p data-bbox="280 1169 644 1205">Documentation Reviewed</p> <p data-bbox="280 1240 732 1276">2021 Annual Report/SSV Report</p> <p data-bbox="280 1312 1449 1384">115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually.</p> <p data-bbox="280 1420 1362 1491">The Rite of Passage Safe Environment Standards states that “Each RIIP shall aggregate the incident-based sexual abuse data at least annually” (p. 52).</p> <p data-bbox="280 1527 1474 1697">115.387 (c). As reported in the PAQ the facility uses a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="280 1733 1465 1895">The Rite of Passage Safe Environment Standards states that “Data collected by site PREA Compliance Managers shall 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” (p. 52).</p> <p data-bbox="280 1930 644 1966">Documentation Reviewed</p> <p data-bbox="280 2002 732 2038">2021 Annual Report/SSV Report</p>

115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The Rite of Passage Safe Environment Standards states that “Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews” (p. 52).

115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.). It was further reported that the data from private facilities complies with SSV reporting regarding content.

115.387 (f). As reported in the PAQ, the agency has provided the Department of Justice (DOJ) with data from the previous calendar year.

The Rite of Passage Safe Environment Standards states that “Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30” (p. 52).

Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Website</p> <p>2021 Annual Report/SSV Report</p> <p>Interviews:</p> <p>Agency head</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identified problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. <p>The Rite of Passage Safe Environment Standards states that “Rite of Passage shall review data collected and aggregated pursuant to PREA Standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Data reviewed shall include the following: (a) Identifying problem areas; (1) Taking corrective action on an ongoing basis; and (2) Preparing an annual report of its findings and corrective actions for each program, as well as the organization as a whole.” (p. 53).</p> <p>Documentation Reviewed</p> <p>2021 Annual Report/SSV Report</p> <p>Interviews</p>

Agency Head – The interviewed agency head reported that agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. We utilize data tracking to be as proactive as possible in identifying any trends that may allow us to improve, detect and respond better to stopping any form of sexual abuse or harassment. We review our policies annually to better address any deficiencies that we may have notated as part of our data tracking efforts. When we identify a potential problem area, we immediately revise the policy, procedure and or protocol to address the identified problem. We then ensure that all staff are made aware of the change and are properly trained on the change.

PREA Coordinator - The interviewed PREA Coordinator reported that the information is maintained on specific “drives” which require password access so not everyone has access to this information. ROP consistently analyzes its systems and practices to ensure that they are functioning as they should. Adjustments are made based on incident data, survey feedback, and other information sources. It was further reported that these reports are available on the agency website as well as individual campus websites.

PREA Compliance Manager – The interviewed staff reported that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. To meet this requirement, the facility will identify the problem, take corrective action, and prepare for the annual report.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.

The Rite of Passage Safe Environment Standards states that “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the organization’s progress in addressing sexual abuse.” (p. 53).

Documentation Reviewed

2021 Annual Report/SSV Report

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The agency PREA reports are found at: Rite of Passage | Safe Standards; Gulf Coast Trades Center – Building Youth for Building America (gctc.us)

The Rite of Passage Safe Environment Standards states that “The organization’s report shall be approved by the CEO and made readily available to the public

through its website or, if it does not have one, through other means” (p. 53).

Interviews

Agency Head- The interviewed agency head reported that they approve the agency annual reports.

115.388 (d). As reported in the PAQ, the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. In addition, the agency indicates the nature of material redacted.

The Rite of Passage Safe Environment Standards states that “The organization may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a program but must indicate the nature of the material redacted” (p. 53).

Documentation Reviewed

2021 Annual Report/SSV Report

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the reports there is not specific identifying information made available to the public regarding who was involved in any specific matter. It is specified that this information is not included in the report for HIPPA and other privacy considerations.

Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Rite of Passage Safe Environment Standards</p> <p>Website: Rite of Passage Safe Standards; Gulf Coast Trades Center – Building Youth for Building America (gctc.us)</p> <p>Interviews:</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained.</p> <p>Interviews</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the information is maintained on specific “drives” which require password access so not everyone has access to this information. ROP consistently analyzes its systems and practices to ensure that they are functioning as they should. Adjustments are made based on incident data, survey feedback, and other information sources.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>115.389 (b). As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the</p> <p>POLICY</p> <p>Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.</p> <p>PROCEDURE</p> <p>(a) Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.</p> <p>(b) The electronic data is securely retained with access limited to the RIIPs, the</p>

Director of Development, the Agency PREA Coordinator and Executive Directors.

(c) The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.

(d) Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.

The organization shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise (p. 54).

Documentation Reviewed

Website: Rite of Passage | Safe Standards; Gulf Coast Trades Center - Building Youth for Building America (gctc.us)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.389 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.389 (d). As reported in the PAQ, the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

POLICY

Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.

PROCEDURE

(a) Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.

(b) The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.

(c) The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.

(d) Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.

The organization shall maintain sexual abuse data collected pursuant to § 115.387

for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise (p. 54).

Documentation Reviewed

Website: Rite of Passage | Safe Standards; Gulf Coast Trades Center - Building Youth for Building America (gctc.us)

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 1374 564">Agency Website: Rite of Passage Safe Standards; Gulf Coast Trades Center – Building Youth for Building America (gctc.us)</p> <p data-bbox="280 600 612 636">Findings (By Provision):</p> <p data-bbox="280 672 1445 833">115.401 (a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="280 869 1426 945">115.401 (b). There is an agency/regional PREA Coordinator along with a facility PREA Compliance Manager. The agency has multiple sites across multiple states.</p> <p data-bbox="280 981 1477 1227">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the facility leadership. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="280 1263 1445 1460">115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="280 1496 1477 1827">115.401 (m). The auditor was provided private rooms throughout the facility to conduct resident interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="280 1863 1477 1989">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="280 2024 1406 2060">115.401 (n). Residents were able to submit confidential information via written</p>

letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.

Conclusion

No corrective action is recommended for this standard.

115.403	Audit contents and findings
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 416 453 452">Documents:</p> <p data-bbox="280 488 507 524">Agency website</p> <p data-bbox="280 560 612 595">Findings (By Provision):</p> <p data-bbox="280 631 1461 748">115.403 (f). The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p data-bbox="280 784 746 819">Corrective Action and Conclusion</p> <p data-bbox="280 855 1059 891">No corrective action is recommended for this standard.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	na

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots"	yes

	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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

115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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

115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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

115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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

115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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

115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	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
	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
	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

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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

115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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

115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	<p>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.</p>	yes
115.352 (b)	Exhaustion of administrative remedies	
	<p>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.)</p>	yes
	<p>Does the agency always refrain from requiring an 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.)</p>	yes
115.352 (c)	Exhaustion of administrative remedies	
	<p>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.)</p>	yes
	<p>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.)</p>	yes

115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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

115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	Staff and agency reporting duties	
	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

115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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?	no
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	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

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	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
	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
	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
	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
115.373 (d)	Reporting to residents	
	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
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
	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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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

115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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.)	na
115.387 (f)	Data collection	
	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

115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	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
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 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, there has never been a Final Audit Report issued.)	yes