

PREA Facility Audit Report: Final

Name of Facility: The Oaks Brownwood

Facility Type: Juvenile

Date Interim Report Submitted: 01/25/2022

Date Final Report Submitted: 01/25/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Natasha Mitchell	Date of Signature: 01/25/2022

AUDITOR INFORMATION	
Auditor name:	Mitchell, Natasha
Email:	nshaferdu@gmail.com
Start Date of On-Site Audit:	07/12/2021
End Date of On-Site Audit:	07/13/2021

FACILITY INFORMATION	
Facility name:	The Oaks Brownwood
Facility physical address:	800 FM 3254, Brownwood, Texas - 76801
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Melanie Barker
Email Address:	melanie.barker@rop.com
Telephone Number:	3258008806

Superintendent/Director/Administrator	
Name:	Tarino Russell
Email Address:	tarino.russell@rop.com
Telephone Number:	303.588.7198

Facility PREA Compliance Manager	
Name:	Melanie Barker
Email Address:	melanie.barker@rop.com
Telephone Number:	O: (325) 800-8806

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	51
Average daily population for the past 12 months:	52
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	10-18
Facility security levels/resident custody levels:	secure
Number of staff currently employed at the facility who may have contact with residents:	50
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	17
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:	7752679411

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

Agency-Wide PREA Coordinator Information

Name:	Karen Murray	Email Address:	karen.murray@rop.com
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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:

42

Number of standards not met:

1

- 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-12
2. End date of the onsite portion of the audit:	2021-07-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Hendricks Trauma Center was contacted to confirm that the residents at the Oak Academy would receive the same services as the general public. The nurse in charge confirmed that the residents residing at the Oaks Academy would receive services at the Hendricks Trauma Center and the services would be consistent with the services provided to the general public.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	52
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	58
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	50
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The PREA Compliance Manager provided the auditor with the resident roster. The auditor did a random selection of residents and each resident identified by the auditor participated in an interview.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Collaboration with the Program Director and PREA Compliance Manager.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> 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).	Collaboration with the Program Director and PREA Compliance Manager.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> 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).	Collaboration with the Program Director and PREA Compliance Manager.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	5

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The staff were selected based on their availability on the day of the onsite audit.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p>
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Grievance officer.</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Mullins Independent School District teachers did not have access to the residents at Oaks Academy during the onsite audit phase due to the national pandemic.

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	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.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor received the resident and staff roster at the beginning of the onsite audit phase. The following documents were reviewed onsite and provided to the auditor during the report writing phase: grievances, shift log, training logs, risk screening tool, and residents orientation and education acknowledgment forms.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	1	1	1	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	1	2	2
Total	2	1	2	2

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	2	1	0
Total	0	2	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

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

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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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
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 509 297">Documentation Reviewed:</p> <ul data-bbox="240 329 644 584" style="list-style-type: none"> · Facility PAQ · PREA Policy · ROP Safe Environment Standards · ROP Organizational Chart · The Oaks Organizational Chart <p data-bbox="240 674 1401 734">115.311(a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p data-bbox="240 766 1461 891">Rite of Passage has a zero tolerance policy against all forms of sexual abuse and sexual harassment. Rite of Passage prohibits all sexual activity between or with any student(s) under our care and supervision. No staff may work at an ROP program before completing PREA training. Personnel are exempt from completing prior PREA training when responding to an emergency.</p> <p data-bbox="240 981 1437 1041">115.311(a)-2 The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p data-bbox="240 1072 1485 1234">Staff that has been found to have participated in any of the above behaviors will be terminated from employment and the matter will be reported to the appropriate law enforcement and social services agencies. Volunteers and contractors found to have participated in activity in this policy will be reported to the appropriate law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program.</p> <p data-bbox="240 1265 1485 1357">Staff sanctions for participating in sexual harassment can include disciplinary action up to and including termination. Sanctions for volunteers and contractors include prohibition from any further contact with any student and denial of access to any program.</p> <p data-bbox="240 1447 1406 1473">115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 1505 608 1532">PROCEDURES AND DEFINITIONS</p> <p data-bbox="240 1563 1406 1624">Sexual abuse of student by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the student:</p> <ol data-bbox="240 1655 1485 2130" style="list-style-type: none"> (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; (2) Contact between the mouth and the penis, vulva, or anus; (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire; (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

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

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

(9) Any act of photographing, videotaping, filming, digitally recording or otherwise viewing, with or without a device, a student with the intent to arouse or gratify sexual desire.

Staff that has been found to have participated in any of the above behaviors will be terminated from employment and the matter will be reported to the appropriate law enforcement and social services agencies. Volunteers and contractors found to have participated in activity in this policy will be reported to the appropriate law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program.

Sexual abuse of a student by another student is defined as:

1. Any completed, threatened, or requested touching of the genitalia, anus, groin, breast, inner thigh, pubic area or buttocks with the intent to arouse or gratify sexual desire.
2. Any act of exposing the genitalia, anus, groin, breast, inner thigh, pubic area or buttocks.
3. Any act of intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person.

Students that have been found to have participated in any of the above behaviors will be reported to social services program and law enforcement for formal investigation.

An immediate response to any student who is under investigation for any alleged sexual abuse will be subject to the following:

1. Immediately remove the alleged perpetrator away from victim (both sight and sound)
2. Determine if the perpetrator is a risk to others; if yes, they must be isolated from all students immediately.
3. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
4. An incident report should be completed.
5. All sexually abusive behavior allegations, investigations, etc., including information and documents pertinent to the allegation, will be handled with sensitivity and the appropriate level of confidentiality.
6. Information will normally only be revealed on a "need to know" basis or in defense of disciplinary and/or legal action.
7. Breaches of confidentiality may result in administrative, disciplinary, civil and/or criminal action.

A referral will be made to the program's Multi-Disciplinary Team (MDT) to review the appropriateness of the alleged perpetrators continued involvement in the program.

Sexual Harassment of a student by a staff member, contractor, volunteer or other student is defined as:

1. Any sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive nature by one student directed towards another student; and
2. Any verbal comments or gestures of a sexual nature to a student by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff sanctions for participating in sexual harassment can include disciplinary action up to and including termination. Sanctions for volunteers and contractors include prohibition from any further contact with any student and denial of access to any program.

115.311(b)-1 The agency employs or designates an upper-level, agency-wide PREA coordinator.

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

Interviews:

- Program Director
- PREA Coordinator
- PREA Compliance Manager

Rites of Passage, Inc. has a designated PREA Coordinator who is responsible for a specific region of the country. The PREA Coordinator indicated during her interview that she has sufficient time to fulfill her duties and has the necessary authority to oversee the facilities under her purview compliance. She indicated the Compliance Coordinator for the Oaks Brownwood facility is designated as the PREA Compliance Manager. The PREA Coordinator does not have supervisor responsibilities over the Program Director or the PREA Compliance Manager; however, she has developed a partnership with both and works alongside of both practitioners to oversee compliance. She stated she maintains ongoing communication with the PREA Compliance Manager and convenes periodic meetings to address the standards and any corrective action necessary.

The Oaks Brownwood Compliance Coordinator/PREA Compliance Manager said she has sufficient time to oversee the facility's compliance with the standards and appreciates the guidance and support that she receives from the PREA Coordinator. On the facility organizational chart the PREA Compliance Manager is identified as the Compliance Coordinator. She explains she oversees the facility's compliance with a variety of standards that the agency has committed to implementing within the facility. She also has been tasked with the responsibility to provide and oversee the various training requirements, which includes the juvenile PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environments Standards <p>Interviews:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>Rite of Passage (ROP) holds a contract with counties within the state of Texas as well as the Texas Juvenile Justice Department (TJJD) to provide services for adjudicated and committed youth. The contractual agreement between ROP and TJJD has language that requires implementation of the juvenile PREA standards. The Oaks Brownwood does not contract with any other provider for the confinement of residents in their physical custody for treatment and supervision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents.</p>

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- 2021 Staffing Plan
- Unannounced Rounds from February to June 2021

Documentation Reviewed During Onsite Phase of Audit

115.313(a)-1 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.

Rite of Passage programs will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each student against sexual abuse. When with a student, staff is to remain in an area that can be observed by another staff member directly or through video monitoring system. In situations where additional staffing is needed, the Program Director/ Manager will be notified and additional staff will be made available.

115.313(c)-1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

The RIIP will ensure that PREA Site Compliance Managers, along with the Program Directors, will conduct an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate to ensure the protection of students against sexual abuse.

In secure programs staffing patterns must take into account the student population, the composition of the student population and applicable Federal, State and local laws. By October 1, 2017 every secure ROP program must maintain a staffing ratio of 1:8 during student waking hours and 1:16 during student sleeping hours. Only Group Living staff may be included in these ratios.

115.313(e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Rite of Passage will conduct unannounced rounds on all shifts, including overnight shifts, to ensure adequate supervision, and to identify and deter staff from sexual misconduct and sexual abuse. All staff are prohibited from alerting other staff members that these rounds are being conducted. Rite of Passage will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each student against sexual abuse.

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

The facility has developed a staffing plan that takes into account the number of residents and their programming activities throughout the day. Since ROP acquired the Oaks Brownwood contract in June of 2020, the average daily number of residents has been fifty-two (52) and the average daily number of residents on which the staffing plan was predicated is eighty (80). The PREA Coordinator, PREA Compliance Manager, and Program Director confirmed that the facility developed

a staffing plan that took into consideration the staffing levels to protect residents against sexual abuse. The facility video monitoring system, camera placement, and body worn cameras is also included in the documented staffing plan. Documentation was provided to the auditor to demonstrate that the plan takes into consideration the 11 elements required by the standard. The Program Director says he checks for compliance with the staffing plan through the facility schedule, personal observations, and shift logs. The PREA Compliance Manager confirmed that all aspects of this provision of the standard are considered when assessing adequate staffing levels and the need for video monitoring.

The PREA Coordinator as well as the Program Director indicated the Oaks Academy does not deviate from their established staffing plans except in exigent circumstances (i.e., staff or youth emergency). In such a case, the facility would enlist support from volunteer staff or select a staff member from the mandatory list. A deviation would be temporarily and would never extend an entire day.

Documentation was provided that demonstrated that the most recent staffing plan was reviewed on or around June 8, 2021, and was signed by the Program Director, the PREA Compliance Manager, and PREA Coordinator. The review process covered all factors required according to the standard.

During the auditor's review of the facility Master Control Daily Log Book for the 1st, 10th, and 21st from January to July 2021, the documentation demonstrates that the facility does not consistently adhere to the staffing ratios. The Program Director indicated the facility will utilize all trained staff (i.e., administration, maintenance, human resource staff, etc.) to provide temporary coverage in any instance that the facility is not in compliance. Staff interviews at every level indicated the facility is experiencing staffing challenges due to a variety of reasons. When the facility does not meet the staffing ratios the supervisor will ask for a volunteer to stay longer or come in earlier to provide coverage; or the supervisor in charge will rely on the call-in list to fill the void.

Documentation provided to the auditor indicates the facility has fifty (50) employees that have contact with the residents and has the certification to provide direct care services.

Documentation was reviewed during the audit that demonstrated the intermediate-level and higher-level staff consistently conducts unannounced rounds. A review of the Daily Site Unannounced Rounds form demonstrated that the unannounced rounds are in compliance with the PREA standards and occur frequently and at variable times. The auditor was able to verify that the unannounced rounds occur frequently without warning. The unannounced form is another area where the facility documents the staffing ratio. The documentation indicates the dorms are consistently out of compliance with the staffing ratios.

Corrective Action: Track staff to resident ratio and document staff movement and coverage when there is a change or correction in those staff responsible for providing direct supervision to the residents.

Corrective Action Phase: The Oaks Academy provided the auditor with Master Control Daily Log Book for the 1st, 10th and 21st for September, October, and November 2021. The logs as well as the logs provided for unannounced rounds demonstrate the facility does not consistently meet the staffing ratios per the juvenile standards or the standards established according to the TJJD contractual agreement.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not in compliance with this standard regarding supervision and monitoring. Does not meet standard.

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Search Training Logs · Search Training Curriculum · Safe Environment Standards Assessment/Quiz <p>115.315(a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room.</p> <p>Rite of Passage prohibits cross-gender pat down searches.</p> <p>115.315(d)-1 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).</p> <p>Staff will control and supervise all individual and group youth movement to and from living units, programs, work assignments and supervised off-grounds trips.</p> <p>Youth or groups of youth shall not be given control or authority over other youth.</p> <p>Direct supervision staff shall be posted in youth living units to permit staff to facilitate personal contact, to observe, to hear, and to respond promptly.</p> <p>Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes or performing bodily functions except when such view is incidental during routine cell (bed) checks.</p> <p>115.315(d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p style="padding-left: 40px;">Staff will control and supervise all individual and group youth movement to and from living units, programs, work assignments and supervised off-grounds trips.</p> <p style="padding-left: 40px;">Youth or groups of youth shall not be given control or authority over other youth.</p> <p style="padding-left: 40px;">Direct supervision staff shall be posted in youth living units to permit staff to facilitate personal contact, to observe, to hear, and to respond promptly.</p> <p style="padding-left: 40px;">Students shall notify staff verbally prior to changing their clothes, showering or using the restroom. When staff are entering opposite sex housing units, they will announce their presence.</p> <p>115.315(e)-1 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.</p> <p>Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of</p>

determining the student's genital status.

Interviews:

- Program Director
- PREA Coordinator
- Random Staff
- Resident who identifies as LGBTQI
- Random Residents

According to the facility PAQ, Oaks Brownwood does not conduct cross-gender strip or cross-gender visual body cavity searches of any resident in the 12 months preceding the audit. Staff interviews indicated the male staff that work at the Oaks Academy are responsible for conducting all searches. The female staff are not allowed to conduct a cross-gender external, body or pat-down search except in exigent circumstances. During the onsite audit the Oaks Academy was adequately staffed with male staff to provide appropriate services for the male population. Staff and resident interviews indicated female staff members are not allowed to conduct any type of search that involves searching their bodies but they are allowed to search their property and their rooms.

The residents have the appropriate facilities to shower, perform bodily functions, and change clothing, which is in the privacy of an individual room, bathroom, and shower stalls. The resident interviews indicated while residents are showering, male and female staff are allowed to provide supervision within close proximity. The residents indicated the staff will position themselves in the area of the bathroom but they are not inside the shower or shower area.

Staff and resident interviews explain that opposite gender announcements are provided verbally and all of the resident's that they understand the announcement means if they are in a state of undress that they should get dressed to protect themselves and the staff member from violating PREA.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's physical anatomy. The staff suggests searching a resident who identifies as transgender to determine their biological sex could result in disciplinary action and understand they should gather the information by interviewing the resident and contacting an administrator or supervisor for assistance.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 644 470" style="list-style-type: none"> <li data-bbox="240 331 427 358">· Facility PAQ <li data-bbox="240 389 644 416">· ROP Safe Environment Standards <li data-bbox="240 445 571 472">· PREA Brochure in Spanish <p data-bbox="240 560 1437 618">115.316(a)-1 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.</p> <p data-bbox="240 649 1474 775">The program shall take appropriate steps to ensure that students with disabilities (including, for example, students who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 864 352 891">Interviews:</p> <ul data-bbox="240 922 480 1061" style="list-style-type: none"> <li data-bbox="240 922 472 949">· Program Director <li data-bbox="240 981 440 1008">· Random Staff <li data-bbox="240 1039 480 1066">· Random Resident <p data-bbox="240 1153 1469 1247">According to the PAQ and interviews with the Program Director, PREA Coordinator, and PREA Compliance Manager state ROP has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1279 1485 1503">According to the PAQ, the facility did not have any instances where resident interpreters, readers, or other types of resident assistants have been used in the 12 months preceding the audit. Staff interviews confirmed the agency would use a Spanish speaking staff member or a professional services provider for interpretation services. During interview with the staff they indicated the facility has not utilized a resident interpreter, resident reader, or any other type of resident assistance when educating the residents about PREA. They also state the staff would not use a resident to assist with translation or interpretation if there was an allegation of sexual abuse or sexual harassment, except in instances where there is an imminent threat and a delay could increase the risk.</p> <p data-bbox="240 1534 1422 1628">CORRECTIVE ACTION: ROP/the Oaks Academy should identify as translation or interpretation service provider and establish a partnership, contract or memorandum of agreement to serve residents who are identified as limited English speaking.</p> <p data-bbox="240 1659 1398 1718">Recommend: Have the PREA brochure "Safe Environment Standards: A Student Guide to Rights, Protections, and Reporting of Sexual Abuse" translated into Spanish.</p> <p data-bbox="240 1749 1469 1807">CORRECTIVE ACTION PHASE: The facility provided the auditor with an account with the Language Line Solutions, which detailed the facility's 8-digit pin and authentication code.</p> <p data-bbox="240 1897 360 1924">Conclusion:</p> <p data-bbox="240 1955 1461 2016">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. Meets standard.</p>

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Background Record Clearance Check Policy · Background Investigation Notification and Authorization Form <p><i>115.317(a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—</i></p> <p><i>(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);</i></p> <p><i>(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</i></p> <p><i>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</i></p> <p>The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997);</p> <p>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</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in this policy.</p> <p><i>115.317(b)-1 Agency 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.</i></p> <p>The program 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 students.</p> <p>Before hiring new staff who may have contact with students, the program shall:</p> <ul style="list-style-type: none"> Perform a criminal background records check; Consult any child abuse registry maintained by the State or locality in which the staff would work; and Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. <p><i>115.317(c)-1 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.</i></p> <p>The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:</p>

Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997);

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

Has been civilly or administratively adjudicated to have engaged in the activity described in this policy.

115.317(d)-1 Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

Every volunteer will have background checks conducted prior to volunteering in the program. The background checks will be conducted in accordance with state, licensing or contractual requirements.

115.317(e)-1 Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Rite of Passage will require every candidate for employment, as well as contractors, within the program to undergo and pass background checks, to include state and federal, prior to hiring. Every staff is required to undergo an additional background check every five years, or more frequently per state, licensing or contractual requirements.

115.317(g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

1. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Interviews:

- PREA Coordinator
- Human Resources/Background Clearance Staff
- Random Staff

The auditor was informed that applicants have to answer approximately twenty-one (21) questions and of those questions asked require the applicant to disclose their history related to allegations of sexual abuse and sexual harassment. The auditor was informed that current employees are periodically asked the same questions about misconduct during their employment. The HR representative stated the agency asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of an annual review for current employees.

Additionally, the HR representative indicated the Oaks Academy employees fall under the current Texas law which flags all certified JSO's. Anytime an employee is arrested, charged or summoned for any criminal offense the human resource representative will be contacted by the Texas Juvenile Justice Department (TJJD) background unit. All of the Oaks Academy employees have an affirmative duty to self-report all disqualifying offenses within 24-hours of the arrest. When an employee fails to disclose there could disciplinary action up to and including termination.

The HR representative confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. The contractors who provide services at the Oaks Academy are teachers from the Mullins Independent School District. The teachers are held to same standards with regards to a criminal background check. The background check is conducted by the Texas Department of Education, and prohibits certified teachers from maintaining their certification if during any criminal and/or administrative investigation that the individual engaged in sexual misconduct.

The HR representative confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees and contractors who may have contact with the residents. The HR representative also confirmed the TJJD background check unit is responsible for running a clearance check through the child

protection services and there are periodic checks during an employee's employment with the Oaks Academy.

The HR representative confirmed ROP has the authority to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee but the request must be processed through the Corporate Director of Human Resources who is the sole individual who has the authority to respond to such requests.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Executive Director · Program Director <p>During the Executive Director's interview he indicated when acquiring a new building/facility ROP will consider the building design. The preference is an open floor design instead of the older correctional style floor plans. The preference is to ensure modern day supervision practices are more easily implemented and security methods can be installed. He indicated the open floor plan decreases blind spots and increases visual observation. The open floor plan also eliminates corners and closed space.</p> <p>The building that houses residents who reside at the Oaks Academy is a state-owned facility that is under the management agreement with ROP. Oaks Academy reports to the Brown County Juvenile Board and the State of Texas Department of Family Services.</p> <p>When ROP acquired the contract to operate the Oaks Academy they inherited a video monitoring system. The current system has ninety (90) cameras in the main building and ten (10) cameras in the modular structures that serve as the education department. There are also ten (10) body worn cameras designated for the overnight staff. During the interview with the Executive Director and the Program Director, both indicated there are future plans to modernize the current video monitoring system, and to ensure there is a camera in every area of the building that is accessible to the residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Advocacy Request Memo (Dated August 25, 2020) · SANE Services Request Memo (Dated August 26, 2020) · Additional Education Acknowledgement <p><i>115.321(a)-1 The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</i></p> <p>To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p><i>115.321(c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations.</i></p> <p>The program shall offer all students who experience sexual abuse access to forensic medical examinations whether on-site or at an outside program, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners informed on the protocols listed above. The program shall document its efforts to provide SAFEs or SANEs medical practitioners and place in the student's medical file.</p> <p><i>115.321(d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.</i></p> <p>The program shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program shall make available to provide these services a qualified staff member from a community-based organization or a qualified program staff member. The program shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The program may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement program) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.</p> <p>The program shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program shall make available to provide these services a qualified staff member from a community-based organization or a qualified program staff member. The program shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The program may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement program) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.</p> <p><i>115.321(e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</i></p>

As requested by the victim, the victim advocate, qualified program staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals

115.321(f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check NA if the agency/facility is responsible for administrative and criminal investigations.

To the extent the program itself is not responsible for investigating allegations of sexual abuse, the program shall request that the investigating program follow the requirements of paragraphs(a) through (e) of this section.

Interviews:

- SANE Staff
- Random Staff

The Office of Inspector General (OIG) is the agency responsible for conducting administrative investigations and the Brownwood Sheriff's Department is responsible for conducting all criminal investigations. All investigations conducted by the OIG would be conducted according to standard investigatory protocols. ROP/Oaks Academy would not be responsible for referring criminal allegations for prosecution; however, the Program Director, Executive Director, and the PREA Coordinator indicated the agency would fully cooperate with criminal investigations and prosecutions.

The PAQ provided to the auditor, indicated there were zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support in the past 12 months. The Oaks Academy has medical staff and a medical clinic onsite. All residents residing at the Oaks Academy would be transported to the Hendrick Trauma Center in Abilene, Texas for a forensic examination. Hendrick's has trained SANE nurses on staff but in any instance that a nurse is not on shift an on-call SANE nurse would be called to conduct the exam. Additionally, the Hendrick Trauma Center would provide testing, STD Prophylaxis and options as medically determined. The facility medical personnel are qualified to provide testing, administer STD Prophylaxis, and provide additional follow-up medical care as prescribed per discharge orders.

The Oaks Academy would contact the Rape, Abuse and Incest National Network (RAINN), which is a national sexual violence organization that will connect the resident with a local rape crisis center. The residents residing at the Oaks Academy can access the phone by making a request through their case manager, a supervisor, or any available staff on duty to call the rape crisis center hotline number. The PREA Coordinator provided a memo which indicated she made an attempt to contact the local rape crisis center, Heart of Texas Children's Advocacy Center on August 25, 2020.

Recommendation: Continue to reach out to the local rape crisis center to build a partnership or an agreement that would result in the residents at the Oaks Academy having access to advocacy support services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 743 698" style="list-style-type: none"> · Facility PAQ · ROP Safe Environments Standards · Safe Environment Standards Internal Notice · Coordinated Response Plan · Administrative Investigation Report · Administrative Response Review · Survey of Sexual Victimization form <p data-bbox="240 788 1453 846"><i>115.322(a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</i></p> <p data-bbox="240 882 1469 1003">Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Program Director and Corporate Director of Human Resources.</p> <p data-bbox="240 1093 1453 1191"><i>115.322(b)-1 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.</i></p> <p data-bbox="240 1218 1011 1245">If a criminal investigation is conducted, the program will provide the following:</p> <ol data-bbox="240 1276 967 1473" style="list-style-type: none"> 1. Incident/ Information Reports 2. Access to program and location of the incident 3. Access to students and / or staff involved 4. Access to all records deemed necessary to complete the investigation <p data-bbox="240 1563 352 1590">Interviews:</p> <ul data-bbox="240 1621 488 1760" style="list-style-type: none"> · Program Director · Investigative Staff · PREA Coordinator <p data-bbox="240 1850 1477 2145">According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained administrative and criminal investigators. The OIG would investigate allegations involving abuse and neglect, and any allegation that has a criminal component would be referred to the Brownwood Sheriff's Department. The PREA Compliance Manager would work collaboratively with the PREA Coordinator and the Program Director to conduct all of the facility level administrative investigations. Such an investigation would involve determining if there was a policy or rule violation involving staff and/or a resident. Investigations will be conducted in a timely manner and administrative investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The standard for criminal investigations conducted by the Brownwood Sheriff's Department would be based on the Texas state statute. A report made to the agency or any facility staff member would be documented</p>

on an incident report and the OIG would be notified to initiate a screening to determine an appropriate investigation (state or facility level). The OIG unit is intended to provide the most effective and efficient investigation and to ensure a department that is independent of ROP/Oaks Academy conduct an investigation.

The facility PAQ reports there were five (5) sexual abuse and/or sexual harassment allegations in the past 12 months. All five allegations resulted in an administrative investigation and of the five allegations, two (2) of the allegations were referred to the Brownwood Sheriff's Department for a criminal investigation.

The agency website has information that informs the public about the different methods for reporting allegations of abuse. The website states, "Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior." Interviews with administrators, specialized and direct care staff confirmed that they were knowledgeable of reporting requirements and procedures and all acknowledged they are mandated reporters.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 900 586" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Child Abuse Reporting Policy · ROP Safe Environment Standards Staff Training Curriculum · Staff Zero-Tolerance Acknowledgement form <p data-bbox="240 674 1461 734"><i>115.331(a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):</i></p> <p data-bbox="240 766 1469 826">Rite of Passage programs will provide the following appropriate training to all staff at pre-service and then every six months from the last site training.</p> <p data-bbox="240 913 1326 940"><i>115.331(b)-1 Training is tailored to the unique needs and attributes and gender of the residents at the facility.</i></p> <p data-bbox="240 972 1481 1066">Such training shall be tailored to the unique needs and attributes of students in the programs and to the gender of the students in the programs. The staff shall receive additional training if the staff is reassigned from a program that houses only male students to a program that houses only female students, or vice versa.</p> <p data-bbox="240 1153 1489 1214"><i>115.331(d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</i></p> <p data-bbox="240 1245 1437 1305">The program shall document, through attendance sheet and Form 13.44 which must include staff signature or electronic verification that staff understand the training they have received. Documentation will be kept in employee files.</p> <p data-bbox="240 1393 352 1420">Interviews:</p> <ul data-bbox="240 1451 488 1592" style="list-style-type: none"> · PREA Coordinator · Specialized Staff · Random Staff <p data-bbox="240 1680 1465 1839">All ROP/Oaks Academy new employees receive orientation training before undertaking their assignments. The Regional PREA Coordinator, PREA Site Compliance Manager, Site Trainer or the Human Resource Manager will deliver the training for all full-time, part-time, and contracted mental health care practitioners. The training includes PREA classroom training which includes reviewing the PREA policy, reporting and investigating child abuse and neglect, preventing, and identifying sexual abuse and sexual harassment.</p> <p data-bbox="240 1870 1449 1995">Each year current employees receive annual training and refresher training on a periodic basis throughout the year. The auditor reviewed the training curriculums and determined each module was adequately covered. The PREA curriculum is designed to provide an overview of the PREA standards, describe how PREA compliance will prevent incidents of sexual abuse at ROP facilities.</p> <p data-bbox="240 2027 1465 2152">Between annual trainings the facility will provide refresher trainings during monthly all-team meetings. The auditor received and reviewed signed training acknowledgment forms as well as training transcripts, which demonstrated the staff received training during the 2021 calendar year. The staff interviews indicated they receive annual PREA training per the agency policy. Since ROP took over the operation of the Oaks Academy, the staff received the initial training and have received</p>

ongoing refreshers leading up to the onsite audit. According to the PREA Compliance Manager, the staff are scheduled to participate in their annual training during the 2022 training calendar year.

During staff interviews the staff were fluent in explaining how they would make a report if they received a disclosure, their first responder duties, and how to secure the scene when there is a sexual abuse allegation that requires the collection of evidence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="242 329 766 645" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Volunteer and Contractor Lesson Plan · Volunteer and Contractor PREA Training Test · Volunteer and Contractor Information Handout · Signed Training Acknowledgement Forms <p data-bbox="242 728 1490 792"><i>115.332(a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</i></p> <p data-bbox="242 819 1449 884">All volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 969 352 999">Interviews:</p> <ul data-bbox="242 1025 606 1115" style="list-style-type: none"> · Contract Staff (Medical) · Volunteer (Chaplain Assistant) <p data-bbox="242 1198 1490 1395">Contractors and volunteers are required to complete PREA training for those that have direct access with residents. A review of the training curriculum indicate contractors receive training that instructs them about the zero tolerance policy, professional boundaries, how to recognize the dynamics of sexual abuse and sexual harassment, and how to communicate effectively with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. The Oaks Academy PAQ indicates the facility has seventeen (17) contractors that has consistent access in the facility to provide education services to the residents. The teachers from the Mullins Independent School District receive the same PREA training as the ROP employees.</p> <p data-bbox="242 1422 1465 1552">An interview with a facility contract provider indicated they received PREA training when ROP acquired the contract to provide services at the facility. The contract staff who participated in an interview was able to describe what to look for to prevent sexual abuse and sexual harassment and how to make a report when there is a disclosure. They were clear about their professional boundaries and how to assess the boundaries of others.</p> <p data-bbox="242 1637 363 1666">Conclusion:</p> <p data-bbox="242 1693 1460 1758">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Student Acknowledgement of Zero Tolerance Policy · ROP Student Brochure (English) <p><i>115.333(a)-1 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.</i></p> <p>Students shall receive information explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p><i>115.333(b)-1 The number of 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:</i></p> <p>Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents.</p> <p><i>115.333 (e)-1 The agency maintains documentation of resident participation in PREA education sessions.</i></p> <p>The program shall maintain documentation of student participation in these education sessions in the student file.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Random Staff · Residents <p>Every resident will receive PREA training during the admission process. Resident interviews demonstrated the residents received PREA information during the intake process and the information is delivered within an hour of their arrival to the facility. The facility operating procedure states, "During the intake process, students shall receive ROP Safe Environment Standards 'A Student Guide to Rights, Protections, and Reporting of Sexual Abuse' explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." The residents explained that they would meet with their therapist or case manager within 24 hours of their admission where they would receive additional PREA information and sign an acknowledgement form. Additionally, the residents report they PREA education and information on an ongoing basis.</p> <p>The auditor received documentation during the on-site audit phase that demonstrated the Oaks Academy was not in compliance with the 10-day education requirement. The documentation demonstrated that the majority of the residents did not receive the additional PREA education within 10 days of their admission date. Some documentation demonstrated the resident received the information on their intake date and others demonstrated they received additional education several months after their intake date.</p> <p>The facility PAQ indicates the facility admitted one hundred twelve (112) residents who received PREA information upon intake. The information is delivered to the resident via verbal communication and a brochure, and upon receiving the information the resident will sign the Student Acknowledgement of Zero Tolerance Policy, which will be placed in the</p>

resident's facility file. The PREA Coordinator provided the auditor with documentation which demonstrated that the residents receive PREA information during the intake process and ongoing education while they reside at the facility.

The Oaks had zero tolerance posters and information about the different reporting methods posted throughout the facility. The posters were visible to the auditor on each of the housing units near the programming areas. Resident interviews confirmed that the PREA posters and information is always posted throughout the facility and they review the information during their ongoing education sessions.

Corrective Action: Develop and implement a 10-day PREA education program to ensure every resident receives additional PREA information after their initial introduction to PREA upon intake.

Recommendation: Have the PREA brochure "Safe Environment Standards: A Student Guide to Rights, Protections, and Reporting of Sexual Abuse" translated into Spanish.

CORRECTIVE ACTION PHASE: During the corrective action phase the facility provided documentation to demonstrate the facility has implemented the practice of 10-day resident education for new admissions. The facility will need to implement a quality assurance practice to ensure ongoing compliance.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident education. Meets standard.

115.334	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 509 300">Documentation Reviewed:</p> <ul data-bbox="240 331 935 586" style="list-style-type: none"> <li data-bbox="240 331 427 358">· Facility PAQ <li data-bbox="240 389 644 416">· ROP Safe Environment Standards <li data-bbox="240 448 839 474">· ROP Training for Administrative Investigators Training <li data-bbox="240 506 935 533">· Specialized Training for Administrative Investigators Curriculum <li data-bbox="240 564 799 591">· Specialized Investigation Knowledge Assessment <p data-bbox="240 676 1474 734"><i>115.334(a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.</i></p> <p data-bbox="240 766 1465 860">Any Rite of Passage administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings.</p> <p data-bbox="240 949 352 976">Interviews:</p> <ul data-bbox="240 1008 584 1146" style="list-style-type: none"> <li data-bbox="240 1008 515 1034">· One OIG Investigator <li data-bbox="240 1066 488 1093">· PREA Coordinator <li data-bbox="240 1124 584 1151">· PREA Compliance Manager <p data-bbox="240 1236 1490 1594">The Oaks Academy has one TJJD/OIG investigator who is responsible for conducting all of administrative investigations that involve abuse and or neglect. Additionally, the Regional PREA Coordinator has the required training to conduct an administrative investigation; however, since the PREA Coordinator does not work onsite, they will support and assist the PREA Compliance Manager with the facility investigation. The OIG investigator is not an employee of ROP, the OIG investigator is a full-time employee under the jurisdiction of a state of Texas department. The OIG investigators are post certified. A requirement of their certification is to participate in ongoing training which includes interview techniques and how to conduct sexual abuse investigations. The investigator explained that she receives ongoing training through her agencies training department, and has participated in the NIC investigations training. All sexual abuse and sexual harassment allegations are referred to the OIG for administrative investigations and all criminal investigations are conducted by the Brownwood Sheriff's Department. The PREA Compliance Manager investigates all of the allegations that are referred back to the facility by the OIG.</p> <p data-bbox="240 1684 363 1711">Conclusion:</p> <p data-bbox="240 1742 1461 1800">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="242 329 775 472" style="list-style-type: none"> <li data-bbox="242 329 427 358">· Facility PAQ <li data-bbox="242 387 644 416">· ROP Safe Environment Standards <li data-bbox="242 445 775 474">· Staff Training and Development Documentation <p data-bbox="242 557 1484 618"><i>115.335(a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</i></p> <p data-bbox="242 649 1477 777">Rite of Passage medical and mental health care practitioners who work regularly in its facilities will receive specialized training in how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how/to whom to report allegations or suspicions of sexual abuse and harassment.</p> <p data-bbox="242 864 352 893">Interviews:</p> <ul data-bbox="242 922 432 952" style="list-style-type: none"> <li data-bbox="242 922 432 952">· Medical Staff <p data-bbox="242 1037 1485 1397">The facility provided training acknowledgement forms for three (3) behavioral health practitioners and the one (1) medical practitioner. Interviews with the behavioral health and medical practitioners indicated they received the specialized training that was provided by the PREA Coordinator and they also participate in the general PREA training that is provided to all of the facility staff. Both behavioral health and medical professionals receive annual PREA training and at the completion of the training they sign an acknowledgement, which indicates they received the training and understand that they have a duty to make a report when there is knowledge or suspicion of sexual abuse or sexual harassment. Their response to the interview questions indicated they understand their role in the facility's coordinated response is to provide crisis and trauma care. They stated that they are mandatory reporters and as a result they would make a report "immediately" or "as soon as possible" when they receive a disclosure, or have knowledge or suspicion that a resident has been sexually abused or sexually harassed. They stated they would work closely with the facility to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p data-bbox="242 1485 363 1514">Conclusion:</p> <p data-bbox="242 1543 1461 1603">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 644 470" style="list-style-type: none"> <li data-bbox="240 331 427 358">· Facility PAQ <li data-bbox="240 389 644 416">· ROP Safe Environment Standards <li data-bbox="240 448 639 474">· Student Vulnerability Assessment <p data-bbox="240 560 1469 618"><i>115.341(a)-1 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.</i></p> <p data-bbox="240 649 1469 743">Within 24 hours of the student's arrival at the program and periodically throughout a student's stay, the Case Manager/ Therapeutic Manager (CM/TM) shall complete the Vulnerability Assessment instrument with the student and document it in case notes.</p> <p data-bbox="240 775 1477 869">This information shall be ascertained through conversations with the students during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the student's files.</p> <p data-bbox="240 900 1489 994">During the intake phase of a student's participation in the program, the CM/ TM will review all documentation collected during the intake process and revise the Vulnerability Assessment instrument as needed. As further information is collected during the student's ongoing treatment in the program the Vulnerability Assessment instrument will be revised.</p> <p data-bbox="240 1025 1477 1120">The program shall implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students.</p> <p data-bbox="240 1205 352 1232">Interviews:</p> <ul data-bbox="240 1263 496 1348" style="list-style-type: none"> <li data-bbox="240 1263 416 1290">· Intake Staff <li data-bbox="240 1321 496 1348">· Random Residents <p data-bbox="240 1433 1493 1662">The Oaks Academy is an all-male treatment facility. All new admissions to the Oaks Academy are screened for vulnerabilities of victimization and sexually aggressive behavior immediately upon intake. The risk assessment tool contains all eleven (11) elements required per provision (c) of the standard. The facility intake person will make an initial classification decision using the results of the vulnerability assessment. The risk screening information is obtained through conversation and using any available collateral information. The Oaks Academy admitted sixty-six (66) residents in the past 12 months whose length of stay in the facility was for 72 hours or more. According to staff interviews the residents are re-assessed when the resident is involved in a critical incident.</p> <p data-bbox="240 1693 1489 1787">Once the risk assessment has been completed the information is used to complete the resident's room assignment will be determined utilizing the risk levels. All staff and resident interviews confirmed the facility procedure is followed. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.</p> <p data-bbox="240 1818 1493 1980">Interviews with all of the residents indicate they were asked if they identify as lesbian, gay or bisexual; about their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility during their admission. Each resident indicated they understood the questions were asked to protect them and because the facility had a need to know. A review of documentation provided by the PREA Coordinator indicated the Oaks Academy does not consistently comply with the standard to screen residents within 72 hours.</p> <p data-bbox="240 2011 1409 2069">Corrective Action: Provide the auditor with the risk screening tools for all new intakes from September 1, 2021, until December 1, 2021.</p> <p data-bbox="240 2101 1477 2159">Spot light: The agency Vulnerability Assessment Instrument has adopted inclusive terminology by removing "heterosexual" and including "cisgender."</p>

CORRECTIVE ACTION PHASE: The facility provided the auditor with the completed risk screening tools for the new admission from September to November 2021. The risk screening tools demonstrated every new admission was appropriately screened upon intake, and the screening process was conducted within 24-hours of the residents' admission.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 646 470" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Master Roster <p data-bbox="240 560 1477 654"><i>115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</i></p> <p data-bbox="240 685 1477 846">Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 931 1445 994"><i>115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.</i></p> <p data-bbox="240 1025 1477 1120">Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p data-bbox="240 1205 1445 1267"><i>115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis</i></p> <p data-bbox="240 1299 1477 1393">In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="240 1424 1477 1487">Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students</p> <p data-bbox="240 1572 1445 1635"><i>115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</i></p> <p data-bbox="240 1666 1382 1729">Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="240 1809 352 1836">Interviews:</p> <ul data-bbox="240 1868 486 2007" style="list-style-type: none"> · Intake Staff · Random Staff · Random Resident <p data-bbox="240 2092 1477 2154">Each resident who resides at the Oaks Academy will be housed and assigned a room consistent with the room assignment requirements and the admission screening decision. The criteria for assigning housing classification and supervision level of</p>

a resident shall consider, the severity of the current charge or adjudication, severity of the most serious prior adjudication, the number of prior serious incidents in custody, age, size, special needs, and vulnerability to victimization and/or sexually aggressive behaviors or being the perpetrator of such behavior. The master roster is the tool used by the staff to inform them about a resident's unit, room assignment, and risk score. With every change, the master roster is updated with the most current information.

The facility does not have designated rooms for LGBTQI residents; therefore, room assignments are not based solely on the resident's sexual orientation or gender identity. The intake staff indicated they will consider multiple variables when making a housing and room assignment decision. Housing, bed, program, education, and work assignments are based on information obtained from assessments/risk screenings and any collateral information that is relevant to the resident.

Residents may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. The Oaks Academy does not have a room or area within the facility that is designated for a resident to be placed in isolation or on protective custody. Should the need arise the residents assigned room will be used temporarily as the spaced used to separate the resident from others. Interviews with the Executive Director, Program Director and PREA Coordinator were emphatic that placing a resident in isolation, seclusion, or protective custody would be used as a last resort and only when there are no other means of keeping the resident or other residents safe. In any case that a resident is presenting a safety concern the facility would look for other means of maintaining safety (eg. Move to another unit, transfer to another facility, one-on-one staff supervision). The PREA Coordinator stated ROP holds contracts at other facilities in Texas; therefore, they have the ability to transfer residents who present a safety risk. During the onsite audit, the auditor was aware that one resident was in isolation in his sleeping room during the site review. By the time the auditor began resident interviews the residents was back in general population and participated in an interview with the auditor. According to the residents statement he indicated in was in his room for less than an hour. He also stated he was not isolated as a result of sexual abuse or sexual harassment. Interviews with the facility medical practitioner indicated if a resident was placed in isolation/seclusion they would provide services to the resident every day until their status changed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding use of screening information. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Advocacy Request Letter · Student Problem Solving and Grievance Policy · ROP Student Brochure (English) · ROP Student Handbook <p><i>115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</i></p> <p><i>sexual abuse and sexual harassment;</i></p> <p><i>retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND</i></p> <p><i>staff neglect or violation of responsibilities that may have contributed to such incidents.</i></p> <p>Rite of Passage programs encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The program shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p><i>115.351 (b)-1 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.</i></p> <p>Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager.</p> <p>The program shall provide students with access to tools necessary to make a written report. This could include (but not limited to) the following:</p> <p>Student Grievance Form</p> <p>Student Statement Form</p> <p>Medical Request Form</p> <p>Student One-on-One Request Form</p> <p><i>115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.</i></p> <p>The program shall also provide at least one way for students to report abuse or harassment to a public or private entity or office that is not part of the program and that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials, allowing the student to remain anonymous upon request. Students detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p>

115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

The program shall provide a method for staff to privately report sexual abuse and sexual harassment of students. Staff shall adhere to the following:

Regardless of its source, staff, contractors and/or volunteers who receive information concerning a student and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that student has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and the shift supervisor and/or designee.

Interviews:

- Random Staff
- Random Residents

The ROP student handbook identifies multiple ways for resident's to report when they have been a victim or witnessed sexual harassment or sexual abuse. The resident interviews communicated that they can call the hotline (TJJD hotline), tell a trusted staff member, tell a third-party (i.e., parents/legal guardian, attorney, etc.), or write a grievance. The hotline is designated as the number the resident can call from the facility phones free of charge. The call to the hotline can be made without staff permission and the call is not monitored by staff, but the staff is in the area of the phone providing sight and sound supervision to all of the residents.

During the onsite audit the auditor made a request for a resident to test the hotline. The auditor observed the resident test the hotline by dialing the number then waiting for the operator to answer the phone. He indicated he received an automated announcement that stated someone would speak with him shortly.

If a resident were to write a grievance the PREA Compliance Manager would respond to the resident's concerns. If the grievance was submitted with an allegation of sexual abuse or sexual harassment the PREA Compliance Manager is a mandated reporter and she would immediately initiate the reporting process.

The Oaks Academy is a private facility which serves residents from throughout the state of Texas. The facility is not a detention facility; therefore, they do not detain residents solely for civil immigration purposes.

Interviews with the facility staff indicate they understand that they are responsible for accepting reports of sexual abuse that are made verbally, in writing, or those that are reported anonymously and through a third-party (i.e., another resident, parent, volunteer, etc.). Once a staff member receives a report they are required to notify their supervisor or any supervisor on duty and draft an incident report. The supervisor would then assume responsibility for making the appropriate notification to the OIG. The staff consistently communicated that they would report the allegations to their supervisor "immediately" or "as soon as possible."

Additionally, the staff consistently report that they can make a private report of sexual abuse or sexual harassment, retaliation by other residents or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to the incident by reporting directly to the program director, or by calling the hotline. Every staff member communicated that they felt safe that they could call the hotline without retribution and are not in fear of making a report regarding any incident of abuse or neglect.

The information for making a report regarding PREA is available to the public on the ROP PREA website at <https://riteofpassage.com/safe-standards/>

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 770 528" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Grievance Form · Student Problem Solving and Grievance Policy <p data-bbox="240 613 1437 640"><i>115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</i></p> <p data-bbox="240 672 1485 766">Rite of Passage programs will follow the Student Grievance Process to address allegations of sexual abuse. Rite of Passage will provide upon admission of the student, a copy of the student's rights and privileges which includes freedom from sexual abuse and harassment.</p> <p data-bbox="240 855 1481 913"><i>115.352 (b)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.</i></p> <p data-bbox="240 945 1442 1003">The program may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1034 1473 1093">The program shall not require a student to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1124 1477 1182">Nothing in this section shall restrict the program's ability to defend against a lawsuit filed by a student on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1272 1422 1330"><i>115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</i></p> <p data-bbox="240 1361 552 1388">The program shall ensure that:</p> <p data-bbox="240 1420 1484 1478">A student who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</p> <p data-bbox="240 1509 1082 1536">Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 1626 1458 1684"><i>115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.</i></p> <p data-bbox="240 1715 1414 1774">The program shall establish procedures for the filing of an emergency grievance alleging that a student is subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 1805 1469 2002">After receiving an emergency grievance alleging a student is subject to a substantial risk of imminent sexual abuse, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final program decision within 5 calendar days. The initial response and final program decision shall document the program's determination whether the student is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p data-bbox="240 2092 1442 2150"><i>115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.</i></p>

After receiving an emergency grievance alleging a student is subject to a substantial risk of imminent sexual abuse, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final program decision within 5 calendar days. The initial response and final program decision shall document the program's determination whether the student is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

After receiving an emergency grievance alleging a student is subject to a substantial risk of imminent sexual abuse, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final program decision within 5 calendar days. The initial response and final program decision shall document the program's determination whether the student is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (c)-2 The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The program shall ensure that:

A student who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

Such grievance is not referred to a staff member who is the subject of the complaint.

115.352 (d)-1 The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

The program shall issue a final program decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Computation of the 90-day time period shall not include time consumed by students in preparing any administrative appeal.

The program may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The program shall notify the student in writing of any such extension and provide a date by which a decision will be made.

At any level of the administrative process, including the final level, if the student does not receive a response within the time allotted for reply, including any properly noticed extension, the student may consider the absence of a response to be a denial at that level.

115.352 (e)-1 Agency policy and procedure 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.

Third parties, including fellow students, staff members, family members, attorneys, and outside advocates, shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of students.

If a third party, other than a parent or legal guardian, files such a request on behalf of a student, the program may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

115.352 (e)-2 Agency policy and procedure require 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.

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

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

115.352 (g)-1 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.

The program may discipline a student for filing a grievance related to alleged sexual abuse only where the program demonstrates that the student filed the grievance in bad faith.

Interviews:

· PREA Coordinator

All resident's residing in the Oak Academy facility may report an incident of sexual abuse or any other grievance at any time, regardless of the date the incident occurred. Upon receipt of an allegation of sexual abuse, the allegation is immediately forwarded to the OIG for assignment and investigation. The PREA Compliance Manager indicated she would never refer allegations of sexual abuse to the staff member named the subject of the allegation(s).

Any staff member who might receive an emergency grievance that alleged sexual abuse or sexual harassment shall "immediately" notify the shift supervisor. The shift supervisor shall notify the OIG and PREA Compliance Manager.

The PREA Compliance Manager/Compliance Coordinator is responsible for collecting, reviewing and responding to all grievances submitted by the residents. If it is determined that the grievance is emergent and alleges sexual abuse, the grievance will be reported to the OIG to initiate an investigation. All emergency grievances shall receive an initial response within 48 hours, and shall issue a final decision within 5 calendar days.

The PAQ indicates there were zero (0) grievances that alleged the resident was a victim of sexual abuse. This was supported by interviews with the Program Director and the PREA Compliance Manager.

A resident may be subject to sanctions pursuant to the behavior management program for filing a grievance only when the Oaks Academy demonstrates the resident filed the grievance in bad faith. Of those interviewed residents who have submitted a grievance they report they did not feel they were retaliated against as a result of their grievance and felt the grievance process was fair even in those instances that they did not get the results that they wanted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Student Brochure (English) · Student Zero Tolerance Acknowledgement Form · Additional Education Acknowledgement Form <p><i>115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:</i></p> <p><i>Gives residents (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.</i></p> <p><i>Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.</i></p> <p><i>Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.</i></p> <p>Rite of Passage programs shall provide students access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>Each Rite of Passage site will provide access to support via postings, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program shall enable reasonable communication between students and these organizations and agencies, in as confidential a manner as possible.</p> <p>Each Rite of Passage site shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide students with confidential emotional support services related to sexual abuse. The program shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p><i>115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.</i></p> <p>The program shall inform students, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The program shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p><i>115.353)-2 The facility provides residents with reasonable access to parents or legal guardians.</i></p> <p>The program shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>When students request phone calls of this nature, they will be facilitated by Case Manager or higher position and reasonable privacy measures will be taken, while maintaining visual observation.</p> <p>Interviews:</p>

- PREA Coordinator
- PREA Compliance Manager
- Random Residents

The Oaks Academy has identified the RAINN as the resource to be contacted in the event that an outside victim advocate would be necessary to offer a resident emotional support services. In any instance that a resident alleges that they have been a victim of sexual abuse while in the facility or in their communities they are offered support services. When residents are afforded the ability to contact RAINN they would do so via telephone by calling the hotline number. Prior to the residents accessing the support services they are informed 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. Interviews with the Oaks Academy case managers indicated if any resident requested a call to the rape crisis hotline, the staff member would dial the number from their office and monitor the telephone call.

Residents have the right to have visits with their legal counsel. All legal representatives will have access to their client at any reasonable time. Liberal but reasonable time limits are placed on calls the residents are able to make to their legal and case related professionals. According to the case manager, legal calls are most often called from the case managers offices and are not charged against any phone privileges provided to the resident.

Since ROP took over the contract of the Oaks Academy the residents have not been able to engage in face-to-face visits with their families. The residents report they are able to contact their families at least once per week and allowed one virtual visit per month.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Third-Party Reporting Form (English and Spanish) <p>Interviews:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>ROP has established methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident; and the agency makes the information available on the agency website. Third party reporters include fellow residents, staff, family members, attorneys, and outside advocates are permitted to assist youth in filing requests for administrative remedies and to file such a requests on behalf of the resident. According to the PREA Coordinator, the agency has not received a third-party report regarding any resident concerning an allegation of sexual abuse or sexual harassment during the admission at Oaks Academy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Child Abuse Reporting Policy <p><i>115.361 (a)-1 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.</i></p> <p>Rite of Passage programs are required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse.</p> <p>Rite of Passage programs are required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Program Director · Medical & Mental Health Staff · Random Staff <p>All Oaks Academy employees, professional visitors, volunteers, contract staff and/or other ROP personnel are required to report any knowledge or any act of sexual misconduct. The employees are required to contact the shift supervisor who will begin to make the appropriate notifications to initiate an investigation. The duty to report extends to personal communications that may otherwise be privileged (i.e., attorney, clergy, medical practitioner, social worker, or mental health practitioner). If any part of the allegation includes neglect or abuse a report should be made to the OIG. Every allegation will also be reported to the alleged victim's parents or legal guardian.</p> <p>Any information regarding sexual misconduct is kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>The facility medical and behavioral health practitioners communicated that they are obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality. They stated constantly remind the residents of the duty to report during their treatment of the residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff and agency reporting duties. No corrective action is required.</p>

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</i></p> <p>When a Rite of Passage program learns that a student is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the student.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Program Director · PREA Coordinator · PREA Compliance Manager · Random Staff <p>The facility PAQ indicates the facility did not have any information that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. According to the random staff interviews the staff explained they would “immediately” make a report if there is a concern that a resident is in imminent risk of sexual abuse. The staff said they would notify their supervisor and wait to receive guidance to protect the resident. Also, the staff said they would either separate the resident from the alleged perpetrator or increase their supervision of the resident by positioning the resident in close proximity of the staff member.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="242 329 644 472" style="list-style-type: none"> <li data-bbox="242 329 427 358">· Facility PAQ <li data-bbox="242 387 644 416">· ROP Safe Environment Standards <li data-bbox="242 445 596 474">· Serious Incident Report Form <p data-bbox="242 557 1484 651"><i>115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</i></p> <p data-bbox="242 680 1452 743">Rite of Passage will notify the appropriate law enforcement or social services program upon receiving an allegation that a student was sexually abused while confined at another program.</p> <p data-bbox="242 772 1442 835">Rite of Passage will notify the appropriate licensing or regulatory agency upon receiving an allegation that a student was sexually harassed while confined at another program.</p> <p data-bbox="242 920 352 949">Interviews:</p> <ul data-bbox="242 978 474 1008" style="list-style-type: none"> <li data-bbox="242 978 474 1008">· Program Director <p data-bbox="242 1093 1473 1223">The Program Director explained that the director to director notification is their responsibility and in their absence the PREA Compliance Manager or designee would be appointed to make the necessary notifications. The superintendent communicated that they would also make the report directly to the OIG and the PREA Coordinator. Per the policy the notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1252 1417 1314">Once the report has been made to the appropriate authorities the agency and the facility would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.</p> <p data-bbox="242 1344 1458 1406">The facility PAQ indicates the facility received zero (0) allegation that a resident was abused while at another facility. Also, the PAQ indicates there were zero (0) allegations of sexual abuse the facility received from another facility.</p> <p data-bbox="242 1491 363 1520">Conclusion:</p> <p data-bbox="242 1550 1461 1612">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- PREA Notification and Responsibility Tree

115.364 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (check all that apply):

(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.

(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.

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

The first staff member to respond to an incident shall be required to:

Separate the alleged victim and abuser;

Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

Assessment of the victim's acute medical needs.

Informing the victim of his or her rights under relevant Federal or State law.

Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.

Offering the presence of a victim advocate or a qualified staff member to be present during the exam.

Providing crisis intervention counseling.

Interviewing the victim and any witnesses.

Collecting evidence.

Providing for any special needs the victim may have

Interviews:

- Staff First Responders
- Random Staff

Any person providing services to the residents have been trained as a first responder. The policy requires that the first responder separate the victim from the abuser. The safety of the victim is the first priority. The potential crime scene should be kept secure with little or no persons permitted through the scene. The scene will remain sealed until such time after the investigator releases the scene. The Oak Academy employees are not trained or required to collect evidence; their sole responsibility is to secure the potential crime scene. When there is a need for evidence collection the Brownwood Sheriff's Department would be responsible for the collection.

The staff interviews indicated everyone was well versed and understood their first responder duties, and the intent is to ensure a thorough investigation can be conducted and to protect the residents.

The facility PAQ shows there were zero (0) allegations that a resident was sexually abused and the allegations required the collection of evidence. However, there was one allegation that was reviewed by the auditor that possibly should have resulted in the resident being transported to the hospital for a SANE exam.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff first responder duties. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 472 297">Documents Reviewed:</p> <ul data-bbox="242 329 770 528" style="list-style-type: none"> <li data-bbox="242 329 427 356">· Facility PAQ <li data-bbox="242 387 647 414">· ROP Safe Environment Standards <li data-bbox="242 445 730 472">· PREA Notification and Responsibility Form <li data-bbox="242 504 770 530">· Safe Environment Coordinated Response Plan <p data-bbox="242 616 1485 878">ROP has a written institutional plan that demonstrates the coordinated steps and the action steps that should take place in response to an incident of sexual abuse. This plan serves to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member, including the PREA Compliance Manager, administrators, supervisory staff, medical and behavioral health professionals. The facility supervisors and specialized personnel were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties. The direct care staff were well aware of their duty to take serious any knowledge, suspicion, or allegation of sexual abuse or sexual harassment. Their interviews indicated they would immediately notify the shift supervisor and draft an incident report as required.</p> <p data-bbox="242 965 363 992">Conclusion:</p> <p data-bbox="242 1023 1461 1084">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p>Interviews:</p> <ul style="list-style-type: none"> · Executive Director · Program Director <p>ROP does not participate in collective bargaining or any agreement that may limit the Department's ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation, and if necessary, the extent to which disciplinary measures are applied.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.367 (a)-1 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.</i></p> <p>Rite of Passage Policy 600.402 Student Problem Solving and Grievance Procedure protects all students who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The Director of Student Services or designee is charged with monitoring retaliation against students.</p> <p>Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Program Director · PREA Coordinator · Random Staff Interviews · Random Resident Interviews <p>During resident and staff interviews they convinced the auditor that if a resident expressed fear of retaliation for participating in or cooperating with a sexual abuse or sexual harassment investigation, the Oaks Academy staff would implement protocols to protect that resident. The PREA Compliance Manager is designated as the individual responsible for monitoring for possible retaliation. The ROP policy is clear that retaliation is prohibited against anyone who reports alleged sexual abuse or harassment.</p> <p>The facility PAQ and resident interviews indicate there were zero (0) incidents of retaliation in the past 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.</p>

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</i></p> <p>Rite of Passage programs shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse.</p> <p>Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342.</p> <p>Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>Interviews with the program director indicate the facility would not segregate residents due to an allegation of sexual abuse or sexual harassment. This statement was corroborated during the Interviews with residents. The residents indicated the facility does not have a separate area in the facility or a room used to isolate residents; and of the residents interviewed they all reported that they had not been placed in seclusion nor had they witnessed any of their peers in seclusion.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 644 412" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p data-bbox="240 501 1297 528"><i>115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.</i></p> <p data-bbox="240 560 1465 618">When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.</p> <p data-bbox="240 649 1477 707">Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.</p> <p data-bbox="240 739 1457 797">Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="240 887 1409 945"><i>115.371 (d)-1 The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</i></p> <p data-bbox="240 976 1414 1003">Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="240 1034 1485 1160">The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p data-bbox="240 1249 1286 1276"><i>115.371 (i)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</i></p> <p data-bbox="240 1308 1445 1366">Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p data-bbox="240 1397 1485 1456">When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p data-bbox="240 1545 1453 1603"><i>115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</i></p> <p data-bbox="240 1635 1461 1733">Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.</p> <p data-bbox="240 1823 352 1850">Interviews:</p> <ul data-bbox="240 1881 488 1962" style="list-style-type: none"> · PREA Coordinator · Investigative Staff <p data-bbox="240 2051 1437 2145">The Oaks Academy works with the OIG, which is an independent body with jurisdiction to conduct all abuse and neglect administrative investigations. The facility is responsible for making a report to the OIG so that an investigation can be initiated. All allegations of sexual misconduct will be taken seriously and investigated thoroughly by the OIG trained</p>

investigators. According to the administrative investigator, sexual abuse and sexual harassment allegations will be investigated in a timely manner and the investigator will not impose a standard higher than a preponderance of the evidence.

All sexual abuse investigations will be referred to the Brownwood Sheriff's Department for a criminal investigation. The sheriff's department would forward all criminal complaints to the local prosecuting entity. ROP and the Oaks Academy would fully cooperate with sheriff department to support a thorough investigation and prosecution.

According to the PAQ there were zero (0) substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since ROP acquired the contract to operate the Oaks Academy.

Upon the conclusion of a criminal and administrative investigation, the facility will receive a report that will include the investigation findings. The report will be issued to the PREA Compliance Manager as well as the Program Director. The report will be maintained in a facility file for residents and in staff members personnel file for as long as the alleged abuser is in the custody of TJJJ or a local county; or employed by ROP, plus at least five years.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</i></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Investigative Staff <p>Investigator interviews indicated the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is based on the preponderance of the evidence standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>
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115.373	Reporting to residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="242 329 683 528" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · Sample Investigation Reports · Post Investigation Student Notification <p data-bbox="242 613 1453 710"><i>115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</i></p> <p data-bbox="242 739 1485 801">If the program did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the student.</p> <p data-bbox="242 831 1433 893">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:</p> <p data-bbox="242 922 863 952">The staff member is no longer posted within the student's unit;</p> <p data-bbox="242 981 807 1010">The staff member is no longer employed at the program;</p> <p data-bbox="242 1039 1433 1068">The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or</p> <p data-bbox="242 1097 1422 1126">The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.</p> <p data-bbox="242 1211 352 1240">Interviews:</p> <ul data-bbox="242 1270 488 1352" style="list-style-type: none"> · Investigative Staff · PREA Coordinator <p data-bbox="242 1438 1469 1568">The ROP policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation. The facility provided the auditor with a sample post notification form for an investigation with an unsubstantiated finding. The auditor also received a notification that was made to the Oaks Academy at the conclusion of the OIG's investigation.</p> <p data-bbox="242 1653 363 1682">Conclusion:</p> <p data-bbox="242 1711 1461 1774">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to residents. No corrective action is required.</p>

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.376 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</i></p> <p>Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>Disciplinary sanctions for violations of program policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and social services agencies.</p> <p>Interviews:</p> <p>Program Director</p> <p>During the auditors interview with the program director he indicated that he has full authority to place a staff member on no-contact status with residents pending the outcome of an investigation with regards to any allegation of sexual abuse and/or threat against a resident. The "no-contact" or administrative leave status would remain in place until there is an investigation finding. If there is a determination that there was a substantiated finding the level of discipline will be determined on the severity of the violation. Employees will be made aware of expected and acceptable levels of performance and notification will be documented and retained, the documentation will provide specifics and will avoid making conclusions that are not supported by facts.</p> <p>The facility PAQ indicates there were zero (0) staff members terminated or who resigned for violating the agency sexual abuse or sexual harassment policy. There were investigations that involved staff members who engaged in poor professional judgement and boundaries. One employee was terminated for passing notes to residents and another staff member was terminated for giving a resident their phone. In both cases, the facility staff identified a problem and was able to prevent possible sexual abuse.</p> <p>CORRECTIVE ACTION: The ROP policy does not include language that would require the agency to make a report to a licensing body in any case that a licensed professional violated the PREA policy.</p> <p>CORRECTIVE ACTION PHASE: The PREA Coordinator provided an updated version of the agency Safe Environment Standards with the following language, "All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement, social services and licensing agencies." The language added to the policy meets the standards and applies to all of the licensed practitioners (i.e., certified teachers, behavioral health and medical practitioners) working at the Oaks Academy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. Meets standard.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 644 412" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p data-bbox="240 501 1422 560"><i>115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</i></p> <p data-bbox="240 595 1477 685">Volunteers and contractors found to have participated in activity in this policy will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program.</p> <p data-bbox="240 775 352 801">Interviews:</p> <ul data-bbox="240 833 488 913" style="list-style-type: none"> · Program Director · PREA Coordinator <p data-bbox="240 1003 1485 1196">Sexual conduct between a volunteer or contract provider involving a resident, regardless of consensual status, is prohibited and subject to discipline. Persons assigned as contract workers and volunteers must adhere to policies, regulations, and statutes of the agency or face loss of privilege to volunteer or contract with ROP. Contractors and volunteers are expected to clear the background check process, maintain confidentiality of information, and acknowledge receiving and having an understanding of zero tolerance policy. In the past 12 months the facility did not receive any sexual abuse allegations that involved a volunteer or contract provider.</p> <p data-bbox="240 1232 1493 1290">Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from having contact with the Oaks Academy residents and would be reported to the OIG for investigation.</p> <p data-bbox="240 1326 1493 1415">According to the PAQ and interviews with the PREA Coordinator and the Program Director, they both certify that no volunteer or contractor has been restricted from contact with a resident at the facility nor has the facility had to enact any remedial measures against such individuals for violating ROP's sexual abuse or sexual harassment policies within the past 12 months.</p> <p data-bbox="240 1505 360 1532">Conclusion:</p> <p data-bbox="240 1563 1461 1621">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 509 300">Documentation Reviewed:</p> <ul data-bbox="240 331 783 528" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · ROP Student Brochure Handbook · Student Additional Education Acknowledgement <p data-bbox="240 613 1430 676"><i>115.378 (a)-1 Residents are 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.</i></p> <p data-bbox="240 707 1445 801">Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process. (See ROP Policy 600.121- Code of Conduct)</p> <p data-bbox="240 891 352 918">Interviews:</p> <ul data-bbox="240 949 600 1034" style="list-style-type: none"> · PREA Coordinator · Medical & Mental Health Staff <p data-bbox="240 1120 1477 1348">The agency has a resident discipline policy which includes providing the resident with their rights to due process. In the past 12 months the facility completed zero (0) administrative investigations for resident-on-resident allegations of sexual abuse. The Oaks Academy residents would never be sanctioned to specialized housing that would restrict their ability to participate in regular programming. The facility does not have a designated segregation unit and residents would not be placed in isolation or seclusion to protect them from the imminent threat of sexual abuse. The disciplinary process would consider where the resident's mental disabilities or mental illness contributed to their behavior when determining the appropriate sanction, if any should be imposed.</p> <p data-bbox="240 1379 1485 1505">The Oaks Academy received five (5) reports of sexual misconduct and sexual harassment. The incident reports demonstrate allegations of verbal comments with sexual innuendos and a staff member who engaged in inappropriate sexual conversations with residents. Also, the reports demonstrated the staff made immediately made a report to the supervisor on duty and all of the appropriate notifications were completed within hours of the reported incident.</p> <p data-bbox="240 1594 363 1621">Conclusion:</p> <p data-bbox="240 1653 1461 1715">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.</p>

115.381	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</i></p> <p>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. If the screening pursuant to PREA Standard 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Medical & Mental Health Staff <p>Residents that are admitted to the Oaks Academy are automatically screened by the facility medical staff. The facility intake area is located in the same area as the facility clinic. Since every admission to the facility is previously determined, all admissions occur during the day when medical staff are available. Every resident will meet with the facility medical staff during the intake process and before they are escorted to their assigned housing unit. The medical staff will screen the residents for a history of sexual victimization and determine if there are any medical needs. Additionally, every new intake regardless if there is a history of sexual abuse will be assigned to a therapist who will address the residents treatment needs during the stay at the Oaks Academy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.</p>
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115.382	Access to emergency medical and mental health services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="240 331 746 470" style="list-style-type: none"> <li data-bbox="240 331 427 358">· Facility PAQ <li data-bbox="240 389 646 416">· ROP Safe Environment Standards <li data-bbox="240 448 746 474">· Student Services Offered Acknowledgement <p data-bbox="240 560 1489 618"><i>115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</i></p> <p data-bbox="240 649 1481 743">Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="240 775 1420 869">If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 954 1442 1012"><i>115.382 (d)-1 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 incident.</i></p> <p data-bbox="240 1043 1433 1102">Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1196 1473 1290"><i>115.382 (c)-1 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.</i></p> <p data-bbox="240 1321 1410 1415">Student victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 1500 352 1527">Interviews:</p> <ul data-bbox="240 1559 600 1585" style="list-style-type: none"> <li data-bbox="240 1559 600 1585">· Medical & Mental Health Staff <p data-bbox="240 1671 1481 1935">According to the agency policy, residents have unimpeded access to health care. The Oaks Academy has a nurse and medical clinic on-site; and a system is in place for processing complaints regarding the resident's health care needs. During orientation, the resident will receive oral and written communication that explains how to submit a medical slip or make a request to see the medical practitioner. Resident victims of sexual abuse will have unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health practitioners according to their professional judgment. The facility did not receive any allegations of sexual abuse that required medical services or a SANE exam; therefore, there are no secondary materials demonstrating a resident received emergency medical treatment or crisis intervention services.</p> <p data-bbox="240 1966 1489 2060">Any resident who is victimized while residing at the Oaks Academy will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections. Victims of sexual abuse will be transported to Hendricks Trauma Center to receive the appropriate medical care.</p> <p data-bbox="240 2092 1493 2150">Every resident residing at the Oaks Academy facility will receive medical and behavioral health care services without financial cost to the resident or the resident's family. Every resident is Medicaid eligible; therefore, ROP would be invoiced for</p>

payment. Additionally, the services are free of cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.383 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</i></p> <p>The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.</p> <p>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the program.</p> <p>The program shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p><i>115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.</i></p> <p>Student victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.</p> <p><i>115.383 (e)-1 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. Check NA for all-male facilities.</i></p> <p>ROP Policy; not applicable for the Oaks Academy since the facility serves all-male residents.</p> <p>If pregnancy results from conduct specified 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. Program Director will notify parent/guardian of test results in accordance with state and local laws.</p> <p><i>115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</i></p> <p>Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws.</p> <p><i>115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</i></p> <p>Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused.</p> <p>The program shall attempt to conduct a mental health evaluation of all known student-on- student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Medical & Mental Health Staff

Any resident who is a victim of sexual misconduct will receive medical services, crisis intervention support, behavioral health treatment and any type of long-term follow-up care. The Oak Academy medical and behavioral health professionals are qualified enough to provide after-care services upon their return to the facility after they have received medical care. The Oaks Academy is a secure facility with an onsite clinic. Victims of sexual abuse will be transported to the hospital utilizing appropriate security provisions when there is a treatment need and to ensure any evidence can be collected by a SANE nurse.

The Oaks Academy is an all-male facility; therefore, ROP's policy does not apply with regards to services for female residents where there was a violation that involved vaginal penetration. If the facility served female residents the facility would ensure the female resident received the necessary care, which includes tests for sexually transmitted infections and lawful pregnancy-related medical services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</i></p> <p>The site management team and RIIP shall:</p> <p>Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</p> <p>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;</p> <p>Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</p> <p>Assess the adequacy of staffing levels in that area during different shifts;</p> <p>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</p> <p>Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (b)(1)-(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director.</p> <p>Interviews:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>The Oaks Academy did not have any sexual abuse allegations that resulted in a criminal and/or administrative investigation. The allegations reported to OIG and the Brownwood Sheriff's Department involved non-sexual contact (i.e., inappropriate photos, and contraband). The incident review practice involves the leadership assessing the incident to identify any immediate concerns that would require corrective actions to mitigate identified risk. At the conclusion of an investigation which per policy should be complete within 20 days a incident review will be convened. Per policy the review team should be convened within 30-days at the conclusion of the OIG investigation. The review team at the Oaks Academy is made up of the Program Director, PREA Coordinator, PREA Compliance Manager, medical practitioner, behavioral health provider, and the resident's case manager.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.</p>

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="242 329 692 584" style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards · 2020 Facility Incident Tracker · 2020 Allegation Tracker · Uniform Definitions for Sexual Violence <p data-bbox="242 674 1477 734"><i>115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</i></p> <p data-bbox="242 763 1461 792">Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control.</p> <p data-bbox="242 822 1445 882">Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 911 1477 972">Data collected by site PREA Compliance Managers shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="242 1001 1059 1030">Each RIIP shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1059 1445 1120">Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="242 1209 1485 1404">ROP collects accurate, uniform data for every allegation of sexual abuse at the facilities under its control using the incident reports to collect the data associated with PREA incidents. The PREA Incident Review includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence published by the United States Department of Justice. ROP maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator stated she would collect the data and forward the information to the agency data analyst to review and analyze.</p> <p data-bbox="242 1494 363 1523">Conclusion:</p> <p data-bbox="242 1552 1461 1612">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p>The PREA Coordinator will review, analyze and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator will also ensure that all collected data is securely retained. Once the information is collected a report will be drafted with specific information redacted. The report will undergo a review process and a once the review is complete the report will be forwarded Executive Director for a signature, approval and publishing the report on the ROP website. Before making aggregated sexual abuse data publicly available, ROP will remove all personal identifiers. All PREA administrative and criminal investigation reports are retained for as long as the alleged offender is incarcerated or employed by the agency, plus five (5) years. The auditor accessed the ROP PREA website and reviewed the report for 2020.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.</p>

115.389	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Facility PAQ · ROP Safe Environment Standards <p><i>115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.</i></p> <p>Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.</p> <p>Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.</p> <p>The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.</p> <p>The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.</p> <p>Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.</p> <p>The organization shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The PREA Coordinator maintains all investigation reports; and the information is secured electronically. The ROP annual report as well as the collected data is securely maintained for 10 years.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1453 365">The Oaks Academy is privately owned by ROP and has been contracted by the State of Texas to operate the facility. The Oaks Academy is participating in a PREA audit for the first time under the ROP contract. ROP has not been required to complete an expedited audit by the Department of Justice (DOJ).</p> <p data-bbox="240 400 1485 560">The auditor utilized the Auditor Compliance Tool for guidance on the conduct and contents of the audit. The Oaks Academy has demonstrated their efforts to comply with the standards. The facility was unable to comply all of the applicable standards and as a result there is one standard that does not meet standards during the 180-days corrective action period. The audit process involved reviewing all relevant policies, reports and conducted interviews. The auditor reviewed documents and records involving information for 12 months prior to the onsite audit.</p> <p data-bbox="240 595 1493 687">The auditor was allowed full and unimpeded access to the facility and observed all areas of the facility. During and after the onsite audit, the auditor requested additional documentation to support the auditors findings. All audit material relied upon will be retained by the auditor and will be provided to the DOJ upon request.</p> <p data-bbox="240 723 1465 815">The residents at the Oaks Academy as well as staff, contractors, volunteers and visitors had the ability to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive correspondence.</p> <p data-bbox="240 896 363 922">Conclusion:</p> <p data-bbox="240 958 1461 1014">Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the ROP facility and more specifically the Oaks Academy.</p> <p>This is the first audit for the Oaks Academy under the ROP contractual agreement.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
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".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" 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.)	no
	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.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication 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 coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
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.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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 is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes