PREA Facility Audit Report: Final

Name of Facility: Dermott Juvenile Treatment Center
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/14/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Mable Wheeler	**Date of Signature:** 10/14/2026

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	09/02/2025
End Date of On-Site Audit:	09/03/2026

FACILITY INFORMATION	
Facility name:	Dermott Juvenile Treatment Center
Facility physical address:	878 East Gaines Street , PO Box 142 , Dermott , Arkansas - 71638
Facility mailing address:	878 East Gaines Street, Dermott, Arkansas - 71638

Primary Contact

Name:	Teresa Wade
Email Address:	teresa.wade@rop.com
Telephone Number:	(870) 538-0223

Superintendent/Director/Administrator	
Name:	Will Beene
Email Address:	will.beene@rop.com
Telephone Number:	(870) 538-0223

Facility PREA Compliance Manager	
Name:	Teresa Wade
Email Address:	teresa.wade@rop.com
Telephone Number:	870-538-0223

Facility Health Service Administrator On-Site	
Name:	Tanyon Norman
Email Address:	tanyon.norman@rop.com
Telephone Number:	(870) 538-0223

Facility Characteristics	
Designed facility capacity:	44
Current population of facility:	44
Average daily population for the past 12 months:	44
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	17.3 to 21
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	58
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

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:	775-267-9411

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 Woolever	**Email Address:**	angela.lowe@rop.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-02
2. End date of the onsite portion of the audit:	2026-09-03

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Options, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	44
15. Average daily population for the past 12 months:	44
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	44
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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:	0

31. 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:	0
32. 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:	0
33. 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:	0
34. 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:	0
35. 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):	The auditor had no issues identifying certain populations. All residents interviewed were forthcoming and polite; no youth refused to be interviewed.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	58
37. 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:	2

38. 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:	0
39. 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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected residents for interviews from both housing units by age, race, ethnicity, and length of time in the facility.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. 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):	The auditor had no barriers selecting random residents for interview; the auditor ensured the population of residents interviewed were diverse.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
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".	
47. 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
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The auditor observed no residents with physical disabilities during the on-site portion of the audit. Staff confirmed there were no residents with physical disabilities housed at the facility during the on-site portion of the audit.
48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Staff confirmed there were no disabled and limited English proficient residents housed at the facility during this audit.
49. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor observed no residents that was blind during the on-site portion of the audit; staff confirmed there were no youth that was blind or had low vision during the on-site portion of the audit.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Staff confirmed there were no residents that were deaf or hard of hearing.
51. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Staff confirmed there were no LEP residents housed at the facility during the on-site portion of the audit.
52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Review of resident files; conferred with staff; informal conversations with staff.
53. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Review of resident files; conferred with staff; informal conversations with staff.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Review of resident files; conferred with staff; informal conversations with staff.
55. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Review of resident files; conferred with staff; informal conversations with staff.
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	There is no segregated housing at this facility.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor had no barriers selecting residents to interview. All residents participated and answered questions asked by the auditor.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Considerations for random staff interviews also included race, ethnicity, gender, and languages spoken.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor selected random staff from all shifts by length of tenure at the facility, work assignment, and rank for interview.

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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 ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not employ contractors. There were no volunteer services provided during the on-site portion of the audit.

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.

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. 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

73. 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
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

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.

77. 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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the onsite 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. The facility provided all requested documents expeditiously.

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.

79. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. 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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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.

81. 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

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

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were none reported.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were none reported.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.	○ Yes ◉ No

Non-certified Support Staff

103. 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.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Correctional Management and Communications Group

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: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.311: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. Corp Organizational Chart 4. DERMOTT Site Organizational Chart 5. PRE-Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff PREA Coordinator

	The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.311 (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. The policy outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Definitions of prohibited behaviors regarding sexual abuse and sexual harassment are included in the policy. The policy includes sanctions for those found to have participated in prohibited behaviors and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. 115.311 (b): An agency employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency employs an upper-level, agency-wide PREA Coordinator. 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 position of the PREA Coordinator is in the agency's organizational structure and is listed as Regional Compliance Director. 115.311 (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Coordinator has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. An interview conducted with the PREA Coordinator indicates that enough time is provided to manage all PREA-related responsibilities. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The agency does not contract for the confinement of residents therefore the facility meets this standard. 115.312 Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.313: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. Staff Schedule 4. Deviations Form (Blank) 5. 2022 Annual Staffing Review 6. Unannounced Rounds (3) 7. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (3) 1. Program Director 2. PREA Coordinator 3. Upper-level Staff Unannounced Rounds In order to determine compliance, the following observations were made during the on-site facility tour: 1. Observations of compliance to Staffing Plan on all shifts. 2. Observations of camera locations. The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.313 (a): The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of

	staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. 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. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 20 Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 24 115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. The facility has developed a staffing plan that is reviewed annually to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility reports no deviations from the staffing plan during the 12-months preceding the audit. 115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for

	adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The facility maintains staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. In response to the PAQ: 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: 0 In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0 115.313 (e): Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds and covers all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds. Rounds are conducted at random times throughout the shifts. Interviews were conducted with staff. Staff stated that a staffing plan has been fully developed, and the staffing plans are reviewed annually. Interviews were also conducted with staff responsible for conducting unannounced rounds. Rounds occur on every shift at random times. Rounds are documented on a facility developed form and reviewed by Program Director. The auditor has determined current operations and practices meets the requirements of PREA Standard 115.313 (c) based upon interviews with staff, review of staffing plans, review of unannounced rounds, and site observations conducted by Auditor. Corrective Action: (None)

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.315:

	1. Physical Searches and Viewing of Persons Policy 600.123 2. Staff Training 3. PREA Staff Training Curriculum 4. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: 1. Random Staff (8) 2. Random Residents (7) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. The facility is an all-male facility. The facility does not permit cross-gender pat- down searches of residents, absent exigent circumstances. 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. In response to the PAQ: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 115.315 (b): The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. Rite of Passage does not permit cross-gender pat down searches. In response to the PAQ: 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): 0 115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. 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. 115.315 (d): The facility shall implement 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. Such policies and procedures require staff of the opposite gender to

	announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing. 115.315 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. 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. During the facility tour, the auditor did not observe any cross-gender searches. The auditor did observe staff of the opposite gender announcing their presence when entering a resident housing unit. At time of audit, the facility did not have any residents that identified as transgender or intersex to interview. Interviews conducted with staff indicated staff have received training in cross gender pat searches. Staff also stated that only in exigent circumstances would a cross gender pat search occur. Staff would not physically examine a transgender for the sole purpose of determining a resident’s genital status. Male staff stated that they announce their presence when entering a unit and that residents are allowed to dress, shower, and use the toilet without being viewed. 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. 115.315 (d): The facility shall implement 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite

	gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing. 115.315 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. 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. During the facility tour, the auditor did not observe any cross-gender searches. The auditor did observe staff of the opposite gender announcing their presence when entering a resident housing unit. At time of audit, the facility did not have any residents that identified as transgender or intersex to interview. Interviews conducted with staff indicated staff have received training in cross gender pat searches. Staff also stated that only in exigent circumstances would a cross gender pat search occur. Staff would not physically examine a transgender for the sole purpose of determining a resident’s genital status. Male staff stated that they announce their presence when entering a unit and that residents are allowed to dress, shower, and use the toilet without being viewed. All residents reported during interview that male staff announce their presence when entering the living units. Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed. Corrective Action: (None)

115.316	**Residents with disabilities and residents who are limited English proficient**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.316:

1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. M & N Language Services, LLC MOU 4. One Place MOU (outside services) 5. ROP Student Brochure 6. PRE Audit Questionnaire

The following staff were interviewed to determine compliance with this standard:

Specialized Staff (1)

1. PREA Coordinator 2. Random Staff (8) 3. Random Residents (6)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents 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 agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency 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.

The agency 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. The agency 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.

115.316 (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and

	impartially, both receptively and expressively, using any necessary specialized vocabulary. At time of audit there was one resident who was identified that had cognitive disabilities to interview, there were no Limited English Proficient resident housed at the facility to interview. 115.316 (c): The agency shall not rely 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. Agency has a policy that prohibits use of 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. During the site review, the auditor observed PREA signage posted throughout the facility in English and Spanish. Bilingual staff are available as well as the facility has a contract with M & N Language Service to provide services. A hundred percent of the random staff interviewed reported that resident interpreters are not used. Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed. Corrective Action: (None)

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.317: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. Employee Personnel File Review 4. Five-Year Backgrounds 5. Contractor Personnel File Review 6. Policy 100.209 – ALABAMA - DERMOTT Background Record Clearance 7. Background Notification and Authorization Form 8. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard:

	Specialized Staff (1) Administrative (Human Resources) Staff The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.317 (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (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 paragraph (a)(2) of this section. The policy 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, that may have contact with residents. Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 115.317 (b): The agency shall 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. The facility's policy 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 residents. 115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee 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. Before the facility hires any new employees that may have contact with residents, the facility (a) conducts criminal background record checks; (b) consults with the child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations

	of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In response to the PAQ: In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 27 115.317 (d): The agency 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 residents. The facility's policy also requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor that may have contact with residents. The facility does not employ contractors. 115.317 (e): The agency shall 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. The facility’s policy requires that criminal background record checks be conducted at least every five years of current employees and contractors that may have contact with residents. 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 facility asks 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. 115.317 (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The facility’s policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The agency provides 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. 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 facility provides 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. Any request the facility receives is forwarded to the Regional Human Resources Director. During an interview with human resources staff, the human resource department conducts all employee recruitment and background checks. Also, the department maintains all employee files. The agency would also conduct background checks on contractors. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.318: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. PRE Audit Questionnaire The following staff was interviewed to determine compliance with this standard: Specialized Staff (1) Program Director Site Review Observations: Placement of security cameras, exterior and interior. The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The facility's Program Director reports there has been no expansion at the facility during the 12 months preceding the audit.

	115.318 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The facility's Program Director reports there have been no upgrades to the surveillance system at the facility during the 12 months preceding the audit. The Program Director reported that the facility expansions and technology enhancements are used to assist with monitoring and to aid in a safe and secure facility for residents and staff. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.318 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.321: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP SES Coordinated Response Plan 4. Options, Inc. MOU 5. National Protocol for Sexual Assault Medical Forensic Examinations 6. Uniform Definitions for Sexual Violence 7. ROP Coordinated Response 8. Dermott Police Department MOU 9. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. PREA Coordinator 2. Random Staff (8) 3. Investigator Observations during on-site review of physical plant, PREA signage, Options, Inc. advocate Information. The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

	The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at http://Dermotttc.com. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The facility conducts sexual assault administrative investigations. The facility does not conduct sexual assault investigations criminal in nature. The facility has an MOU with the Dermott Police Department that complete criminal investigations. 115.321 (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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. The facility indicated in their responses to the PAQ that the protocol is developmentally appropriate for youth but was not 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 protocol is appropriate and is 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. 115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, 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. The agency shall document its efforts to provide SAFEs or SANEs. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. In response to the PAQ: The number of forensic medical exams conducted during the past 12 months: 0 115.321 (d): The agency 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 agency shall make available to provide these services

	a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies 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 agency 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 law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The facility has a MOU with Options, Inc. to provide an advocate for victims of sexual assault. The MOU is with Options, Inc. serves as a community-based organization and has multiple advocates available. 115.321 (e): As requested by the victim, the victim advocate, qualified agency 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. The MOU is with Options, Inc. serves as a community-based organization and has multiple advocates available for victims of sexual assault. 115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse; the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The agency is responsible for investigating administrative allegations of sexual abuse and relies on Dermott Police Department to conduct criminal sexual assault investigations. 115.321 (g): The auditor is not required to audit this section. 115.321 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The MOU is with Options, Inc. serves as a community-based organization and has multiple advocates available. Facility staff members do not serve as advocates for victims of sexual assault. Interview with the facility investigator confirmed the facility is responsible for administrative investigations; criminal sexual assault investigations are referred to the Dermott Police Department. The auditor has determined current operations and practices to meet the requirements of PREA Standard 115.321 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.322: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP SES Coordinated Response Plan 4. Investigation Files (sexual misconduct) 5. Options, Inc. MOU 6. National Protocol for Sexual Assault Medical Forensic Examinations 7. Uniform Definitions for Sexual Violence 8. ROP Coordinated Response 9. Dermott Police Department MOU 10. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Program Director 2. Investigator The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.322 (a): The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency 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, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at http://Dermotttc.com. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Criminal investigations are referred to the Dermott Police Department to conduct the investigation. In response to the PAQ: In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 2 In the past 12 months, the number of allegations resulting in an administrative investigation: 2 In the past 12 months, the number of allegations referred for criminal investigation: 0 The auditor reviewed the investigations, they were determined "Student-on-Student

	Misconduct", both investigations were determined to be substantiated. 115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website, or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. 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. Interviews conducted reveal that the local law enforcement agency conducts all criminal investigations. The local Dermott Police Department has specialized deputies trained to conduct such investigations. The compliance manager remains in contact with this agency and maintains regular communication to receive updates and reports of progress. 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. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.331: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.331, p.17-18 4. ROP Safe Environmental Standards/PREA Training Lesson Plan 5. ROP Safe Environmental Standards/PREA Training Power Point 6. ROP SES/PREA Competency Based Knowledge Assessment

	7. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: 1. Random Selected Staff (8) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent. The agency trains all employees who may have contact with residents on: 1. The agency's zero-tolerance policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. The right of residents to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. 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. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

	10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 11. Relevant laws regarding the applicable age of consent. Between training's, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Employees who may have contact with residents receive refresher training on PREA requirements annually. Interviews with all random sample staff confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the zero-tolerance policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. The staff were able to describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to residents. All staff interviewed indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). Staff reported that they received PREA-related training in pre-service and annual in- service. 115.331 (b): Training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. 115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. Staff indicated during interview that they received training in the eleven areas identified in this standard as well as receiving booster training. 115.331 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Staff are required to pass a PREA assessment, the assessment consists of fifteen questions that test the staff knowledge of PREA training. The facility provided the

	auditor with nine staff PREA assessments for review. During the on-site phase of the audit, documentation review of employees' training files contained acknowledgements of training. The training records reviewed provided evidence that the facility consistently conducts annual training with staff, and there was adequate documentation of employee signatures verifying the employee’s comprehension of the training. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.332: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.331, p.17-18 4. ROP Safe Environmental Standards/PREA Training Lesson Plan 5. ROP Safe Environmental Standards/PREA Training Power Point 6. ROP SES/PREA Information for Contractors and Volunteers 7. Rite of Passage Safe Environmental Standards/PREA Training 8. Independent Contractor/Volunteer Lesson Plan 9. Developed for PREA Compliance For Independent Contractors and Volunteers The following staff were interviewed to determine compliance with this standard 115.332: Specialized Staff (1) 1. PREA Coordinator The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

	115.332 (a): The agency shall ensure 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. In response to the PAQ: 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: 0 The facility does not employ contractor staff, nor do they have volunteers that provide services to the youth. 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, but 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 facility does not employ contractor staff, nor do they have volunteers that provide services to the youth. 115.332 (c): The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. The facility does not employ contractor staff, nor do they have volunteers that provide services to the youth. During interview, the PREA Coordinator confirmed the facility does not employ contractor staff, and no volunteers provided services to the youth housed at the program. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.332 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.333: 1. PREA Policy Statement 600.600

	2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.333, p. 20 4. ROP Safe Environmental Standards Student Brochure English and Spanish 5. ROP Safe Environmental Standards Student Video (web link) 6. Student Acknowledgment of Zero Tolerance Policy (20) 7. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (1) 1. Random Residents (7) 2. Targeted Residents (8) 3. Intake Staff The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. 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. In response to the PAQ: The number of residents admitted in past 12 months who were given this information at intake: 45 Per the PAQ, 45 residents were admitted during the past 12 months and received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. One hundred percent of the residents were reported to have received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additional youth were placed at the program, since the PAQ was completed; therefore, the auditor reviewed 45 resident intake records. The youth acknowledgement through signature, the residents received the required information regarding the programs zero tolerance policy on sexual abuse and sexual harassment. Interviewed Intake staff related during the intake process residents are given PREA pamphlets along with a student handbook.

	115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video 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. In response to the PAQ: The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 45 Interviewed intake staff reported that a PREA orientation, handbook, and pamphlet are reviewed with each resident of the program within 24 hours of placement at the program. Residents interviewed, one hundred percent of them stated PREA related information and the programs' rules against sexual abuse and harassment is provided the first day at the facility. 115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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. All residents were educated within the first 10 days of arrival at the facility. 115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, who are deaf, who are visually impaired, who are otherwise disabled, and who have limited reading skills. The agency maintains documentation of resident participation in PREA education sessions. There was one resident who met the criteria of this provision to be interviewed at the time of the audit. The youth had a cognitive disability or low functioning. The youth interviewed stated that the information was provided during intake. Staff provided the youth with a brochure, the PREA video was also watched by the youth, and detailed discussion of PREA. 115.333 (e): The agency maintains documentation of resident participation in these education sessions. In response to the PAQ, the agency maintains documentation of the youth's participation in the PREA education sessions on the Student Acknowledgment of Zero Tolerance Policy.

	115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Intake staff and residents were interviewed. Staff stated that residents are provided information at time of intake on the agency's zero tolerance policy. Residents are given a handbook and shown a PREA video. They also signed a document acknowledging that training was received. Residents stated that they received training on PREA at intake and understood the information received. Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The residents housed at the program had ready access to PREA related material. During the site tour PREA related resident education was found to be readily available and accessible. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.334: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.334, p. 21 4. ROP Safe Environmental Standards/PREA Training Specialized Training for Administrative Investigators Curriculum 5. Investigators Certificates (2) The following staff was interviewed to determine compliance with this standard: Specialized Staff (1) 1. Investigator The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting

	such investigations in confinement settings. Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. The programs policy further states that “if at any time investigations are conducted by an outside law enforcement agency, the PREA Coordinator will at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility. 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. Interview with Investigative staff reveals that specialized training was received through NIC Learning Center. It was delivered in a video format. The auditor was able to verify training through certificates of completion. The interviewed investigators reported that the training topics included: • 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 or prosecution referral. 115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. In response to the PAQ: The number of investigators currently employed who have completed the required training: 2 As indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The PAQ also, indicates that staff has completed the required training. All of the administrative investigators are onsite staff. Criminal investigations are conducted by outside law enforcement. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.335: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. Specialized Training for Medical & Mental Health Personnel Curriculum 4. Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization 5. ROP Safe Environmental Standards Policy 115.3 35, p. 22 6. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Medical 2. Mental Health Staff The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 1. How to detect and assess signs of Sexual Abuse and Sexual Harassment. 2. How to preserve physical evidence of Sexual Abuse. 3. How to respond effectively and professionally to Resident victims of Sexual Abuse and Sexual Harassment; and How, and to whom, to report allegations or suspicions of Sexual Abuse and Sexual Harassment. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 2 The percent of all medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. 100% The auditor reviewed training records of one medical and one mental health staff. The records confirmed the completion of the training. 115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct

	such examinations. The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Agency medical staff at this facility does not conduct forensic medical exams. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.335 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.341: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.341 4. Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk 5. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Staff Responsible for Risk Screening 2. PREA Coordinator 3. Random Residents (7) 4. Transgender (0) 5. Reporting Prior Victimization During Screening (2) 6. Bisexual (4) 7. Pan-sexual (0) 8. Gay (0) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): The following documents and policy(s) were reviewed to determine compliance with standard 115.341: 1. Pre-Audit Questionnaire (PAQ) 2. Policy 13.8 and 13.8.1, Prison Rape Elimination Act (PREA) Rules and Regulations, 3. (dated 08/19/2022) 4. Aggressive Behavior and Victimization Intake Screening Form The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Staff Responsible for Risk Screening 2. PREA Coordinator 3. Random Residents (7) 4. Transgender (0) 5. Reporting Prior Victimization During Screening (2) 6. Bisexual (4) 7. Pan-sexual (0) 8. Gay (0)

	The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 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 and the policy requires that the resident's risk level be reassessed periodically throughout their confinement. Risk assessment is conducted using an objective screening instrument. The risk screening tool meets the criteria 1-11 as specified in this standard. In response to the PAQ: The number of residents entering the facility (either through intake of 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: 45 115.341 (b): Such assessments shall be conducted using an objective screening instrument. A review of the Aggressive Behavior and Victimization Intake Screening Forms and relevant policies indicate that the facility is in compliance with the provisions of this standard. 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. Interviewed staff responsible for risk screenings reported that initial screening takes the following into consideration: • Age • Sexual orientation • Whether they identify as lesbian, gay, bisexual, transgender, or intersex • Disabilities • Self-harm behaviors • Suicide risk • Intellectualism • Abuse • Risk of sexual abuse or abusiveness • Physical and sexual abuse history

	The intake screening tool used by the program takes into consideration, “At a minimum, facilities shall attempt to ascertain information about”: 1. Self-harm, suicide risk 2. Victimization and abuse history 3. Risk of sexual victimization or abusiveness 4. Resident self-identification as lesbian, gay, bisexual, or transgender (LGBT is not used as an indicator for potentially sexually abusive behavior) 5. Emotional and cognitive development 6. Mental illness or disabilities 7. Physical ability and possible disabilities 8. Intellectual ability 9. Physical size and stature 10. Age 11. Current charges and offense history 12. Residents will not receive disciplinary action for refusing to disclose any or all information related to her physical and mental ability, sexual orientation, or any information used to assess vulnerability. Interviewed staff responsible for risk screening reported that they attain the information through conversation. 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 PREA Coordinator stated that the agency has outlined who should have access to a resident’s risk assessment within the facility to protect sensitive information from exploitation and determined that intake staff and mental health staff have the information. All other staff are on a need-to-know basis and must seek supervisor approval to receive the information. The designated PREA Coordinator reported that the program uses HIPAA guidelines, and policy and procedure require confidentiality of sensitive youth information. Sharing sensitive information is on a need-to-know basis for safety and security of youth. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.342:

	1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards 3. ROP Safe Environmental Standards Policy 115.342, pp 25-26 4. Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk 5. PRE Audit Questionnaire In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered: Specialized Staff (2) 1. Staff Responsible for Risk Screening 2. PREA Coordinator 3. Staff that Supervise Resident in Segregated Housing (NA) 4. Residents Housed in Segregated Housing (NA) 5. Transgender/Intersex Residents (NA) Site Review Observations: Youth are housed in single rooms; the facility does not utilize segregation The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.342 (a): The agency uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. As stated in the PAQ, the program uses information from the risk screening to inform housing, bed, work, education, and program assignment with the goal of keeping the resident safe and free from sexual abuse. Youth are housed in single rooms; this facility does not utilize segregation. The interviewed PREA Coordinator indicated that the program uses information from risk screening during intake (per 115.341) to keep residents safe and free from sexual abuse by using the information to determine supervision and treatment planning needs. During the onsite tour, the auditor was able to observe that residents are placed in single rooms. 115.342 (b): Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Residents are not placed in isolation. In response to the PAQ:

	The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0 115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Policy states that lesbian, gay, bisexual, transgender, or intersex Residents shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor will WOW consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. All youth are housed in single rooms. 115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. During the on-site portion of the audit, there were no resident that identified as transgender or intersex to interview. 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. Placement and programming assignments for transgender or intersex residents placed in the program are reassessed at least twice each year to review any threats to safety experienced by the resident. Documentation of the review will be included in the treatment files of residents, and any concerns may involve consultation with administration. 115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. When considering placement for transgender and intersex residents own views are taken into consideration. 115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The auditor did observe showering and toileting areas that are single use, made private by use of a closed door. Interviews revealed that the facility uses information from risk screenings to keep residents safe and free from sexual abuse. All residents interviewed stated that they

	feel safe in the facility. The facility does not house LGBTI residents in special housing but does provide a single cell/sleeping room to keep residents safe. A follow up meeting with therapists and medical will be provided to residents that have experienced prior sexual victimization or have previously perpetrated sexual abuse. Staff stated that isolation is not used in the facility. 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. This facility does not utilize segregation. 115.342 (i): Every 30 days, the facility shall afford afford a review for each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. This facility does not utilize segregation. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.342 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with this standard 115.351: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.351, p.27 3. ROP Safe Environmental Standards Student Brochure 4. Policy 600.402 Student Problem Solving and Grievance Policy 5. Grievance Form 6. Internal Notice of Potential SES Incident The following staff were interviewed to determine compliance with this standard: Specialized Staff (1) PREA Coordinator 2. Random Staff (8) 3. Random Residents (7) Site Review Observations: Observations during on-site review of physical plant, PREA signage for reporting sexual abuse, contact information for Options, Inc. (outside advocate). There is a small conference room, residents are allowed to use the phone to place calls to

	family under staff supervision, should a youth want to dial the Hotline number, staff are to step out of the room. The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.351 (a): The agency provides multiple internal ways for residents to privately report sexual abuse and 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 agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and 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. In review of the student handbook, there are multiple ways provided for the residents to report sexual abuse or sexual harassment. Additionally, the program provided copies of the grievance forms. The grievance process is one of many ways in which a resident could report sexual abuse or sexual harassment. All of interviewed residents stated that they had multiple ways to report. Most of the residents reported that the hotline is the primary way to report; along with notifying staff (to include a supervisor and the Program Director), filing a grievance, making a written report, probation officer, social worker, or telling a friend or family member. 115.351 (b): The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The policy further states that in the event that Residents are adjudicated solely for civil immigration purposes, they shall be provided information on how to contact appropriate consular or Homeland Security officials. Methods and contact information for residents to contact their respective consular officials can be found in the US Department of State Consular Notification book and Access Reference Card accessible through program administration. 115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The program 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. The agency policy mandates that staff accept reports of sexual abuse and sexual

	harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports on Critical Incident Report form. The interviewed random sample of staff reported that the residents can privately report by using a resident the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing, sexual abuse or harassment the allegations are responded to immediately and they would document by the end of the shift. Most of the residents reported that the hotline is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member. 115.351 (d): The facility shall provide residents with access to tools necessary to make a written report. In response to the PAQ, the program 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 PREA Coordinator reported that the program provides residents with tools to help them 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; by using the grievance processes, reporting issues to staff, and utilizing the hotline. 115.351 (e): The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can speak to a supervisor privately or call the hotline number. Staff are informed of these procedures through the ROP Safe Environmental Standards, staff training, and regular meetings. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.352:

	1. PREA Policy Statement 600.600 2. Post Investigation Student Notification 3. ROP Safe Environmental Standards Policy 115.352, p. 28-29 4. Policy 600.402 Student Problem Solving and Grievance Policy 5. PRE Audit Questionnaire The following residents were interviewed to determine compliance with this standard: 1. Random Residents (7) 2. Targeted Residents Who Reported Sexual Abuse (0) Site Review Observations: Observations during on-site review of physical plant, grievance boxes are in the education hallways, procedure for getting writing instruments and forms, poster with contact information for Options, Inc. The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. Policy 600.402 Student Problem Solving and Grievance Policy detail the process for youth filing youth and staff's responsible when receiving grievance alleging sexual abuse and sexual harassment. Allegations of sexual abuse are referred to local law enforcement (Montgomery Sheriff Department). 115.352 (b): The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The agency's policy and procedures 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. 115.352 (c): The agency ensures that (1) A resident 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. The facility ensures that students who allege sexual abuse or harassment may submit a grievance without submitting it to the staff member who is the subject of the complaint, and such grievance is not referred to the staff member who is the subject of the complaint nor discussed with another student who may be the subject

	of the complaint. 115.352 (d): (1) The agency issues 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. The agency's policy and procedures 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. In response to the PAQ: In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0 115.352 (e): Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. Agency policy permits 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. Policy requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such residents, regardless of whether or not the resident agrees to have the grievance filed on their behalf. 115.352 (f): The agency has established procedures for the filing of an emergency

	grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency 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 agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency has an established procedure for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. 115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. 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. At time of audit there were no residents detained who reported sexual abuse to interview. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.353: 1. PREA Policy Statement 600.600 2. MOU Lighthouse Counseling Community Provider 3. Resident Brochure 4. Resident Handbook 5. PRE Audit Questionnaire

	The following staff were interviewed to determine compliance with standard 115.353: Specialized Staff (2) 1. PREA Coordinator 2. Program Director 3. Random Resident (7) 4. Residents who Reported Sexual Abuse (NA) In order to determine compliance, the following observations were made during the on-site facility tour: Site Review Observations: Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures, Hotline Dialing Instructions, Tested Phones) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.353 (a): The facility provides 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse and 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 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 has a MOU with Lighthouse Counseling, a community provider for services for residents. 115.353 (b): The facility informs 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. The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. 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. 115.353 (c): The agency shall maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility maintains memorandum of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility maintains copies of those agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. The facility has a MOU with Lighthouse Counseling, a community provider for services for residents. 115.351 (d): The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. During the tour of the facility the auditor observed posters in the units containing victim advocacy/crisis hotline information that included a toll-free number. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.354: 1. PREA Policy Statement 600.600 2. MOU Lighthouse Counseling Community Provider 3. Resident Brochure 4. Resident Handbook 5. PRE Audit Questionnaire In order to determine compliance, the following observations were made during the on-site facility tour: Site Review Observations: Observations of Reporting Mechanisms – (Posters, Resident Handbook, Brochures,

	Hotline Dialing Instructions, Tested Phones) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.354 (a): The agency has established methods to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Third party reports of resident sexual abuse or sexual harassment are reviewed by the compliance manager. The facility distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through information provided in handbooks, Contractor and Volunteer pamphlets, parent pamphlets, and it is also contained in the ROP Safe Environmental Standards. Third party reports can be submitted in person, email, or US Postal Service. Third party report forms are available in the lobby and on the facility’s website. Third Party reporting forms are available on site in the lobby and visitation area, there is a link on the site's website, or requested by phone. The auditor has determined that current operations and practices meets the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted. Corrected Action (None)

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.361: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.361, p.32-33 3. Policy 100.407 Acknowledgement and Reporting of Child Abuse 4. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (4) 1. Program Director 2. PREA Compliance Manager 3. Random Staff (8) 4. Medical 5.

	Mental Health The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.361 (a): 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 or not it is part of the agency; 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. The program requires all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident 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. All random sample of staff interviewed indicated the facility does require all staff 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. 115.361 (b): The agency policy also requires all staff to comply with any applicable mandatory child abuse reporting laws. The program requires all staff to comply with any applicable mandatory child abuse reporting laws. 115.361 (c): 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 agency policy, to make treatment, investigation, and other security and management decisions. 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. Eight random staff interviewed reported being aware of the agencies procedure for reporting any information related to a resident sexual abuse. Interviewed staff could articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number or medical staff.

	115.361 (d): (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 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. 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. Practitioners are required to inform students at the initiation of services of their duty to report and the limitations of confidentiality. Medical and Mental Health staff stated that at the initiation of services to a resident, limitations of confidentiality and duty to report is disclosed. Medical and Mental staff are mandatory reporters. 115.361 (e): (1) 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) 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. 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. 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 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. 115.361 (f): The facility reports all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports, to the facility's designated investigators. The program reports 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 DRC. (I) 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 DRC within seven days of the incident being reported. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.362: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.362, p. 34 3. Rite of Passage Safe Environmental Standards Coordinated Response Plan 4. Incident Response Flow Chart 5. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. PREA Coordinator 2. Program Director 3. Random Staff (8) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. 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. The facility staff follows the PREA Incident Response Flowchart and Checklist. In response to the PAQ: 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 The Program Director reported that if staff becomes aware that a resident is subject

	to a substantial risk of imminent sexual abuse, they would immediately separate the student from the threat. All the staff interviewed could articulate the response process if a resident is at risk of imminent sexual abuse. Staff reported that action is taken immediately to address a resident who is at risk of sexual abuse by immediately notifying the supervisor, separate the victim and perpetrator, and get the victim off the zone and taking the victim to medical for follow up services. All of the staff reported that information would only be shared with necessary parties. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.362 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.363: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.363, p. 35 3. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. PREA Coordinator 2. Program Director 3. Random Staff (8) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Rite of Passage will notify the appropriate law enforcement or social service s 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.

	In response to the PAQ: In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0 115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. 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. Notifications are provided as soon as possible, but no later than 72 hours after receiving the allegation. 115.363 (c): The agency shall document that it has provided such notification. The program shall document in the student's case notes that such notification has been provided. 115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.364: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.364 & 115.365, p. 36 3. Coordinated Response Plan 4. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: 1. Random Staff First Responders (8)

	The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. 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. In response to the PAQ: In the past 12 months, the number of allegations that a resident was sexually abused: 0 115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. At a minimum, the following is to be determined in the plan: I. 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. All staff at the program are considered first responders. Eight random staff interviewed consistently reported that the duties of a first responder to include but not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for

	additional staff and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of her medical condition. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.365: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.364 & 115.365, p. 36 3. Coordinated Response Plan 4. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (1) 1. Program Director The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 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 how to coordinate actions will specify which entities within the program are responsible for which actions, should be sequenced, and which actions can occur concurrently with other actions. 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 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: I. 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. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.366: 1. PREA Policy Statement 600.600 2. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (1) 1. Program Director The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The program does not have collective bargaining. This section is not applicable. The

	facility, thereby, materially meets the provision for this standard. 115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. 115.366 (b): The auditor was not required to audit this provision. Current operations and practices meet the requirements of PREA Standard 115.266. Corrective Action: (None)

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.367: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.367, p.37-38 3. ROP Policy 600.402 Student Problem Solving and Grievance Procedure, p.1 The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Program Director 2. Designated Staff Member Charged with Monitoring 3. Residents in Isolation (0) 4. Residents who Reported a Sexual Abuse (0) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.367 (a): The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation. 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.

	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. Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff. The program has designated two staff members that serve as retaliation monitors. 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 program employs multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abuse 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. 115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of students or staff that 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. In response to the PAQ: The number of times an incident of retaliation occurred in the past 12 months: 0 115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

	In the case of students, such monitoring shall be included in a Multi-Disciplinary Team (MDT) meeting. 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 program shall employ multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abuse from contact with victims, and emotional support services for students or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 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 designates a staff member(s) with monitoring for possible retaliation. 115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. 115.367 (f): The auditor is not required to audit this provision. Current operations and practices meet the requirements of PREA Standard 115.367. Corrective Action: (None)

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.368: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.368, p. 39-40 3. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (3) Specialized Staff (4) 1. Agency Head 2. Staff who Supervise Residents in Isolation (NA) 3. Medical 4. Mental Health 5. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)

	The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. Residents are housed in single rooms; should a resident need to be separated from other residents. In response to the PAQ: The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 Rite of Passage programs uses 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. Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342. 115.368 (a): Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other students 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. A student isolated from other residents receives daily visits from a medical or mental health care clinician. Students also have access to other programs opportunities to the extent possible. The program does use isolation. Current operations and practices meet the requirements of PREA Standard 115.368. Corrective Action: (None)

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.371: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115 .371, p. 41-42 3. Investigations (2) 4. PRE Audit Questionnaire The following staff was interviewed to determine compliance with this standard:

	Specialized Staff (2) 1. Investigator 2. PREA Coordinator The following describes how the evidence above was used to draw the conclusion regarding compliance: 115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 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. The agency has a policy related to criminal and administrative agency investigations. The facility conducts administrative investigations; all sexual abuse investigations are referred to the Montgomery Sheriff's Department. There have been no allegations of sexual abuse during the 12 months preceding the audit. 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. When sexual abuse is alleged, Rite of Passage use administrative investigators who have received specialized training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334. The facility employs two investigators that have been trained in the specialized training. During interview, the investigator was able specify specialized training received. The training was described as being a combination of the initial PREA training and online training completed through the National Institute of Corrections (NIC) and End Violence Against Women International. 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. (b) Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. (c) Investigators shall interview alleged victims, suspected perpetrators, and

	witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. During interview the investigator, described a variety of evidence gathering techniques, and the process by which to proceed toward substantiating an allegation of sexual abuse or sexual harassment. Immediately following receipt of the report, the investigator would review video and audio footage and send the preliminary information to the PREA Coordinator. The evidence gathering process includes but is not limited to: statements (victim/ perpetrator/witness), camera footage review; talk to involved parties; and contact outside law enforcement to handle direct evidence. However, staff will maintain and keep evidence safe until the evidence is turned over to local law enforcement. 115.371 (d): The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Rite of Passage will not terminate an investigation solely because the source of the allegation recants the allegation. 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. The interviewed investigator reported that they do not conduct compelling interviews. 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 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 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. The interviewed investigator reported that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not based on a person’s position or status in the program; however prior reports will be reviewed and taken into consideration. It was also reported that under no circumstance would they require a resident who has alleged sexual abuse to submit to a polygraph examination. 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. (f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse. (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. 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. During interview, the investigator reported that administrative interviews are documented in written reports. The reports will include any information that was used to make the final determination such as video and audio footage, interviews, pertinent factors that should be considered (such as an individual's mental or physical state at the time of the interviews). Additionally, every effort is taken to determine what may have contributed to the incident. 115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Allegations of sexual abuse or sexual harassment that are criminal in nature are referred to local law enforcement. The investigator interviewed reported that the incident would be referred for prosecution when any criminal behavior is suspected. The investigator reported that a preponderance of evidence will also be taken into consideration. 115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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. 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. 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 departure of the alleged abuser or victim from employment or control of the

	facility or Rite of Passage shall not provide a basis for terminating an investigation. The interviewed investigator reported that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation; the investigation will continue and referred to the appropriate entities. 115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. Any State entity or Department of Justice component that conducts such investigations does so pursuant to the above requirements. 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. 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. The interviewed investigator reported that when an outside agency investigates an incident of sexual abuse in the program, the investigator will assist in the process as needed. The interviewed PREA Coordinator reported that when an outside agency investigates allegations of sexual abuse, administration cooperates fully with any outside investigations. The PREA Coordinator or designee will communicate regularly with the investigating body to stay informed of the progress. Current operations and practices meet the requirements of PREA Standard 115.371 Corrective Action: (None)

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.372: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.372, p. 43 3. Investigations (2) 4. PRE Audit Questionnaire The following staff was interviewed to determine compliance with this standard: Specialized Staff (1)

	1. Investigator The following describes how the evidence above was used to draw the conclusion regarding compliance: 115.372 (a): 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. 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. The interviewed investigator stated that a preponderance of evidence is the standard used to substantiate an allegation of sexual abuse or sexual harassment. Investigator further elaborated that the standard of proof in administrative investigations is the preponderance of the evidence. The facility had no allegations of sexual abuse during the 12 months preceding the audit. Based on review of investigation files associated with administrative findings of substantiated cases, it appeared that the program used PREA-related standards of preponderance of evidence. Current operations and practices meet the requirements of PREA Standard 115.372. Corrective Action: (None)

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.373: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.373, p. 44 3. Investigations (2) 4. PRE Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Program Director 2. Investigators 3. Resident that Report Sexual Abuse (NA) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

	115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In response to the PAQ: 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: 2 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: 2 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. The facility reported in the PAQ that there were 2 administrative investigations of alleged resident sexual abuse that were completed by the program. Both residents were notified verbally or in writing, of the results of the investigations. 115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. 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. The program utilizes an outside entity to conduct criminal investigations. In response to the PAQ, there were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months. The program policy also states that the investigator shall request the relevant information from the investigative entity in order to inform the Resident. 115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 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 of 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. 115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 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 abuse 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. 115.373 (e): All such notifications or attempted notifications shall be documented. 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. 115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. 115.373 (f): The auditor is not required to audit this provision. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.376:

	1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.376, p. 45 3. Investigations (2) 4. PRE-Audit Questionnaire The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Staff are subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. No staff member has been disciplined for violating policy during the 12-months preceding the audit. 115.376 (b): Termination shall be the presumptive disciplinary sanction for staff that has engaged in sexual abuse. In response to the Pre-Audit Questionnaire: In the past 12 months, the number of staff from the facility that has violated agency sexual abuse or sexual harassment policies: 0 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 Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. 115.376 (c): Disciplinary sanctions for violations of agency 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. 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. In response to the Pre-Audit Questionnaire: 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 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: 0 115.376 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement and social services agencies. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.377: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.376-115.378, p. 45 3. PRE Audit Questionnaire The following staff were interviewed to determine compliance with standard 115.377: Specialized Staff (1) 1. Program Director The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility does not employ individual contractors. In response to the Pre-Audit Questionnaire: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0

	115.376 (b): The facility shall take appropriate remedial measures, and shall consider 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. (b) 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. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted. Corrective Action (None)

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.378: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.378, p. 47 3. Investigations (2) 4. PRE-Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (3) 1. Program Director 2. Medical 3. Mental Health The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. 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. In response to the Pre-Audit Questionnaire:

	In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 115.378 (b): Any disciplinary sanctions shall be 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. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the ab use committed, the student's disciplinary history, and the sanctions imposed for comparable offenses by other students with similar histories. In the event a disciplinary sanction results in the isolation of a student, programs shall not deny the student daily large muscle exercise or access to 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. The facility does not utilize isolation. In response to the Pre-Audit Questionnaire: 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 that 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: 0 115.378 (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 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. The interviewed Program Director reiterated that the program is a therapeutic treatment facility. When assessing sanctions, a resident’s mental disability or mental illness is taken into consideration when making disciplinary sanction decisions.

	115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency 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. 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 requires 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 general programming or education. 115.378 (e): The agency may discipline a resident 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. There have been no allegations of sexual abuse during the 12 months preceding the audit. No resident has been disciplined for sexual contact with staff. 115.378 (f): 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. 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. 115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The agency prohibits all forms of sexual activity. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.381: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.381, p.48 3. ROP Safe Environmental Standards Policy 115.341, p.23-24 4. ROP PREA Compliance Policy 5. Vulnerability Assessment Instrument Risk of Victimization (2) 6. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (3) 1. Residents who Disclosed Prior Sexual Victimization at Risk Screening (2) 2. Staff Responsible for Risk Screening 3. Medical Staff 4. Mental Health Staff The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. 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. 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: 0 The facility reports on the PAQ that no youth has disclosed prior victimization during the 12-months preceding the audit; however, the auditor interviewed two youth that were identified by mental health staff that disclosed prior victimization during the intake screening. The auditor reviewed two Vulnerability Instrument Risk of Victimization forms for youth that disclosed prior victimization during the intake screening. 115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up

	meeting with a mental health practitioner within 14 days of the intake screening. 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. As stated previously, residents that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community will be offered a follow up meeting with a mental health practitioner within 14 days. The interviewed staff responsible for risk screening reported that if a screening indicates that a resident previously perpetrated sexual abuse a follow up meeting with a mental health practitioner would occur within 14 days. Youth who reported previous perpetration were provided access to follow up mental health care. 115.381 (c): 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. 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. 115.381 (d): 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. (d) 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. The interviewed medical and mental health staff reported that informed consent from residents, before reporting prior sexual victimization that did not occur at the program, occurs at intake. Their informed consent is obtained by going over the form with the resident and on occasion from the parents as well (depending on the custody of the resident). The auditor interviewed two (2) residents who disclosed prior sexual abuse during the on-site portion of the audit. Current operations and practices meet the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed. Corrective Action: None

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.382: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.383, p.49 3. ROP Safe Environmental Standards Policy 115.341, p.23-24 4. ROP PREA Compliance Policy 5. Rite of Passage Safe Environmental Standards Student Services Offered Acknowledgement 6. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Security Staff and Non-Security Staff First Responders 2. Medical Staff 3. Mental Health Staff 4. Residents who Reported a Sexual Abuse (NA) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.382 (a): Resident 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. 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. In response to 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. Interviewed mental health and medical staff reported that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification. Medical and mental health staff interviewed during the site review was able to clearly state their responsibilities in responding to a reported incident of sexual abuse there have been no allegations of sexual abuse during the 12 months preceding the audit. 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. 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. 115.382 (c): Resident victims of sexual abuse while incarcerated 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. In response to 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 through the programs medical team. There were no residents at the program who reported sexual abuse while at the program. However, the interviewed medical and mental health staff reported that any current or follow up services needed would be coordinated with the onsite medical staff. 115.382 (d): 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. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incidents. At time of audit, there were no residents who reported sexual abuse. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.382 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with

	standard 115.383: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.383, p.50 3. ROP PREA Compliance Policy 4. Rite of Passage Safe Environmental Standards Student Services Offered Acknowledgement 5. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse (NA) The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.383 (a): The facility shall 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. Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused. 115.383 (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. The above referenced policy further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with medical and mental health staff indicated that the evaluation of and treatment of offenders who have been victimized entail: • Referral for forensic medical services (local hospital). • Conduct follow up services' onsite clinical assessment or medical services. • Mental health will do an initial treatment and service plan. • If close to release refer to community-based services. • If necessary, the program can call on an outside group to conduct emotional supportive services Additionally, staff will assess the nature of the incident; emotional reactions and how impactful. Services can range from a trauma focused therapeutic modality. 115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care. 115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Medical services staff must request

	the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offered pregnancy prophylaxis. 115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. In response to the PAQ, if pregnancy results from sexual abuse while incarcerated, will ensure victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas a pregnancy test was necessitated. 115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Staff will ensure that residents of sexual abuse are provided a sexually transmitted infections test, along with receiving any necessary follow up medical care. 115.383 (g): 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. The agency provides treatment services without financial cost to victims. As reported in the PAQ, the WOW program 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. There were no substantiated allegations of sexual abuse, based on resident-on-resident reports. As reported by the medical and mental health staff, there were allegations of prior history of sexual abuse, and the facility provides services based on the unique needs of the residents. 115.383 (h): The facility shall 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. As reported in the PAQ, the program 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. The interviewed mental health staff reported that the evaluation and treatment of residents at the program is an ongoing process. The auditor has determined current operations and practices meet the requirements

	of PREA Standard 115.383 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.386: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.386, p.51 3. ROP PREA Compliance Policy 4. Investigations (2) 5. ROP Administrative Response Review (2) 6. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Program Director or Designee 2. PREA Coordinator The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision): 115.386 (a): The facility shall 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. In response to the Pre-Audit Questionnaire: 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: 2 A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. 115.386 (b): Such reviews ordinarily occur within 30 days of the conclusion of the investigation. The facility completes a ROP Form- Safe Environment Standards Administrative and Response Review. (1) Such review shall be completed within 30 days of the conclusion of the investigation.

	(2) The RIIP shall report findings to site upper-level management. (3) 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. 115.386 (c): The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The site management team and RIIP make-up the incident review team. The team is inclusive of upper level management, medical and mental health practitioners. (c) 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. The team also examines the areas in the facility where the incident allegedly happened to assess physical barriers; along with staffing levels, and monitoring of technology. One of the team members reported that they previously identified a blind spot in the recreation yard and took action by installing additional cameras. It was also reported that video and monitoring of technology is ongoing. 115.386 (e): The facility implements the recommendations for improvement, or shall document its reasons for not doing so. In response to the PAQ, the program, implements the recommendations for improvement of documents its reasons for not doing so. Upon review of the two completed PREA Administrative Response Review reports, there were no identified substantiated cases of sexual abuse. There were no policy or practice changes identified.

	The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.387: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.387, p.52 3. PRE Audit Questionnaire The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 115.387 (c): The incident-based data collected 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. 115.387 (a/c): As discussed in the PAQ, the program, reviewed data collected and aggregated under to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. 115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually. Based upon the auditor’s review of available annual reports and per policy, agency data is aggregated annually. The facility is compliant with the intent of the provision. 115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Each RIIP shall aggregate the incident-based sexual abuse data at least annually. 115.387 (e): The agency also shall obtain incident-based and aggregated data from

	every private facility with which it contracts for the confinement of its residents. The program does not contract for the confinement of youth. 115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. 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. The program will provide all program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department’s Survey of Sexual Violence, Form SSV-5. The Department of Justice has not requested the Survey of Sexual Violence Form from the facility. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.388: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.387, p.52 3. 2022-Annual Report DERMOTT 4. DERMOTT 2020 Annual PREA Report 5. PRE Audit Questionnaire The following staff were interviewed to determine compliance with this standard: Specialized Staff (2) 1. Program Manager 2. PREA Coordinator The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.388 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

	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. The interviewed Program Director stated that data will be used to identify problem areas and use this information to improve program protocols, policies, training, and facility enhancements. This will be reviewed after discussion of PREA allegations during the monthly team meetings. The interviewed PREA Coordinator reported that the program reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. It was also reported that the number of allegations is assessed regularly during periodic PREA Response Team meetings, and annual data is reviewed by the PREA Coordinator. This information is used to determine if additional surveillance equipment is needed, if supervision strategies should be adjusted, or if additional training is needed for staff or students. 115.388 (b): 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 agency's progress in addressing sexual abuse. The agency prepares an annual report that includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. 115.388 (c): The agency's report shall be 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. The agency makes its annual report readily available to the public at least annually through its website http://Dermotttc.com. The annual reports are approved by the facility Director and PREA Coordinator. 115.388 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. 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. The nature of the material

	redacted will be noted. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.388 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.389: 1. PREA Policy Statement 600.600 2. ROP Safe Environmental Standards Policy 115.387, p.52 3. 2022-Annual Report DERMOTT 4. DERMOTT 2020 Annual PREA Report 5. PRE Audit Questionnaire The following staff was interviewed to determine compliance with this standard: Specialized Staff (1) 1. PREA Coordinator The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 15.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency ensures that incident-based and aggregated data are securely retained. 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 public, at least annually, through its website. Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is securely retained in the site Human Resources Department. 115.389 (b): The agency shall 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. The Dermott Treatment Center makes all aggregated sexual abuse data, from the program under its direct control readily available to the public at least annually through its website @ https://Dermotttc.com/.

	115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Before making aggregated sexual abuse data publicly available, the organization removes all personal identifiers. 115.389 (d): The agency 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. 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. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.389 based upon documentation provided and interviews conducted. Corrective Action: (None)

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.401: 1. DERMOTTTC Inspection The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 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. The DERMOTTTC program website contains the results of the PREA audit conducted since 2020. DERMOTTTC was last audited June 2023; the facility was compliant in all PREA Standards. Reports can be found at https://Dermotttc.com/sample-page.�� 115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. 115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

	During the on-site portion of the audit, the auditor was given complete access to, and the ability to observe, all areas of the audited facility. During the site review, the auditor was accompanied by the facility staff. During the site tour the auditor informally interviewed residents and 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. 115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). During the onsite visit, the auditor was provided with 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. During the report writing phase the auditor requested additional documentation, the facility provided all requested documents. 115.401 (m): The auditor shall be permitted to conduct private interviews with residents. The auditor was provided with a private room to conduct resident and staff interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The room provided for interviews was soundproof and confidential from other residents which were judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related information during interview. All individuals interviewed were forthcoming and polite, no individual refused interview. One resident interviewed became disengaged as the auditor preceded to the questions on the last page of the interview questions. 115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received from youth, staff, volunteers, or outside interested parties. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided. Corrective Action: (None)

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision) 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. The program posts its PREA Audit reports on the agency website at https://Dermott-tc.com/sample-page/. The reports are available for review by the public. There is a link to the Final PREA Audit reports provided on the right section of the page, under forms and reports. The program is compliant with the intent of the provision. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided. Corrective Action: (None)

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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	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)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	functions of the facility? (N/A for non-secure facilities)	
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with residents with disabilities including residents who: Have intellectual disabilities?	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: 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	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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.)	na
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.)	na
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	yes

	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.)	
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	yes

	interviews?	
	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 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.)	yes
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	**Policies to ensure referrals of allegations for investigations**	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

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	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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	yes

	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.)	
	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?	yes
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	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

	prosecution?	
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	yes

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	**Access to emergency medical and mental health services**	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	na

	the confinement of its residents.)	
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.)	na
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	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.)	na
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