

**PREA AUDIT REPORT    INTERIM    FINAL**

**JUVENILE FACILITIES**

**Date of report:** November 13, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> William J. Benjamin			
<b>Address:</b> P.O. Box 92, West Sand Lake, NY 12196			
<b>Email:</b> wbenjami@aol.com			
<b>Telephone number:</b> 518-466-5319			
<b>Date of facility visit:</b> October 21-23, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Silver Oak Academy			
<b>Facility physical address:</b> 999 Crouse Mill Road, Keymar, MD 21757			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same			
<b>Facility telephone number:</b> 410-775-1745			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Kevin McLeod - Program Director			
<b>Number of staff assigned to the facility in the last 12 months:</b> 62			
<b>Designed facility capacity:</b> 96			
<b>Current population of facility:</b> 56			
<b>Facility security levels/inmate custody levels:</b> Staff Secure/Childrens Residential Center			
<b>Age range of the population:</b> 13-18 years old			
<b>Name of PREA Compliance Manager:</b> Christian Sifuentes		<b>Title:</b> Director of Student Services	
<b>Email address:</b> Christian.Sifuentes@rop.com		<b>Telephone number:</b> 410-775-1745	
<b>Agency Information</b>			
<b>Name of agency:</b> Rite of Passage, Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 2360 Business Parkway, Suite A, Minden, NV 89423			
<b>Mailing address:</b> <i>(if different from above)</i> Same			
<b>Telephone number:</b> 775-267-9411			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> J. Ski Browmana		<b>Title:</b> Chief Executive Director	
<b>Email address:</b> S.Browman@rop.com		<b>Telephone number:</b> 775-267-9411	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Nathan Allen		<b>Title:</b> Regional Improvement Coordinator	
<b>Email address:</b> nathan.allen@rop.com		<b>Telephone number:</b> 513-552-1222	

## AUDIT FINDINGS

### NARRATIVE

Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA auditor from Benjamin Correctional Consulting, LLC to conduct a PREA compliance audit of the Silver Oak Academy (SOA) located in Keymar, Maryland. A pre-audit technical assist visit site was conducted for ROP on May 11-15, 2015 at their Hillcrest Academy in Cincinnati, Ohio. The purpose of the technical assist was to train the regional PREA Coordinators, identify and address potential problem areas, review and edit ROP's PREA related policies and procedures, and help ROP prepare for future PREA Audits. The SOA audit notification was posted in all common and living areas on September 5, 2015.

Mr. Benjamin, after receiving and reviewing the pre-audit questionnaire and other facility documents on October 14, 2015, conducted the on-site PREA compliance audit from October 21-23, 2015. An entrance interview was conducted with Executive Director Dr. William Bruinsma, Program Director Kevin McLeod, PREA Regional Coordinator Nathan Allen, Director of Group Living Carrol Skipwith, Human Resources Manager Michael Shuman, and Director of Student Services/PREA Compliance Manager Christian Sifuntes.

The on-site PREA compliance audit included a three hour complete facility tour, formal interviews of the Executive Director, Program Director, PREA Coordinator, PREA Compliance Manager, Human Resources Manger, Medical and Mental Health staff, and 12 other SOA randomly selected staff. Throughout the audit, informal interviews of both residents and staff were conducted to verify facility compliance with the PREA standards. A complete and thorough review of all supporting documents, agency and facility Policies and Procedures, residents' case files, and other related supporting documentation was conducted with the PREA Reginal Coordinator and PREA Compliance Manager. Daily out briefs were conducted with Executive Director Dr. William Bruinsma and PREA Regional Coordinator Nathan Allen.

A total of ten (10) residents were interviewed with ages ranging from 15 to 18 years old, selected at random from various living units and programs. At the time of the audit, there were no residents that had previously made an allegation of abuse, found to have conducted abuse, or who identified as LGBTI. All residents interviewed had extensive knowledge of their rights to be free from sexual abuse and/or sexual harassment. All residents were aware of the state's "211" hotline and the SAFE hotline number for reporting abuse, although none ever had the need to use it. All residents acknowledged being screened upon admission, receiving PREA information during admission, and orientation on their rights to be free from sexual abuse and harassment as well as the facility's "Zero Tolerance" policy to engage in either. All residents knew the multiple ways to report abuse and felt very confident that any report they made would be properly addressed by the facility.

A formal exit interview was conducted October 23, 2015 with Executive Director Dr. William Bruinsma, Program Director Kevin McLeod, PREA Regional Coordinator Nathan Allen, Director of Group Living Carrol Skipwith, Human Resources Manager Michael Shuman, Director of Student Services Christian Sifuntes, Clinic Director Nicole Kyker, and School Principle Catherine Gammage.

It should be noted that the facility and grounds were exceptionally well maintained and very clean. A major effort was made by the facility prior to the audit to minimize blind spots and improve staff ability to supervise residents. All staff displayed a high level of professionalism and knowledge of the PREA requirements and their roles in the PREA process. All residents interviewed, both formal and informal, were found to be well aware of their rights granted from PREA and stated that they felt safe at Silver Oak Academy and staff cared about their well-being and safety.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Silver Oak Academy is a 96-bed residential treatment program licensed by the Maryland Department of Juvenile Services and operated by Rite of Passage, Inc. Silver Oak Academy serves male youths between the ages of 12 to 18 with a history of delinquent behaviors, mild mental health issues, and special needs. The population at the time of the audit was 56 residents and the average length of stay is 7.7 months.

Silver Oak Academy is dedicated to improving the lives of youth by providing comprehensive and individualized educational, treatment, athletic, and career technical education services through evidenced-based programming and state-of-the-art facilities. Silver Oak Academy is a residential high school for up to 96 at-risk young men that is operated by Rite of Passage. Silver Oak Academy refers to its residents as Students and Student/Athletes.

Silver Oak Academy's program features include: Year-round high school approved by the Maryland State Department of Education; positive organizational culture program model; utilizes a strengths-based approach with many educational, vocational, athletic & community service opportunities; and highly trained, experienced staff to connect with at-risk students.

Silver Oak Academy is set on a 75-acre campus including six dormitories, a competition gymnasium (with wrestling and weight rooms), outdoor competition fields and track, vocational training, and school administration buildings. The dorms are currently configured for use as living units consisting of multiple occupancy bedrooms. In addition to bedrooms, each dorm includes a common bathroom with six individual showers, a shared dayroom, program rooms, and a staff office.

To Silver Oak Academy, family involvement is critical to student achievement and change. In order to repair, rebuild, and enhance the ties between a youth and his family, Silver Oak Academy works to engage parents beginning with the admission process and continues to work with them throughout the youth's stay.

Silver Oak Academy strives to rebuild the relationships youth have with their community by connecting them to resources and providing community service opportunities. In turn, youth are viewed as a resource to their community and develop a sense of social responsibility and competency. Activities include football, basketball, wrestling, and track and field interscholastic competition through the Maryland Public Secondary Schools Athletic Association (MPSSAA), career technical vocational education, and community service projects.

## **SUMMARY OF AUDIT FINDINGS**

On October 21-23, 2015, a three day PREA compliance audit was completed at the Silver Oak Academy (SOA) located in Keymar, Maryland. The results indicate:

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**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.**

Silver Oak Academy (SOA) and Rite of Passage’s (ROP) Safe Environment Standards mandate 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 their care and supervision. No staff may work at an ROP program before completing PREA training. The policy indicates how it will implement the zero tolerance approach to preventing, detecting, and responding to sexual abuse and harassment. The policy also contains definitions of sexual abuse and harassment and sanctions for participating in prohibited behaviors.

SOA has a full time PREA Coordinator assigned working as a Regional PREA Coordinator and a PREA Manager, working under the title PREA Site Compliance Manager. Both were interviewed and state that they have sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards.

Interviews support the facility-wide understanding of the zero tolerance policy against all forms of sexual abuse and sexual harassment.

### **Standard 115.312 Contracting with other entities for the confinement of residents**

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

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Not Applicable – ROP/SOA does not contract with other facilities for the confinement of residents.

### **Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SOA's staffing plan was reviewed and found to be in compliance with this standard. The facility did not deviate from its staffing plan during the past 12 months. The facility maintains a 1:8 staff to resident ratio during waking hours and a 1:16 staff ratio during sleeping hours which will meet the standard that goes into effect October 1, 2017.

Supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded via an electric recording device and by activating the contact buttons located in living units.

#### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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Compliance with this standard was determined by the following:

SOA policy prohibits cross gender searches of residents by staff. Resident interviews confirmed pat-down searches are conducted by staff of the same gender.

Resident interviews also indicated that showering is supervised by staff of the same gender. Residents are required to remove their clothing and shower behind the privacy of a shower curtain. SOA only allows three of the six showers to be used at the same time.

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

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

**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.**

ROP/SOA policy states residents are not to be used as interpreters. The facility has a bilingual Spanish/English speaking staff member and an interpreter is also available through the court. Residents with disabilities (e.g., residents who are deaf or have difficulty 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 ROP/SOA's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

### **Standard 115.317 Hiring and promotion decisions**

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

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Compliance with this standard was determined by the following:

Before a new staff person who may have contact with residents is hired, ROP/SOA policy requires the ROP to:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the staff would work; and
- (3) Consistent with Federal, State, and local law, make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In regards to contractors, the ROP shall perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

In regards to current staff and contractors who may have contact with residents, the ROP shall either conduct criminal background records checks or have in place a system for otherwise capturing such information. Criminal background checks will occur at least every five years or more often as required by licensing, regulatory, or contractual requirements.

ROP shall also ask all applicants and staff who may have direct contact with residents about previous misconduct described in paragraph (a) of this section in the ROP policy in application forms, hiring or promotion interviews, and in interviews or written self-evaluations conducted as part of reviews of current staff.

ROP also imposes upon staff a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the Program Director shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work.

A review of staff files revealed that all employees had documented criminal background checks within the past five

years. The HR Director is currently developing a system to maintain a master list of all staff, their background check status, and the date of the background check.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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ROP policy is that when designing or acquiring any new program, or planning any substantial expansion or modification of existing facilities, the CEO, the Regional Executive Director, and the Director of Program Operations will consider and document the effect of the design, acquisition, expansion or modification upon the organization’s ability to protect residents from sexual abuse. The Director of Program Operations will formulate the documentation mentioned above.

When installing or updating a video monitoring system, the electronic surveillance system, or other monitoring technology, the CEO, the Regional Executive Director, the Director of Program Operations, the Program Director/ Manager, and the Corporate IT Director will consider and document how such technology may enhance the organization’s ability to protect residents from sexual abuse. The Director of Program Operations will formulate the documentation of this review.

SOA has a relatively new video monitoring system in place that provides enhanced monitoring. ROP is able to make physical plant modifications as needed to enhance resident supervision.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

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All resident victims of sexual abuse have access to forensic medical examination. Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) personnel services are available from a local Rape Crisis Center. SOA Program Director will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations.

ROP/SOA has entered into an MOU with nearby Carroll Hospital for SAFE program and crisis intervention services.



### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

**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.**

Allegations of sexual abuse or sexual harassment are referred for investigation to an agency (Maryland State Police) 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 is made by the Program Director and Corporate Director of Human Resources.

SOA has documented and attempted to enter into an MOU with the Maryland State Police (MSP) for criminal investigations of sexual assault and abuse allegations. At the time of the audit the MSP had not signed the MOU, but continues to provide such services.

Allegations of abuse are also investigated via a “211” hot line number. The 211 phone number is operated by the State of Maryland Child Protective Services which has the statutory responsibility to receive and respond to reports of child abuse and neglect in Maryland. Specially trained caseworkers staff the hotline. Their questions are designed to collect the necessary information to make an initial determination of suspected abuse or neglect.

The facility’s website includes its investigative responsibilities and also a hyperlink to the MSP website for their information.

### Standard 115.331 Employee training

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

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ROP/SOA provides the following appropriate training to all staff (full time, part time, and contracted mental health care practitioners) at pre-service and then every six months from the last site training:

1. ROP zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities of sexual abuse and sexual harassment prevention, detection, reporting, and

response policies and procedures;

3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent; and
12. There is no age of consent for juveniles in confinement.

The training is tailored to the unique needs and attributes of residents in the programs and to their gender.

ROP/SOA provides each staff with refresher training every six months to ensure that all staff know its current sexual abuse and sexual harassment policies and procedures.

The facility documents the training through attendance sheets and a form which includes staff signature or electronic verification that staff understands the training they have received. The documentation is kept in the employee's file.

The auditor's review of staff training records and staff interviews confirmed the Director and all employees/contractors received PREA training during the 2015 calendar year.

ROP/SOA exceeds the standard by providing employee training to all staff every six (6) months.

### **Standard 115.332 Volunteer and contractor training**

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

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Compliance with this standard was determined by the following:

SOA policy and the training curriculum indicate volunteers and contractors are trained annually on all required training topics.

Auditor review of staff training records and staff interviews confirmed all volunteers and contractors received PREA training during the 2015 calendar year.

Employee training records were reviewed by the Auditor and knowledge and understanding of the training content was confirmed during staff interviews.

### **Standard 115.333 Resident education**

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

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Compliance with this standard was determined by the following:

During the intake process, residents receive the ROP Safe Environment Standards brochure “A Student Guide to Rights, Protections, and Reporting of Sexual Abuse” that explains 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.

During the intake process, residents also receive and sign ROP’s Safe Environment Standards form “Student Acknowledgment of Zero Tolerance”. The signed acknowledgment form is maintained in the resident’s Case Management file.

Within 10 days of intake, residents receive an Orientation Program which provides comprehensive age-appropriate education to residents regarding their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and ROP/SOA policies and procedures for reporting to such incidents.

ROP/SOA provides residents with education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

ROP/SOA maintains documentation of resident participation in these educational sessions in the resident’s Case Management file.

In addition to providing such education, the program ensures that key information is continuously and readily available or visible to residents through posters, student handbooks, or other written formats.

ROP/SOA has developed an outstanding PREA educational video that is played during the Orientation Program and quarterly in a loop during the day in the dining hall and living units.

### **Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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Compliance with this standard was determined by the following:

- (a) In addition to the general training provided to all employees pursuant to *PREA Standard 115.331*, ROP ensures that, to the extent the agency itself conducts sexual abuse administrative investigations, its investigators have received training in conducting such investigations in confinement settings.
- (b) Authorized investigators for ROP include the Program Director (or designee) and the Human Resource Managers/Directors.
- (c) Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence preservation, and the criteria and evidence required to substantiate a case for administrative action or law enforcement referral.
- (d) ROP Human Resources and/or Site Trainer maintains documentation that ROP/SOA investigators have completed the required specialized training for conducting sexual abuse administrative investigations.

**Standard 115.335 Specialized training: Medical and mental health care**

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

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All full- time and part-time medical and mental health care practitioners who work regularly at SOA have been trained in:

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

ROP Human Resources and Site Trainer maintain documentation that medical and mental health practitioners have received the training referenced in this standard. Medical and mental health care practitioners also receive the training mandated for employees under *PREA Standard 115.331* or for contractors and volunteers under *PREA Standard 115.332*, depending upon the practitioner’s status at the agency.

**Standard 115.341 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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Within 24 hours of the resident’s arrival at SOA and periodically throughout his stay, the Case Manager/Therapeutic Manager (CM/TM) completes the “Vulnerability Assessment Instrument” with the resident, summarizes it, and documents it in case notes. Information includes:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance, manner, or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident’s own perception of vulnerability; and
- (11) Any other specific information about the individual resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the resident’s files.

During the intake phase of a resident’s participation in the program, the CM/TM reviews all documentation collected during the intake process and revises the Vulnerability Assessment instrument as needed. As further information is collected during the resident’s ongoing treatment in the program, the Vulnerability Assessment instrument will be revised.

ROP/SOA implement appropriate controls within the program on disseminating responses to questions asked pursuant to this standard to ensure sensitive information is not exploited to the residents’ detriment by staff or other residents.

Records for the all residents admitted to the facility for the past 12 months show evidence of appropriate screening within 24 hours.

### **Standard 115.342 Use of screening information**

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

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ROP/SOA uses all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Any resident who is alleged to have suffered sexual abuse may be provided alternative housing.

By policy, lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in housing, bed, or other assignments based solely on such identification or status, nor shall SOA consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.

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

Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the residents. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

### **Standard 115.351 Resident reporting**

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

**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.**

Residents have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following:

- (a) Student Grievance Form,
- (b) Student Statement Form,
- (c) Medical Request Form,
- (d) Student One-on-One Request Form,
- (e) the Grievance Procedure,
- (f) direct verbal reporting to any staff member, and
- (g) calling the "211" hotline number.

Phones are accessible through staff in living units. Residents have frequent calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits.

All random staff and resident interviews confirm that they know they can report in writing, verbally, anonymously, and through third parties.

### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

ROP/SOA has a Student (Resident) Grievance Program to address allegations of sexual abuse and harassment. This information is provided in the Resident Handbook.

The grievance program does not impose a time limit on when a student may submit a grievance regarding an allegation of sexual abuse. ROP/SOA may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. ROP/SOA does not require a student to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this process restricts ROP/SOA's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

The program ensures that:

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint. ROP/SOA 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 residents in preparing any administrative appeal.
- (3) ROP/SOA 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. ROP/SOA will notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

A third party, including fellow resident, staff members, family members, attorneys, and outside advocates, is permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, ROP/SOA may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, ROP/SOA shall document the resident's decision.

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

ROP/SOA has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, ROP/SOA 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 ROP/SOA decision within 5 calendar days.

The initial response and final decision shall document the ROP/SOA's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. ROP/SOA may discipline a resident for filing a grievance related to alleged sexual abuse only where the grievance program demonstrates that the resident filed the grievance in bad faith.

### **Standard 115.353 Resident access to outside confidential support services**

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

**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.**

Compliance with this standard was determined by the following:

ROP/SOA policy states that residents have access to victim advocacy services for emotional support related to sexual abuse. Policy also provides resident with confidential access to their attorneys, parole officer, other legal representation, and parents or legal guardians.

Resident written materials and posters provide contact information for these services.

The facility has a MOU with the Carrol Hospital Sexual Assault Center (SAC) to provide emotional support related to sexual abuse.

### **Standard 115.354 Third-party reporting**

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

**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.**

Compliance with this standard was determined by the following:

ROP/SOA PREA Policy SES #115.354 requires the facility to accept all verbal, written and anonymous reports from an source, including third parties. Notice of how to report allegations are posted in the lobby and other areas of SOA with the toll-free hotline number and other reporting options. This information is also included in the PREA Orientation and the resident PREA education video.

### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the



relevant review period)

- Does Not Meet Standard (requires corrective action)

**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.**

ROP/SOA employees are trained to report immediately any knowledge, suspicion or information they receive regarding sexual abuse or harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with the Program Director and Staff confirmed they are knowledgeable of their reporting duties.

### **Standard 115.362 Agency protection duties**

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

**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.**

ROP/SOA policy “Prevention of Resident Sexual Assault and Abuse” meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another bedroom and/or unit or transferred to another facility. No residents have been placed in this status within the last twelve months. This was also verified through interviews with randomly selected staff.

### **Standard 115.363 Reporting to other confinement facilities**

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

**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.**

ROP/SOA policy states the Program Director will report all allegations that a resident was sexually abused while confined at another facility to the Administrator of that other facility within seventy-two (72) hours.

All correspondence will be documented.

ROP/SOA received no allegations that a resident was sexually abused while confined at another facility during the past 3 year reporting period.

#### **Standard 115.364 Staff first responder duties**

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

**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.**

ROP/SOA PREA policy SES #115.364 includes all the components of this standard. All staff are trained in first responder duties. This was also verified through interviews with randomly selected staff and training records.

#### **Standard 115.365 Coordinated response**

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

**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.**

ROP/SOA has a written action plan for responding to an incident of sexual abuse. The written plan coordinate actions, specifies which entities within SOA are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions.

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

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

**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.**

ROP/SOA is not a collective bargaining agency. Nothing in ROP/SOA policies inhibits the facility’s ability to protect juveniles from their abusers.

**Standard 115.367 Agency protection against retaliation**

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

**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.**

ROP/SOA policy states there will be no retaliation to any individual for making a sexual harassment charge toward a staff member(s) or anyone else. Residents, staff, contractors, volunteers, or third party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of or participation in an investigation of such an act.

ROP/SOA procedures include:

ROP Policy 600.402 Student Problem Solving and Grievance Procedure protects all residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Director of Student Services or designee is charged with monitoring retaliation against residents.

ROP 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.

The Program Director shall employ multiple protection measures, such as housing assignment changes or transfers for residents that may be a victim or an abuser, removal of alleged staff abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the program should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

The program shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall be included in a Multi-Disciplinary Team (MDT) meeting.

### **Standard 115.368 Post-allegation protective custody**

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

**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.**

ROP/SOA policy states that a resident may be placed in alternate housing for his personal protection. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other resident safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, programs shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

### **Standard 115.371 Criminal and administrative agency investigations**

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

**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.**

ROP/SOA does not conduct criminal investigations, when the Program Director (or designee) conducts their own administrative investigation into allegations of sexual abuse and sexual harassment, they shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Substantiated allegations of conduct that appears to be criminal shall be reported to local law enforcement for action and investigation. Substantiated allegations that appear to be criminal will be referred for prosecution.

There were no substantiated allegations that appeared criminal or needed to be referred for prosecution during this reporting period.

### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**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.**

ROP/SOA policy and procedures state that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **Standard 115.373 Reporting to residents**

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

**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.**

ROP/SOA reports the outcomes of internal and external investigations to the resident victim. Following an investigation into a resident’s allegation of sexual abuse suffered in SOA, the Program Director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the Program Director did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the resident.

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the Program Director shall subsequently inform the resident (unless the program has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident’s living unit;
- (2) The staff member is no longer employed at the facility by ROP;
- (3) The Program Director learns that the staff member has been indicted on a charge related to sexual abuse within the program; or
- (4) The Program Director learns that the staff member has been convicted on a charge related to sexual abuse within SOA.

Following a resident’s allegation that he has been sexually abused by another resident, the Program Director shall subsequently inform the alleged victim whenever:

- (1) The Program Director learns that the alleged abuser has been indicted on a charge related to sexual abuse within the SOA; or
- (2) The Program Director program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the SOA.

All such notifications or attempted notifications are provided to the resident in writing on a “Post Allegation Student Notification Response Form” by the Program Director (or designee) and are kept in the resident’s Case Management file.

*Note: Obligation to report outcomes to the resident shall terminate if the resident is released from the Program (SOA).*

### **Standard 115.376 Disciplinary sanctions for staff**

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

**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.**

There have been no incidents requiring staff discipline during the past 3 year reporting period. The policy for imposing disciplinary sanctions is in place and interviews with the ROP Executive Director and SOA Program Director confirms compliance with this standard.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

**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.**

Volunteers and contractors found to have participated in sexual activity with residents will be reported to law enforcement and social services agencies. ROP/SOA will take appropriate remedial measures and prohibit volunteers and contractors from any further contact with residents and deny them access to any program.

There have been no incidents involving contractors and volunteers requiring corrective action during the past 3 year reporting period.

### **Standard 115.378 Disciplinary sanctions for residents**

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

**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.**

ROP/SOA promotes a safe environment with established rules that are designed to protect the residents and staff. Residents 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 documented in ROP Policy 600.121- Code of Conduct.

A resident will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, programs shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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

SOA offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the program shall conduct an MDT meeting to consider whether to offer the offending resident participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education.

The program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

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

**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.**

ROP/SOA screens all residents for prior sexual victimization or perpetration and provides mental health services. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an

institutional setting or in the community, the facility will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners obtain informed consent from the resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

SOA will 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 qualified mental health practitioners.

### **Standard 115.382 Access to emergency medical and mental health services**

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

**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.**

Resident victims have access to emergency medical and mental health services.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

**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.**

ROP/SOA offers medical and mental health evaluations for residents who have been sexually abused. Ongoing medical and mental health care is available for sexual abuse victims and abusers.

While in the program, resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The Program Director will notify the parent/guardian of test results in accordance with state and local laws. The treatment services are provided to the victim without financial cost and regardless of whether the



victim names the abuser or cooperates with any investigation arising out of the incident.

ROP/SOA, by policy, shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

### **Standard 115.386 Sexual abuse incident reviews**

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

**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.**

ROP/SOA policy is that the Regional PREA Coordinator conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Such review shall be completed within 30 days of the conclusion of the investigation and will complete the ROP Safe Environment Standards (SES) Administrative and Response Review Form.

The Regional PREA Coordinator will submit a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of the investigation.

The site management team and Regional PREA Coordinator shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the program;
- (3) Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to Executive Director.

### **Standard 115.387 Data collection**

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

**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.**

ROP/SOA collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

Each site PREA Compliance Manager maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Data collected by site PREA Compliance Managers included, 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.

The Regional PREA Coordinators aggregate the incident-based sexual abuse data at least annually.

The Business Department shall provide all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30, upon DOJ's request.

#### **Standard 115.388 Data review for corrective action**

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

**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.**

ROP/SOA reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The facility's report is approved by the Program Director.

#### **Standard 115.389 Data storage, publication, and destruction**

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

**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.**

ROP/SOA will make all aggregated sexual abuse data from programs under its direct control readily available to the public, at least annually, through its website beginning in January 2016.

Before making aggregated sexual abuse data publicly available, the ROP/SOA will remove all personal identifiers.

ROP/SOA maintains 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.

**AUDITOR CERTIFICATION**

I certify that:

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

William J. Benjamin

November 13, 2015

Auditor Signature

Date