

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Interim Audit Report: 09/11/2020       N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 09/15/2020

## Auditor Information

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Company Name: PREA Auditors of America

Mailing Address: 14506 Lakeside Way

City, State, Zip: Cypress, Texas 77429

Telephone: 713-818-9098

Date of Facility Visit: August 24-25, 2020

## Agency Information

Name of Agency: Rite of Passage

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Address: 2560 Business Parkway

City, State, Zip: Minden, Nevada 89423

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

## Agency Chief Executive Officer

Name: Ski James Broman

Email: ski.broman@rop.com

Telephone: 775-267-9411

## Agency-Wide PREA Coordinator

Name: Galey Betzler

Email: galey.betzler@rop.com

Telephone: 209-559-2655

PREA Coordinator Reports to:

Lawrence Howell

Number of Compliance Managers who report to the PREA Coordinator:

5

## Facility Information

**Name of Facility:** Sierra Sage Treatment Center (Sierra Sage Academy)

**Physical Address:** 100 Rosaschi Rd

**City, State, Zip:** Yerington, NV 89447

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** www.sierrasageacademy.com

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: CARF

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
PREA Audit 11/2017

### Facility Administrator/Superintendent/Director

**Name:** Rebekah Graham

**Email:** Rebekah.graham@rop.com

**Telephone:** 775-463-5111

### Facility PREA Compliance Manager

**Name:** Arla Apasan

**Email:** arla.apasan@rop.com

**Telephone:** 775-463-5111

**Facility Health Service Administrator**  N/A

**Name:** Erin Parks

**Email:** erin.parks@rop.com

**Telephone:** 775-463-5111

### Facility Characteristics

**Designated Facility Capacity:**

48

Current Population of Facility:	40	
Average daily population for the past 12 months:	40.5	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	14-17	
Average length of stay or time under supervision	7.2 months	
Facility security levels/resident custody levels	Staff secure	
Number of residents admitted to facility during the past 12 months	70	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	70	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	70	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	63	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	45	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	7	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	9
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	8
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	24
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>5</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></b></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

The PREA onsite audit of the Rite of Passage Sierra Sage Treatment Center, also known as Sierra Sage Academy (SSA) in Yerington, Nevada was conducted on August 24-25, 2020 by Elaine Brideschge, from Valley Farms, Arizona, a U.S. Department of Justice certified PREA Auditor for juvenile facilities through a contract with PREA Auditors of America. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards.

On June 24, 2020, approximately six weeks in advance of the onsite audit, the facility posted flyers provided by the auditor throughout the facility announcing the upcoming audit. The flyer explained the purpose of the audit and provided students and staff with the auditors contact information. The flyer was written in English and in Spanish. The facility dated the flyer with the date it was posted, and the auditor has photos of the displayed flyers. The flyers were displayed in sixteen areas to include housing areas, main lobby, dining areas, education, and the employee breakroom.

Pre-audit preparation included a thorough evaluation of all documentation and materials submitted by the facility through the PREA Auditors of America google drive, along with the data included in the pre-audit questionnaire. The documentation reviewed include agency policies, procedures, forms, education materials, training curriculum and rosters, posters, brochures, and other relevant materials that were provided to determine compliance with the PREA standards. This review prompted questions and requests for additional documentation in a form of an issue log that was submitted to the PREA Coordinator and Compliance Manager for review and clarification. Responses were submitted to the auditor in a timely manner and prior to the onsite audit. Additional documentation was also submitted by the facility for the auditor's review.

The onsite portion of the audit was conducted over a two-day period. The auditor held an entrance meeting on the first day to review the audit agenda and discuss the audit process with facility leadership.

Following the entrance meeting, an extensive tour of the facility was conducted which included observation of facility configuration, staff supervision of students, housing areas, intake, classrooms, visitation areas, recreation areas, dining areas, and administration areas. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping rooms. The auditor was able to informally talk to the students and staff. While on the tour, the auditor was permitted full access to all areas of the facility. Notices of the PREA audit was observed posted in multiple areas throughout the facility. The auditor was escorted by facility staff.

The auditor conducted interviews with facility leadership, employees, and students. The interviews conducted were consistent with Department of Justice PREA auditing expectations in content and approach utilizing the PREA Compliance Audit Instrument Interview Guides (Program Director, PREA Coordinator, Agency Head, Compliance Manager, specialized staff, random staff, Medical and Mental Health staff, Human Resource staff, Investigators, and students). The auditor was able to ask additional questions to employees and students to gain more information about certain practices of the facility. In addition, the auditor was able to verify through interviews specific facility protocols and clarify documentation submitted.

On the first day of the audit, there were 40 students shown on the roster. The students were selected randomly to interview by the auditor using a current roster of students. The auditor selected students from all occupied housing units, which included interviews with 12 random students; 3 students that identified as LGB; and 3

students that reported sexual abuse. This facility is an all-female facility, ages ranging from 14-17 years of age. There were no students on the roster to interview that met the criteria for students who reported being disabled and limited English proficient, transgendered or intersex, held in isolation, or students who disclosed prior sexual victimization.

Students were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to students to report abuse and harassment. The auditor was able to ask additional questions to students to gain more information about certain practices of the facility. In addition, the auditor was able to gather information through interviews regarding facility practices that occur in the environment. The auditor asked each student if they felt safe in the facility, and 100% responded that they did.

On the first day of audit, there were 36 staff shown on the schedule. The auditor interviewed 12 random staff members representing day and night shifts and 20 staff in specialized areas. The auditor selected staff randomly by using a current staff roster. The auditor randomly selected officers per each shift, position assignment, and gender. Specialized interviews included staff who have acted as first responders, intake staff, lead staff/supervisors, medical staff, mental health staff, human resources staff, staff that monitor retaliation, investigators, staff who perform risk assessments, compliance manager, PREA coordinator, program director, agency head, and sexual abuse response team members.

Selected staff were interviewed using both random and specialty area interview questions. Staff were questioned using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to students and staff, the response protocols when a student alleges abuse, and first responder duties. The facility's leadership accommodated the auditor's request to interview specific staff and arranged student supervision while staff were participating in the interview process.

The auditor was able to complete telephonic interviews with 2 contractors, 2 volunteers, and Family Support Council of Douglas County (hotline, victim services, forensic examinations) using the recommended DOJ PREA Compliance Audit Instrument Interview Guides.

While at the facility, the auditor reviewed 12 student case records randomly selected by the auditor utilizing a student roster provided to the auditor by the facility to evaluate screening and intake procedures, student education, and other general programmatic areas. The auditor reviewed 2 investigation files and randomly selected and reviewed 12 employee files and employee training logs to determine compliance with training mandates and background check procedures.

On the final day of the onsite audit, a debriefing was held with the facility's leadership staff. The purpose of the meeting was to summarize preliminary audit findings, next steps of the audit process, and to provide specific feedback to include strengths and areas of improvement as it relates to PREA standards.

## **Facility Characteristics**

Sierra Sage Academy, owned and operated by Rite of Passage, is a staff secure, open campus with dorm style living units serving female students ages 14 to 17 years old. The facility has two group living dorm buildings (Unity Hall and Justice Hall), with a campus capacity of 48 students. Each Hall has two wings with each wing containing six bedrooms, a common area, and a secured restroom with single showers and toilet stalls. The

bedrooms can house one to two students. Each Hall has a control bubble in the center which can view both wings and the entrance to the building.

A third building is utilized as a stabilization unit where students are placed for short periods of time for therapeutic needs or as a medical isolation area. Legend Hall is a dorm style living unit that contains nine single occupancy bedrooms that open to a central common area and a restroom with single showers and toilet stalls.

Other buildings on the campus include staff housing, administration, shop/storage building, and a large student activity center. The campus has a large outdoor recreation area to include a ranch with horses, a track, tennis court, basketball court, and open lawn areas.

The facility is equipped with a high-quality video monitoring system, with cameras located in multiple locations. Meals are prepared onsite in an approved kitchen where students and staff can eat meals together in the dining areas.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.313 115.331 115.333

### Standards Met

**Number of Standards Met:** 40

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.



## PREVENTION PLANNING

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

#### 115.311 (a)

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

#### 115.311 (b)

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

#### 115.311 (c)

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

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. 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. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to

have participated in prohibited behaviors; and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of students.

The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator is in the agency's organizational structure and is listed as Director of Compliance. The facility has a designated PREA Compliance Manager. The PREA Compliance Manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is in the agency's organizational structure and is listed as the Deputy Program Director. Currently, this position is in transition and is currently assigned to the Business Assistant and Compliance Manager.

Interviews conducted with the PREA Coordinator and Compliance Manager indicate that they have enough time to manage all PREA-related responsibilities. Monthly meetings are held to discuss PREA compliance with quality reviews conducted quarterly. Regular communication between the PREA Coordinator and Compliance Manager occur in person, virtual meeting spaces, mail and phone conversations.

Policies reviewed:

PREA Safe Environmental Standards Policy 600.600

Documentation/files reviewed:

ROP Zero Tolerance Acknowledgement Forms

Organizational Chart 11/2019

ROP Position Description for PREA Coordinator

Interviews conducted:

PREA Coordinator

Compliance Manager

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.312 (a)**

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

### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The agency does not contract for the confinement of students therefore the facility meets this standard.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.313: Supervision and monitoring

### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

**115.313 (b)**

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

**115.313 (c)**

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

**115.313 (d)**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

**115.313 (e)**

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Overall Compliance Determination Narrative**

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 students against abuse. The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:4 during student waking hours and 1:6 during student sleeping hours, which far exceeded the requirement of 1:8 and 1:16 ratios. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The facility has a developed staffing plan that is reviewed annually to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds and covers all shifts over time. The facility prohibits staff from alerting other staff of the conduct of such rounds.

During a tour of the facility, the auditor was able to check all community bathrooms for potential vulnerabilities.

Interviews were conducted. Staff state that a staffing plan has been fully developed and is reviewed at least annually. Interviews were also conducted with staff responsible for conducting unannounced rounds. Rounds occur on every shift at random times. Rounds are documented and maintained in a binder

Policies reviewed:

ROP SES PREA Policy

Documentation/Files reviewed:

SSA Staffing Plan

Annual review of staffing assignment and video monitoring 02/2020

Quarterly Vulnerability Assessment Site Visit Reporting forms 12/2018; 07/2019; 10/2019

Supervisor rounds forms

Interviews conducted:

Program Director

Compliance Manager

PREA Coordinator

Intermediate/higher level staff that conduct unannounced rounds

Based on evidence discussed, the facility has exceeded compliance with this standard.

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

### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of students. The facility is an all-female facility. The facility does not permit cross-gender pat-down searches of students, absent exigent circumstances. Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

The facility has implemented policies and procedures that enable students to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a student housing unit or areas where students are likely to be showering, performing bodily functions, or changing clothing.

The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex student for the sole purpose of determining the student's genital status. All ROP staff, contractors, and volunteers receive training on working with LGBTI students in a professional and respectful manner and on the ROP policy for pat down searches or other searches necessary for security reasons. LGBTI students requiring a search will be conducted by medical professionals.



During the facility tour, the auditor did not observe any cross-gender searches. The auditor did observe staff of the opposite gender announcing their presence when entering a student housing unit.

At time of audit, the facility did not have any students that were transgender or intersex. Interviews conducted with staff indicate staff have received training in cross gender pat searches. Staff also stated that only in exigent circumstances would a cross gender pat search occur. Staff would not physically examine a transgender for the sole purpose of determining a student's genital status. Female staff stated that they announce their presence when entering a unit and that students are allowed to dress, shower, and use the toilet without being viewed.

All students interviewed reported during interview that male staff announce their presence when entering a unit.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP SES/PREA training lesson plan

Staff training logs

Interviews conducted:

Random staff

Random Student's

LGBTI Student's

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.316 (a)**

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

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No

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

#### **115.316 (b)**

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

#### **115.316 (c)**

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

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency has established procedures to provide disabled students equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has established procedures to provide students with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Agency has a policy that prohibits use of student interpreters, student readers, or other types of student assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the student's safety, the performance of first-response duties under §115.364, or the investigation of the student's allegations.

At time of audit there were not any students identified with disabilities or Limited English Proficient.

Interviews conducted indicate that signs throughout the facility are in English and Spanish. Bilingual staff are consistently available. Language line services are utilized for other languages for students and their visitors.

During a tour of the facility, the auditor observed that units have larger doors for accessibility and handicapped bathrooms for students with a disability are located throughout the campus.

Policies reviewed:

PROP SES Policy

Documentation/files reviewed:

ROP SES/PREA training lesson plan

Language Line Translation

Interviews conducted:

Agency Head

Random staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.317: Hiring and promotion decisions

### 115.317 (a)

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

### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents?  Yes  No

### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

**115.317 (d)**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

**115.317 (e)**

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

**115.317 (f)**

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

**115.317 (g)**

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

**115.317 (h)**

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

Agency policy prohibits hiring or promoting anyone who may have contact with students, and prohibits enlisting the services of any contractor who may have contact with students, 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); 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 paragraph (a)(2) of this section.

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 students. Agency policy requires that before it hires any new employees who may have contact with students, 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.

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 students. Agency policy requires that either criminal background record checks be conducted at least every five years of current employees and contractors who may have contact with students or that a system is in place for otherwise capturing such information for current employees. The facility exceeds compliance in this area as they complete background checks on all employees every three years. This was verified by the auditor during a review of employee files.

The agency asks all applicants and employees who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or

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

Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

During interview, human resource staff stated that they conduct all employee recruitment and background checks. As well, the department maintains all employee files. When conducting background checks on contractors.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP Background record clearance

ROP employee references and information requests

Recruitment application

New employee file review

Employee file review for 3 yr intervals

Contractor file review

Interviews conducted:

Human Resources staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.318 (a)**

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

### **115.318 (b)**

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility has made a substantial modification to existing facilities since the previous audit. The upgrade includes a new camera system installed in 2018 to replace the existing system. Cameras were added to the game room and movie room. Camera storage increased from 7 days to 30-day retention. The auditor verified that the staffing plan reflected the changes made.

Interviews conducted reveal that a constant visual of students was essential as well as the placement of the command station. During a tour of the facility the auditor did not observe any blind spots.

Video surveillance cameras and monitors were observed during the tour of the facility. It was also observed that the monitoring of cameras is reviewed on multi-levels, from the command station up to the supervisors. Cameras were not observed in the shower or restroom areas.

Documentation/files reviewed:

Staffing plan

Interviews conducted:

Agency Head

Program Director

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## RESPONSIVE PLANNING



## Standard 115.321: Evidence protocol and forensic medical examinations

### 115.321 (a)

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

### 115.321 (b)

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

### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The agency/facility is responsible for conducting administrative sexual abuse investigations (including student-on-student sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting

criminal sexual abuse investigations (including student-on-student sexual abuse or staff sexual misconduct). Such allegations will be referred to the Yerington Paiute Tribal Police. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility offers all students who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

The facility has document efforts to provide SANEs or SAFEs with the forensic evaluation provider.

The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

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.

The agency is responsible for investigating administrative allegations of sexual abuse and relies on another agency to conduct criminal investigations.

The auditor was able to interview three students who reported sexual abuse. The students stated that they could contact their parent and a call a hotline. Students also stated that they were offered victim advocacy services.

Interviews conducted revealed that the local victim advocacy agency is utilized for advocacy. Therapeutic staff are available to provide victim advocacy as needed. Staff are aware of the facility protocol for obtaining usable physical evidence if a student alleges sexual abuse.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Coordinated Response plan

Documented efforts

Interviews conducted:

Random Staff

SAFE SANE staff

Compliance Manager

Students who reported sexual abuse

Based on evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### **115.322 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### **115.322 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)  Yes  No  NA

### **115.322 (d)**

- Auditor is not required to audit this provision.

### **115.322 (e)**

- Auditor is not required to audit this provision.

## **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Overall Compliance Determination Narrative**

sexual abuse and sexual harassment. The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at [www.riteofpassage.com](http://www.riteofpassage.com). The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Interviews conducted reveal that the Yerington Paiute Tribal Police conducts all criminal investigations. The Yerington Paiute Tribal Police has specialized deputies trained to conduct such investigations. The compliance manager remains in contact with this agency and maintains regular communication to receive updates and reports of progress and works closely with the investigative agency when staff are involved in the allegation.

Policy reviewed:

ROP SES Policy

Documentation/files reviewed:

Agency website

Interviews conducted:

Agency Head

Investigative staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## **TRAINING AND EDUCATION**

### **Standard 115.331: Employee training**

#### **115.331 (a)**

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No

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

**115.331 (b)**

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

**115.331 (c)**

- Have all current employees who may have contact with residents received such training?  
 Yes  No

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

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The agency trains all employees who may have contact with students on the agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of students to be free from sexual abuse and sexual harassment; the right of students and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; 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 students; how to avoid inappropriate relationships with students; how to communicate effectively and professionally with students, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming students; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and on relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes and gender of the students at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training is provided to all employees upon hire. After that, the agency provides employees who may have contact with students with refresher information about current policies regarding sexual abuse and harassment. Employees who may have contact with students receive refresher training on PREA requirements every six months. As well, refreshers are provided individually as needed.

The agency documents that employees who may have contact with students understand the training they have received through employee signature or electronic verification.

All staff indicated during interview that they received training in the eleven areas identified in this standard.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP SES training curriculum and PowerPoint presentation

Staff training records

Staff signature/acknowledgement forms

Interviews conducted:

Random staff

Based on the evidence discussed, the facility has exceeded compliance with this standard.

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

### **115.332 (a)**

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

### **115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### **115.332 (c)**

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

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (*Requires Corrective Action*)

### **Overall Compliance Determination Narrative**

All volunteers and contractors who have contact with students have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The level and type of training provided to volunteers and contractors are based on the services they provide and level of contact they have with students. All volunteers and contractors who have contact with students have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews conducted with volunteers and contractors state that they received appropriate training on the agency's zero tolerance policy and on their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response. They also stated that they were informed about how to report such incidents.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP SES/PREA training

Independent contractor/volunteer lesson plans

Volunteer training file review

Contractor training file review

Interviews conducted:

Volunteers

Contractors

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

### **Standard 115.333: Resident education**

#### **115.333 (a)**

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

**115.333 (b)**

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

**115.333 (c)**

- Have all residents received the comprehensive education referenced in 115.333(b)?  
 Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

**115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

**115.333 (e)**

- Does the agency maintain documentation of resident participation in these education sessions?  
 Yes  No

**115.333 (f)**

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

Students receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Agency policy requires that students who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Student PREA education is available in formats accessible to all students, including those who are limited English proficient. Student PREA education is available in formats accessible to all students, including those who are deaf. Student PREA education is available in formats accessible to all students, including those who are visually impaired. Student PREA education is available in formats accessible to all students, including those who are otherwise disabled. Student PREA education is available in formats accessible to all students, including those who have limited reading skills.

The agency maintains documentation of student participation in PREA education sessions. This was verified by the auditor through student file reviews.

The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, student handbooks, or other written formats. During the tour of the facility, the auditor verified that student education and posters were displayed, and handbooks were available. Numerous PREA posters were visible throughout the facility.

Intake staff and students were interviewed. Staff stated that students are provided information at time of intake on the agency's zero tolerance policy. Students are given a handbook and shown a PREA video. They also sign a document acknowledging that training was received. Students stated that they received training on PREA at intake and understand the information received. In addition, student's stated that they receive PREA information every month.

Policy:

ROP SES Policy

Documentation/files reviewed:

Student PREA SES training video

Agency website (video)

SES "A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse:

Juvenile PREA Intake Orientation

ROP SES student acknowledgement of zero tolerance and student education forms

"Know your Rights Zero Tolerance" posters

Student Handbook

Intake records/student file review

PREA materials-handbooks-Spanish and English

Interviews conducted:

Intake staff

Students

Based on the evidence discussed, the facility has exceeded compliance with this standard.

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

### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

Yes  No  NA

### **115.334 (b)**

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

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

**115.334 (c)**

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

**115.334 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The facility employs three investigators. The agency maintains documentation showing that investigators have completed the required training.

Interview with Investigative staff reveal that specialized training was received. The auditor was able to verify through file review that appropriate training certificates were received.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP SES/PREA training – specialized training for administrative investigators curriculum

Specialized training certificates

Investigator file reviews

Interviews conducted:

Investigative staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)  
 Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

**115.335 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
  
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes    No    NA

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Agency medical staff at this facility do not conduct forensic medical exams. The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Training was verified by the auditor through file review.

Interviews with medical and mental health staff verified that they do not conduct forensic examinations. They also confirm that specialized training was received through Rite of Passage. As well, medical and mental health receive the same PREA training that all the other staff receive.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

ROP SES/PREA training - specialized training for medical and mental health personnel curriculum

File reviews

Training certificates

Interviews conducted:

Medical staff

Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No



- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained during classification assessments?  Yes  No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

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 students. The policy requires that students be screened for risk of sexual victimization or risk of sexually abusing other students within 72 hours of their intake. The policy requires that the student's risk level be reassessed periodically throughout their confinement.

Risk assessments are conducted using an objective screening instrument. The auditor was able to review the risk assessment to determine that the tool meets the criteria 1-11 as specified in this standard.

Interviews conducted with staff who administer the risk screening state that students are screened upon admission and no later than 72 hours. The tool considers all factors identified in this standard. Screenings are completed individually and verbally with students. All students interviewed reported that they received a risk screening upon admission to the facility and recall being asked questions like whether they have ever been sexually abused, identify as being gay, bisexual, transgender, have a disability, or think that they may be in danger of sexual abuse at the facility. This was verified through file review.

The PREA Coordinator and Compliance Manager stated that the agency has outlined who should have access to a student's risk assessment within the facility to protect sensitive information from exploitation and determined that intake staff and mental health staff have the information. All other staff are on a need to know basis and must seek supervisor approval to receive the information. The need must be demonstrated.

Policy reviewed:

ROP SES Policy

Documentation/files reviewed:

Student file review (within 72 hours)

Student vulnerability assessment instrument

Interviews conducted:

Staff responsible for conducting risk screening

Student

PREA Coordinator

Compliance Manager

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
  
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

**115.342 (d)**

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.342 (e)**

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

**115.342 (f)**

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

**115.342 (g)**

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

**115.342 (h)**

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

**115.342 (i)**

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all students safe and free from sexual abuse. The facility has a policy that students 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 students safe, and only until an alternative means of keeping all students safe can be arranged. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex students in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The agency or facility makes housing and program assignments for transgender or intersex students on a case-by-case basis. If a student at risk of sexual victimization the student is never held in isolation. During the tour of the facility the auditor did not observe any isolation areas. The auditor did observe showering and toileting areas that are single use, made private by use of a closed door.

Interviews revealed that the facility uses information from risk screenings to keep students safe and free from sexual abuse. All students interviewed stated that they feel safe in the facility. The facility does not house LGBTI students in special housing and can provide a single cell when necessary to keep students safe. A follow up meeting with therapists and medical are provided to students that have experienced prior sexual victimization or has previously perpetrated sexual abuse. Staff stated that isolation is not used in the facility.

At time of audit, there were not any transgender students admitted to the facility to interview.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Sexual Victimization and Sexual Abusiveness assessments/student file review

ROP student vulnerability assessment instrument

Interviews:

Compliance Manager

PREA Coordinator

Staff responsible for conducting risk screening

Program Director

Medical staff

Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## REPORTING

### Standard 115.351: Resident reporting

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The agency has established procedures allowing for multiple internal ways for students to report privately to agency officials about 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.

The agency provides 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 agency. The agency does not detain students solely for civil immigration purposes. 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. Staff are required to document verbal reports on an incident report form.

The facility provides students with access to tools to make written reports of sexual abuse or 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. Tools were verified by the auditor during the facility tour.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of students. Staff can speak to a supervisor privately or call the hotline number. Staff are informed of these procedures through the PREA Policy and staff training. Every six months during refresher training staff are

taught about reporting, including how to privately report sexual abuse and sexual harassment. Staff training was verified through record review.

The agency has a policy for filing an emergency grievance alleging that a student is subject to a substantial risk of imminent sexual abuse. The agency has a policy for emergency grievances alleging substantial risk of imminent sexual abuse that requires a response within 48 hours. The agency also has a policy for emergency grievances alleging substantial risk of imminent sexual abuse to require that a final agency decision be issued within five days.

The agency has a written policy that limits its ability to discipline a student for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the student filed the grievance in bad faith.

During the tour of the facility, the auditor observed posters throughout with phone numbers to contact, as well as locked grievance boxes and grievance forms that students can use. Visiting family and attorneys can meet privately with students.

The auditor was able to interview three students who reported sexual abuse. Students stated that they gave a verbal report to staff.

Interviews conducted state that students can privately report sexual abuse or sexual harassment, retaliation, or staff neglect. Students can report to a staff member, therapist, parent, attorney, or in writing by submitting a note or a grievance, and by calling the hotline number posted by each phone.

Policies reviewed:

ROP SES Policy

ROP Student Problem Solving and Grievance Policy

Documentation/files reviewed:

ROP Third Party Reporting form

Student Grievance form

ROP incident reporting

SES "A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse"

ROP SES lesson plan

ROP SES training slides

Student Handbook

Incident reports for follow up on PREA concerns

Student investigation file reviews

MOU Yerington Paiute Tribal Police

MOU Family Support Council of Douglas County



Interviews conducted:

Compliance Manager

Random staff

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.352 (a)**

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

### **115.352 (b)**

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

### **115.352 (c)**

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

### **115.352 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond

is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

**115.352 (g)**

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

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency has an administrative procedure for dealing with student grievances regarding sexual abuse. Agency policy or procedure allows a student to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The agency's policy and procedure require that a student grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 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.

Agency policy and procedure permits third parties, including fellow students, staff members, family members, attorneys, and outside advocates, to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of students. Agency policy and procedure require that if the student declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the student's decision to decline. Agency policy allows parents or legal guardians of students

to file a grievance alleging sexual abuse, including appeals, on behalf of such student, regardless of whether or not the student agrees to having the grievance filed on their behalf.

The agency has a policy or established procedures for filing an emergency grievance alleging that a student is subject to a substantial risk of imminent sexual abuse; emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours; and for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The written policy limits its ability to discipline a student for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the student filed the grievance in bad faith.

The auditor interviewed three students that reported sexual abuse. Students stated that they were told within 30 days about the decision of the investigation.

Policy reviewed:

ROP SES Policy

ROP Incident Reporting Policy

ROP Student Problem Solving and Grievance Policy

Documentation/files reviewed:

Handbooks - Spanish and English

SES "A Students Guide to Rights, Protections, and Reporting of Sexual Abuse"

Based on evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

The facility provides students with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides students with access to such services by giving students (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides students with access to such services by enabling reasonable communication between students and these organizations in as confidential a manner as possible.

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

The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide students with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The facility provides students with reasonable and confidential access to their attorneys or other legal representation. The facility provides students with reasonable access to parents or legal guardians.

During the tour of the facility the auditor observed posters in the units containing victim advocacy/crisis hotline information that included a toll-free number.

The auditor was able to interview three students who reported sexual abuse. Students stated that they were given phone numbers to a hotline that they could call. They also stated that could communicate confidentially with their parent and attorney upon request.

Interviews conducted revealed that students are aware of services available outside the facility for dealing with sexual abuse. Students were aware of the crisis services hotline they can call. Students stated that they can make a private call upon request. Staff stated during interview that students have access to their attorney, by request, in person, or by phone, and to parents weekly during family sessions, and during furloughs. They can also write them letters or call them. These visits are private. Video skyping with parents is also available.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Handbooks - Spanish and English

Zero tolerance posters – English and Spanish

Student Handbook

MOU – Yerington Paiute Tribal Police

MOU – Family Support Council of Douglas County

Interviews:

Compliance Manager

Program Director

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.354 (a)**

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

harassment. The agency or facility publicly distributes information on how to report student sexual abuse or sexual harassment on behalf of students. Third party reporting forms are available in the lobby/reception/control desk.

The facility distributes information on how to report student sexual abuse or sexual harassment on behalf of students through information provided in handbooks, contractor and volunteer pamphlets, and it is also contained in the PREA Policy.

During a tour of the facility, the auditor observed that posters explaining third party reporting for sexual abuse and sexual harassment are posted in the lobby/reception/control center area and the visiting area. Information is available on the facility's website regarding third party reporting.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Photos of postings

Third party reporting forms

Website review of zero tolerance policy and reporting

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

#### 115.361 (a)

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

**115.361 (b)**

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

**115.361 (c)**

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

**115.361 (d)**

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

**115.361 (e)**

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians?  Yes  No



- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

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. The agency requires all staff to report immediately and according to agency policy any retaliation against students or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Interviews with staff indicate that when the facility receives an allegation of sexual abuse, the allegation is reported to the Compliance Manager, PREA Coordinator, and the Program Director. If the victim is under the guardianship of child welfare system, the social worker is contacted. If the court retains jurisdiction over the victim, the student's attorney is notified. Should staff be included in an allegation of sexual abuse, the human resource staff and the Yerington Paiute Tribal Police Department are notified. Attorneys and parents are notified immediately and within 14 days.

Through file review the auditor was able to verify that staff have received training on PREA and their duty to report.

Medical and Mental Health staff stated that at the initiation of services to a student, limitations of confidentiality and duty to report is disclosed. Staff are mandatory reporters.

Policies reviewed:

ROP SES policy

Child Abuse Reporting Policy

Documentation/files reviewed:

Staff training files

Staff Acknowledgement forms

Interviews conducted:

Random staff

Medical staff

Mental Health staff

Compliance Manager

Program Director

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.362: Agency protection duties

### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

When the agency or facility learns that a student is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the student (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

During interviews with staff, staff indicated the appropriate actions to take to protect a student. Staff stated that the expectation for how quickly staff should respond to protect students at substantial risk of imminent sexual abuse is immediate, without delay.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

“If Sexual Abuse or Sexual Assault is Reported” handout

Interviews conducted:

Agency Head

Program Director

Random staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.363 (a)**

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

### **115.363 (b)**

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

### **115.363 (c)**

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

### **115.363 (d)**

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

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

The agency has a policy requiring that, upon receiving an allegation that a student 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. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. As well, the agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

During interviews with the agency head and Program Director they stated that should another facility refer allegations of sexual abuse or sexual harassment that occurred within one of their facilities, the notification would go directly to the compliance manager and program director, up to the Chief level and an investigation would occur. To date, there has not been any such report made.

Policies reviewed:

Coordinated Response Policy

ROP SES Policy

Interviews conducted:

Agency Head

Program Director

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.364: Staff first responder duties

### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

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

### 115.364 (b)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a student was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a student was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. ROP does not have "security staff". All staff are trained per policy as first responders.

The auditor interviewed three students who reported sexual abuse. Students reported that once staff learned of what happened, immediate response and action occurred.

Through interview with first responders and random staff, staff were unable to describe, for the most part, the actions they would take as a first responder to an allegation of sexual abuse. Additionally, staff were unable to communicate with the auditor when they received training in this area. The auditor was able to verify that training was received through a review of training files, however, staff had difficulty remembering the duties of a first responder.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Staff training files

“If Sexual Abuse or Sexual Assault is Reported” handout

Interviews conducted:

First responders

Random staff

Students who reported sexual abuse

Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to staff not able to describe their roles and responsibilities of being a first responder.

The auditor has recommended the following corrective action item to be completed within six months.

**CORRECTIVE ACTION NEEDED:**

All employees to receive training being a first responder per standard 115.364 and provide copies of training rosters and curriculum/handouts to auditor for verification that training was received.

On September 10, 2020, during the corrective action process, the facility completed all corrective action required and submitted appropriate documentation to verify compliance with this standard.

**VERIFICATION OF CORRECTIVE ACTION:** The auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

**ADDITIONAL DOCUMENTATION REVIEWED:** The facility submitted a written First Responder Response and Reporting Training Update, supporting documentation, and policy that covered a review of the ROP PREA Flowchart, First Responder Badge, Rite of Passage Child Abuse Reporting Policy 100.407, and a review of the updated Child Abuse Addendum to clarify Sierra Sage specific reporting processes. The training was one hour in length and ended with a competency quiz given to staff. The facility also submitted a roster to verify all staff received training.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.365: Coordinated response

### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The Program Director was able to explain what the facility's plan to coordinate actions among staff first responders, medical and mental health staff, investigators, and facility leadership would be. A coordinated response flowchart would be utilized.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

PREA Incident Response Flowchart and checklist

ROP SES Coordinated Response Plan

"IF sexual abuse or assault is reported" handout

Interviews conducted:

Program Director

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### 115.366 (a)

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

#### 115.366 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

According to the agency head, Rite of Passage does not have collective bargaining agreements, and is an at-will employer. Employees are not unionized.

Interviews:

Agency Head

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

### Standard 115.367: Agency protection against retaliation

#### 115.367 (a)

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

#### 115.367 (b)



- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,?  Yes  No

**115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

**115.367 (d)**

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

**115.367 (e)**

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

**115.367 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency has a policy to protect all students and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The agency designates the deputy program director with monitoring for possible retaliation.

The agency/facility monitors the conduct or treatment of students or staff who reported sexual abuse and of students who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by students or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

At time of audit, there were no students held in isolation. The auditor interviewed three students who reported sexual abuse to interview. Those students stated that they felt protected enough against possible revenge from staff and other students and that they felt safe.

During interview, staff stated that retaliation is closely monitored, and appropriate action is taken when needed. Reviews will begin at time of the incident and will continue for no less than 90 days. Reports are prepared and given to the compliance manager and program director.

Policies reviewed:

ROP SES Policy

ROP Student Problem Solving and Grievance Procedure

Staff Protection (Whistleblower) Policy

Interviews conducted:

Agency Head

Program Director

Staff charged with monitoring retaliation

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.368: Post-allegation protective custody

### 115.368 (a)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

Rite of Passage has a policy that students 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 students safe, and only until an alternative means of keeping all students safe can be arranged. The policy requires that students who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a student who alleges to have suffered sexual abuse is held in isolation, the facility affords each such student a review every 30 days to determine whether there is a continuing need for separation from the general population.

During the tour of the facility, no students were held in isolation.

During interview with the Program Director, the facility has not had any circumstances in which isolation was used to protect a student who has alleged to have suffered sexual abuse. Medical and Mental Health staff stated that isolation is not utilized and that students are provided single cells when needed to keep them safe.

Policies reviewed:

ROP SES Policy

Interviews conducted:

Program Director

Medical and Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

**115.371 (h)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

**115.371 (i)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

**115.371 (j)**

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

**115.371 (k)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

**115.371 (l)**

- Auditor is not required to audit this provision.

**115.371 (m)**

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency/facility has a policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor interviewed three students who reported sexual abuse. Students stated that they were not required to take a polygraph test about what happened to them.

Investigation files were reviewed. Using a checklist provided by the PREA Resource Center, the file contained all necessary documentation.

During interviews, staff stated that the compliance manager and program director remains informed of the progress of sexual abuse investigations that are being conducted by local law enforcement.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Notice of Potential PREA Incident

ROP SES/PREA Administrative Investigation Report

Investigation file review

Interviews conducted:

Investigative staff

Program Director

PREA Coordinator

Compliance Manager

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.372: Evidentiary standard for administrative investigations

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

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.

During interview with investigative staff, staff stated that the local law enforcement agency responsible for investigating criminal allegations of sexual abuse imposes a standard of a preponderance of the evidence.

Policies reviewed:

ROP SES Policy

Interviews conducted:

Investigative staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.373: Reporting to residents

### 115.373 (a)

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

### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the



alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes  No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

The agency has a policy requiring that any student who makes an allegation that he 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.

An outside entity conducts such investigations. The agency requests the relevant information from the investigative entity in order to inform the student of the outcome of the investigation.

Following a student's allegation that a staff member has committed sexual abuse against the student, the agency/facility subsequently informs the student (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the student's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a student in the facility in the past 12 months.

Following a student's allegation that he has been sexually abused by another student, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge

related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The agency has a policy that all notifications to students described under this standard are documented.

The auditor was able to interview three students who reported sexual abuse. Students stated that were told of the results of the investigation.

Staff stated during interviews that the compliance manager or program director would notify a student who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Post Allegation Student Notification Response form

Internal Notice of Potential PREA Incident

ROP SES/PREA Administrative Investigation Report

Investigation file review

Interviews conducted:

Program Director

Investigative staff

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### 115.376 (a)

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

#### 115.376 (b)

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

**115.376 (c)**

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

**115.376 (d)**

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

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

Policy states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policies reviewed:

ROP SES Policy

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

**115.377 (a)**

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

**115.377 (b)**

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

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

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. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with students. The facility takes appropriate remedial measures and considers whether to prohibit further contact with students in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During interview with the Program Director, it was stated that in the case of any violation of sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take remedial measures and prohibit further contact with students.

Policies reviewed:

ROP SES Policy

Interviews conducted:

Program Director

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.378: Interventions and disciplinary sanctions for residents

### 115.378 (a)

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

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

### 115.378 (c)

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

### 115.378 (d)

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

### 115.378 (e)

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

#### 115.378 (f)

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

#### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

According to Rite of Passage Policy, Students are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse. Students are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for student-on-student sexual abuse.

In the event a disciplinary sanction for student-on student sexual abuse resulted in the isolation of a student, the facility policy requires that students in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for student-on-student sexual abuse results in the isolation of a student, students in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for student-on-student sexual abuse results in the isolation of a student, students in isolation have access to other programs and work opportunities to the extent possible.

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Access to general programming or education is not conditional on participation in such interventions. The agency disciplines students for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred,

even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between students.

According to the Program Director, sanctions are proportionate to the nature and circumstances of the abuses committed, the student's disciplinary histories, and the sanctions imposed for similar offenses by other students with similar histories. Mental disability and mental illness are considered when determining sanctions. Isolation is not used within this facility

Medical and Mental Health staff indicated that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Participation is not a condition of access to any reward-based behavior management system, programming, or education.

Policies reviewed:

ROP SES Policy

Interviews conducted:

Program Director

Medical/Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## MEDICAL AND MENTAL CARE

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

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

### 115.381 (d)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

Rite of Passage Policy requires all students who are accepted for residential treatment services at this facility to be assessed for risk the day they arrive. Several referral documents are reviewed by intake staff. This extensive review includes court and legal documents, psychological evaluations, previous treatment reports, IEP's, medical records, and other critical documents. Within thirty days of a student arriving, therapeutic staff reviews all referral documents and completes several assessments to develop individualized treatment plans for students.

As part of the intake process, intake staff conduct a vulnerability assessment for risk to sexual abuse or be sexually abused while in custody.

All students who have ever previously perpetrated sexual abuse are offered a meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

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

Review of student files verified that therapeutic staff followed up and met individually with each student within 14 days. Interviews with staff indicated that informed consent from students is obtained before reporting about



prior sexual victimization that did not occur in an institutional setting. Parents or court must give consent. Staff stated that follow up meetings with medical or mental health staff are offered.

Policies reviewed:

ROP SES Policy

Documentation/file review:

Medical Intake Screening documents

Vulnerability assessments

Student files

Interviews conducted:

Staff who conduct risk screenings

Medical and Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.382 (a)**

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

### **115.382 (b)**

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

### **115.382 (c)**

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

### **115.382 (d)**

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

### **Auditor Overall Compliance Determination**

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

### **Overall Compliance Determination Narrative**

According to policy, student victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Student 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.

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

The auditor interviewed three students who reported sexual abuse. Students stated that they were provided the opportunity to see a medical provider.

Staff interviews indicate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

Policies reviewed:

ROP SES Policy

Reproductive and Sexual health Care and Related Rights for Youth and NMD's in California Foster Care

Documentation/files reviewed:

Group session progress notes

Interviews conducted:

Medical and Mental Health staff

First Responders

Students who reported sexual abuse

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.383 (a)**

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

### **115.383 (b)**

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

### **115.383 (c)**

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

### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### **115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

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

**115.383 (h)**

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

Rite of Passage policy ensures the facility offers medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Medical services offered are off campus. All students are taken within first 30 days, as needed, or requested.

Student victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate by off campus medical providers. All students receive mental health evaluations regardless of reports.

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.

Staff stated during interview that the facility attempts to conduct a mental health evaluation of all known student-on-student abusers within 30 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

At time of audit there were no students detained who reported sexual abuse to be interviewed.

Policies reviewed:

ROP SES Policy

Interviews conducted:

Medical and Mental Health staff

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

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

### 115.386 (e)

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

### Auditor Overall Compliance Determination

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

### Overall Compliance Determination Narrative

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility implements the recommendations for improvement or documents its reasons for not doing so.

During interviews with staff, staff stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the agency head and PREA Coordinator.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

PREA Investigations in 2019

Internal Notice of Potential PREA Incident

ROP SES/PREA Administrative Investigation Report

Post Investigation Student Notification

ROP SES/PREA Administrative Responsibilities Post Allegation

Interviews conducted:

Program Director

Compliance Manager

SART Team members

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.387: Data collection

### 115.387 (a)

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

### 115.387 (b)

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

### 115.387 (c)

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

### 115.387 (d)

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

### 115.387 (e)

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

### 115.387 (f)

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

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

At time of audit, the agency has an approved annual report containing information described in this standard.

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. The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility does not contract for the confinement of its students.

Policy reviewed:

ROP SES Policy

Documentation/files reviewed:

Survey of Sexual Victimization (SSV)

Annual reports

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## Standard 115.388: Data review for corrective action

### 115.388 (a)

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



**115.388 (b)**

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

**115.388 (c)**

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

**115.388 (d)**

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

**Auditor Overall Compliance Determination**

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

**Overall Compliance Determination Narrative**

The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. The agency makes the annual report readily available to the public at least annually through its website [www.sierrasageacademy.com/SES](http://www.sierrasageacademy.com/SES). The annual reports are approved by the agency head.

When the agency redacts material from an annual report for publication, the redaction is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Interviews with staff indicate that the annual data reports are completed annually and reviewed regularly.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Annual data reports

Review of facility website

Interviews conducted:

Agency Head

PREA Coordinator

Compliance Manager

Based on evidence discussed, the facility has demonstrated compliance with this standard.

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

### **115.389 (a)**

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

### **115.389 (b)**

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

### **115.389 (c)**

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

### **115.389 (d)**

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

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Overall Compliance Determination Narrative**

The agency ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection.

According to the PREA Coordinator, all annual reports are redacted and do not contain any personal identifying information. The annual reports are in the process of being created/edited and will be posted to the website soon.

Policies reviewed:

ROP SES Policy

Documentation/files reviewed:

Website review

Review of annual data reports

Interviews conducted:

PREA Coordinator

Based on evidence discussed, the facility has demonstrated compliance with this standard.

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

#### **115.401 (a)**

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### **115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Overall Compliance Determination Narrative

During the prior three-year audit period, the agency ensured that each facility operated by the agency was audited at least once. This is the third audit for this facility. Previous audits were completed in 2016 (cycle one); 2017 (cycle two); and 2020 (cycle three).

The auditor verified that audits for Sierra Sage Academy were completed at appropriate intervals/cycles.

The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with students and staff. Students were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The auditor observed the audit announcements posted throughout the facility. The auditor did not receive any correspondence from students or staff.

Documentation/files reviewed:

Previous PREA Audit Reports

Facility website

Audit announcement postings with date of notice

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## **Standard 115.403: Audit contents and findings**

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

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

### **Overall Compliance Determination Narrative**

The auditor attests that there was no conflict of interest with respect to the auditor's ability to conduct an audit of the facility under review. This audit report states whether agency-wide policies and procedures comply with the relevant PREA standards. For each PREA standard, the auditor determined whether the audited facility reached compliance, exceeded compliance, or did not meet compliance. The auditor described in this report the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision

and included recommendations for any required correction action. The auditor redacted any personally identifiable student or staff information from this report. The auditor notified the facility of the requirement of publishing the auditor's final report on its website.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

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

Elaine Bridschge

09/11/2020

**Auditor Signature**

**Date**

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