

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 12/12/21

Auditor Information

Name: Natasha Mitchell

Email: Natasha@preaauditors.com

Company Name: Click or tap here to enter text.

Mailing Address: PO Box 110993

City, State, Zip: Aurora, CO 8042-0993

Telephone: 720-371-2172

Date of Facility Visit: October 18-19, 2021

Agency Information

Name of Agency: Rite of Passage, Inc.

Governing Authority or Parent Agency (If Applicable): Arkansas Division of Youth Services

Address: 2560 Business Parkway Suite A

City, State, Zip: Minden, NV 89423

Mailing Address: Same of above

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: www.riteofpassage.com

Agency Chief Executive Officer

Name: S. James Broman

Email: sbroman@rop.com

Telephone: 775-267-9411

Agency-Wide PREA Coordinator

Name: Karen Murray

Email: Karen.murray@rop.com

Telephone: 303-882-0052

PREA Coordinator Reports to:

Lawrence Howell

Number of Compliance Managers who report to the PREA Coordinator:

45

Facility Information

Name of Facility: Arkansas Juvenile Assessment and Treatment Center

Physical Address: 1501 Woody

City, State, Zip: Alexander, Arkansas 72002

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: Click or tap here to enter text.

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: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Arkansas Division of Youth Services

Facility Administrator/Superintendent/Director

Name: Jasen Kelly

Email: jasen.kelly@rop.com

Telephone: 501-682-9800

Facility PREA Compliance Manager

Name: Tara Shephard

Email: tara.shepard@rop.com

Telephone: 501-682-9800

Facility Health Service Administrator N/A

Name: Samantha Smith

Email: Samantha.smith@rop.com

Telephone: 501-682-9800

Facility Characteristics

Designated Facility Capacity:

120

Current Population of Facility:	113
Average daily population for the past 12 months:	105
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 type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10-20 years old
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	Secure
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	253
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	253
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 checked="" 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: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	158
Number of staff hired by the facility during the past 12 months who may have contact with residents:	316
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	40

Physical Plant

<p>Number of buildings:</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>	19
<p>Number of resident housing units:</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>	7
<p>Number of single resident cells, rooms, or other enclosures:</p>	26
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	23
<p>Number of open bay/dorm housing units:</p>	2
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

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

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Mercy Child Advocacy Center)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>0</p>
<p>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.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Bryant Police Department) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>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?</p>	<p>0</p>
<p>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></p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Not applicable

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Not applicable

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	October 18, 2021
2. End date of the onsite portion of the audit:	October 19, 2021
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Mercy Child Advocacy Center
Audited Facility Information	
4. Designated Facility Capacity:	120
5. Average daily population for the past 12 months:	105
6. Number of inmate/resident/detainee 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 inmates 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.	7
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	117
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	2
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	2
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	25
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

<p>22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The youth served at AJATC are male and female youth who are committed to the Arkansas Division of Youth Services. The youth are screened during the intake process for various traumatic experiences including sexual victimization and sex offense histories.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>316</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>16</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>40</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>All of the approved volunteers have not been permitted on the campus since March 2020 as a result of the national pandemic. Upon clearance all approved volunteers will have to undergo a thorough background check and training.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The residents were selected in collaboration with the PREA Compliance Manager who had familiarity with AJATC residents.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>
<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>4</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>Does not apply to AJATC</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Arkansas Division of Youth Services does not serve youthful offenders.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussion with the PREA Compliance Manager</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussions with the PREA Compliance Manager.</p>

<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussion with the PREA Compliance Manager</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussion with the PREA Compliance Manager</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of the PAQ, incident reports from the past 12 months, and discussion with the PREA Compliance Manager.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of the PAQ and discussion with the Program Director and PREA Compliance Manager.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor received the resident roster and identified the residents with special characteristics with the PREA Compliance Manager.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) Gender <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Additional staff were not scheduled during the two days of the onsite audit to select from.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>There was a good representative sample of staff to explain the facility's operational standards related to the juvenile PREA standards.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.

55. Select which SPECIALIZED STAFF roles were	<input type="checkbox"/> Agency contract administrator
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<p>interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Youth advocate
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>Click or tap here to enter text.</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming
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	<input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Documentation Sampling

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

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor requested additional documentation while onsite (i.e., risk screening, staff training acknowledgement forms, resident orientation and 10-day acknowledgements, grievance tracking.</p>
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	4	0	4	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	4	0	4	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	1	1	1	0
Total	0	1	1	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	1	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	1
Total	0	0	1	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	4	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	Click or tap here to enter text.
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
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a. If 0, explain why you were unable to review any sexual abuse investigation files:	Click or tap here to enter text.
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74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse)
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	investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
<p>88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>1</p>

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<input type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other
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PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Facility PAQ
- PREA Policy
- ROP Safe Environment Standards
- ROP Organizational Chart
- The AJATC Organizational Chart

115.311(a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Rite of Passage has a zero tolerance policy against all forms of sexual abuse and sexual harassment. Rite of Passage prohibits all sexual activity between or with any student(s) under our care and supervision. No staff may work at an ROP program before completing PREA training. Personnel are exempt from completing prior PREA training when responding to an emergency.

115.311(a)-2 The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

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

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

115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

PROCEDURES AND DEFINITIONS

Sexual abuse of student by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the student:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a student for reasons unrelated to official duties, such as peering at a student who is using a toilet to perform bodily functions; requiring a student to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a student's naked body or of a student performing bodily functions.
- (9) Any act of photographing, videotaping, filming, digitally recording or otherwise viewing, with or without a device, a student with the intent to arouse or gratify sexual desire.

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

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

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

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

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

1. Immediately remove the alleged perpetrator away from victim (both sight and sound)

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

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

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

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

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

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

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

Interviews:

- Program Director
- PREA Coordinator
- PREA Compliance Manager

Rites of Passage, Inc. has designated a PREA Coordinator who indicated during her interview that she has sufficient time to fulfill her duties and has the necessary authority to oversee the facilities

compliance. She indicated the Compliance Coordinator for AJATC is designated as the PREA Compliance Manager. The PREA Coordinator does not have supervisor responsibilities over the PREA Compliance Manager; however, she has developed a partnership with the PREA Compliance Manager as well as the Program Director. She stated she maintains ongoing communication with the PREA Compliance Manager and convenes periodic meetings to address the standards and any corrective action necessary.

The AJATC Compliance Coordinator/PREA Compliance Manager said she has sufficient time to oversee the facility's compliance with the standards and appreciates the guidance and support that she receives from the PREA Coordinator. On the facility organizational chart the PREA Compliance Manager is identified as the Compliance Coordinator. She explains she oversees compliance with a variety of standards that the AJATC has to comply with. She also provides and oversees the various training requirements, which includes the juvenile PREA standards.

Conclusion:

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

Documents Reviewed:

- Facility PAQ
- ROP Safe Environments Standards

Interviews:

- PREA Coordinator

Rite of Passage (ROP) holds a contract with counties within the state of Arkansas as well as the Arkansas Division of Youth Services to provide services for adjudicated youth. As a part of ROP's contractual agreement there is language in the contract that they will comply with the PREA standards. The AJATC does not contract with any other providers for the confinement of residents.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents. No corrective action required.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

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

Documentation Reviewed During Onsite Phase of Audit

115.313(a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

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

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

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

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

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

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

Interviews:

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

The facility has developed a staffing plan that takes into account the number of residents and their programming activities throughout the day. The average daily number of residents for the past 12 months was one hundred five (105) and the average daily number of residents on which the staffing plan was predicated is one hundred twenty (120). The PREA Coordinator, PREA Compliance Manager, and Program Director confirmed that the facility developed a staffing plan that took into consideration the staffing levels to protect residents against sexual abuse. The facility video monitoring system and camera placement is also included in the documented staffing plan. Documentation was provided to the auditor to demonstrate that the plan takes into consideration the 11 elements required by the standard. The Program Director says he checks for compliance with the staffing plan through the facility schedule, personal observations, and shift logs. The PREA Compliance Manager confirmed that all aspects of this provision of the standard are considered when assessing adequate staffing levels and the need for video monitoring.

AJATC is currently in compliance with the juvenile PREA standards related to staff to resident ratio. Arkansas Division of Youth Services has established staffing ratios at 1:8 during wake hours and 1:12 during sleep hours. AJATC is compliance with the wake hours of 1:8 and exceeds the juvenile PREA standards during sleep hours with a ratio of 1:12.

The facility PAQ indicates the facility deviated from the staffing plan one hundred fifty-five times (155) during waking hours and one hundred thirty-six (136) during sleeping hours. The documentation indicates the time of the deviation was not for an entire shift and was for a short period of time until a staff member arrived on duty to provide supervision. The majority of the instances of deviation were due to COVID-19. During interviews with AJATC staff members they indicated they are working long shifts and staff from a variety of classifications is providing support to ensure adequate coverage. The staff indicated the Program Director has a strong presence in the facility and can be called on to support the staff with resident supervision.

Documentation was provided that demonstrated that the most recent staffing plan was reviewed on or around September 16, 2021, and was signed by the Program Director, Regional Compliance Director, and PREA Compliance Manager. The review process covered all factors required according to the standard.

Documentation provided to the auditor indicates the facility has one hundred fifty-eight (158) employees who may have contact with the residents and has the certification to provide direct care services.

Documentation was reviewed during the audit that demonstrated the intermediate-level and higher-level staff consistently conducts unannounced rounds. A review of the Daily Site Unannounced Rounds form

demonstrated that the unannounced rounds are in compliance with the PREA standards and occur frequently and at variable times. The auditor was able to verify that the unannounced rounds occur frequently without warning. The unannounced form is another area where the facility documents the staffing ratio. Aside from the PREA checks, anytime a supervisor is on a unit they are required to document the date, time and finding in the pod log book in red pen. The auditor reviewed the log book and found that supervisor and managerial staff presence occurs frequently throughout the shifts.

Conclusion:

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

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ

- ROP Safe Environment Standards
- Search Training Logs
- Search Training Curriculum
- Safe Environment Standards Assessment/Quiz

115.315(a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.

Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room.

Rite of Passage prohibits cross-gender pat down searches.

115.315(d)-1 The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

Staff will control and supervise all individual and group youth movement to and from living units, programs, work assignments and supervised off-grounds trips.

Youth or groups of youth shall not be given control or authority over other youth.

Direct supervision staff shall be posted in youth living units to permit staff to facilitate personal contact, to observe, to hear, and to respond promptly.

Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes or performing bodily functions except when such view is incidental during routine cell (bed) checks.

115.315(d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

Staff will control and supervise all individual and group youth movement to and from living units, programs, work assignments and supervised off-grounds trips.

Youth or groups of youth shall not be given control or authority over other youth.

Direct supervision staff shall be posted in youth living units to permit staff to facilitate personal contact, to observe, to hear, and to respond promptly.

Students shall notify staff verbally prior to changing their clothes, showering or using the restroom. When staff are entering opposite sex housing units, they will announce their presence.

115.315(e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student's genital status.

Interviews:

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

According to the PAQ, the facility did not conduct a cross-gender strip or cross-gender visual body cavity search of any resident in the 12 months preceding the audit. Staff interviews indicated cross-gender searches are prohibited. Resident interviews indicate they are searched by the same gender staff and the searches are conducted in a manner that is professional and respectful. ACATC is adequately staffed with male and female staff to provide appropriate services for the resident population.

Residents are able to shower, perform bodily functions, and change clothing in the privacy of their room or in the bathroom, which is outside of the presence of staff and residents. The resident interviews indicated while residents are showering, male and female staff are allowed to provide supervision. The residents indicated the staff position themselves in the area of the bathroom but they are not inside the shower or shower area.

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

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's physical anatomy. The staff suggest searching a resident who identifies as transgender to determine their biological sex could result in disciplinary action and that they should gather the information by interviewing the resident or contacting an administrator or supervisor for assistance. The staff report if there is a need to determine a residents biological sex, they would immediately call a medical professional to conduct the search.

Conclusion:

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Invoice for Translation Services

115.316(a)-1 The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The program shall take appropriate steps to ensure that students with disabilities (including, for example, students who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Interviews:

- Program Director
- Random Staff
- Random Resident

According to the PAQ and interviews with the Program Director, PREA Coordinator, and PREA Compliance Manager state ROP has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The residents admitted to AJATC are committed to the Arkansas Department of Youth Services (ADYS). ADYS has a staff member dedicated to ensure that if a resident or their staff member needs interpretation or translation services, the services would be provided. The responsible staff member's office is on the AJATC campus, which makes the staff member easily accessible to the AJATC staff. During the audit, the auditor interviewed a resident who was identified as LEP. The resident was fluent in English; however, their family was limited English. The resident reported whenever there is a need for AJATC or ADYS to communicate with their family an interpreter will be made available.

According to the PAQ, the facility did not have any instances where resident interpreters, readers, or other types of resident assistants have been used in the 12 months preceding the audit. Staff interviews confirmed the agency would use a Spanish speaking staff member or a translator for interpretation services. Interviewed staff indicated the facility did not use a resident interpreter, resident reader, or any other type of resident assistance being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Background Record Clearance Check Policy
- Background Investigation Notification and Authorization Form

115.317(a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:

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

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

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

115.317(b)-1 Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The program shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with students.

Before hiring new staff who may have contact with students, the program shall:

Perform a criminal background records check;

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

Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.317(c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:

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

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

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

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

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

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

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

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

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

Interviews:

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

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

Additionally, the HR representative indicated the AJATC employees sign an attestation that requires them to notify HR and/or their supervisor if they are arrested or have police contact that results in a criminal charge; excluding traffic offenses that does not result in a suspension of their driving privileges. All AJATC employees have an affirmative duty to self-report all disqualifying offenses within 24-hours of the arrest. When an employee fails to disclose disciplinary action up to and including termination may occur.

The HR representative confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

The HR representative confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees and contractors who may have contact with the residents and all employees, who may have contact with residents. The HR representative also confirmed the background clearance check includes a check with the child protection services. There are also periodic checks during an employee's employment with AJATC.

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

Conclusion:

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

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Interviews:

- Executive Director
- Program Director

During the Executive Director's interview he indicated when acquiring a new building or program, ROP will consider the building design with an open floor plan instead of correctional style floor plans. He indicated the open floor plan decreases blind spots and increases visual observation. The open floor plan also eliminates corners and close space.

The buildings that house residents who reside at AJATC are state-owned buildings that are included in the management agreement with ROP. AJATC has a contract with the Arkansas Division of Youth Services; therefore, they have a duty to report all critical incidents to ADYS.

Per the contract between ROP and ADYS, the video monitoring system is managed by ADYS. Currently there are approximately two hundred (200) cameras within the interior and exterior areas of the buildings. According to the Program Director, AJATC recently obtained access to the video monitoring system, which will allow them to monitor and review video footage as needed. ADYS is responsible for maintaining and installing all of the video monitoring equipment. The Program Director said ADYS is very responsive when there is a need to replace or repair a camera.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 evidentiary 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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Advocacy Request Memo (Dated August 25, 2020)
- SANE Services Request Memo (Dated August 26, 2020)
- Additional Education Acknowledgement

115.321(a)-1 The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

115.321(c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations.

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

115.321(d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

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

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

115.321(e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

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

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

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

Interviews:

- SANE Staff
- Random Staff

The Arkansas State Police Child Abuse unit is the entity responsible for conducting administrative investigations and the Bryant Police Department is responsible for conducting all criminal investigations. All investigations conducted by the Arkansas State Police would be conducted according to standard investigatory protocols. ROP/AJATC would not be responsible for referring criminal allegations for prosecution; however, the Program Director, Executive Director, and the PREA Coordinator indicated the agency would fully cooperate with criminal investigations and prosecutions.

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

AJATC has a memorandum of understanding with the Cooper-Anthony Mercy Child Advocacy Center that will allow the residents to call the rape crisis center hotline number, to make a report and request support services.

Conclusion:

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

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environments Standards
- Safe Environment Standards Internal Notice
- Coordinated Response Plan
- Administrative Investigation Report
- Administrative Response Review
- Survey of Sexual Victimization form

115.322(a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Program Director and Corporate Director of Human Resources.

115.322(b)-1 The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

If a criminal investigation is conducted, the program will provide the following:

1. Incident/ Information Reports
2. Access to program and location of the incident
3. Access to students and / or staff involved
4. Access to all records deemed necessary to complete the investigation

Interviews:

- Program Director
- Investigative Staff
- PREA Coordinator

According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained administrative and criminal investigator. The Arkansas State Police Child Abuse Hotline to initiate an investigation involving allegations of abuse and neglect, and any allegation that has a criminal component would be referred to the Bryant Police Department. The PREA Compliance Manager would work collaboratively with the PREA Coordinator and the Program Director to conduct the facility level administrative investigations. Such an investigation would involve determining if there was a policy or rule violation involving staff and/or a resident. Investigations will be conducted in a timely manner and administrative investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The standard for criminal investigations conducted by the Bryant Police Department would be based on the Arkansas state statute, which follows the best practices for investigating sexual abuse allegations. A report made to the agency or any facility staff member would be documented on an incident report and the Arkansas State Police as well as the Arkansas Division of Youth Services would be notified to initiate a screening to determine an appropriate investigation (state or facility level). The Arkansas State Police Child Abuse unit is intended to provide the most effective and efficient investigation and to ensure a department that is independent of ROP/AJATC conduct an investigation.

The facility PAQ reports there were six (6) sexual abuse and/or sexual harassment allegations in the past 12 months. There (3) allegations resulted in an administrative investigation and of the six allegations, five (5) of the allegations were referred to the Bryant Police Department for a criminal investigation.

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

Conclusion:

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ

- ROP Safe Environment Standards
- Child Abuse Reporting Policy
- ROP Safe Environment Standards Staff Training Curriculum
- Staff Zero-Tolerance Acknowledgement form

115.331(a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):

Rite of Passage programs will provide the following appropriate training to all staff at pre-service and then every six months from the last site training.

115.331(b)-1 Training is tailored to the unique needs and attributes and gender of the residents at the facility.

Such training shall be tailored to the unique needs and attributes of students in the programs and to the gender of the students in the programs. The staff shall receive additional training if the staff is reassigned from a program that houses only male students to a program that houses only female students, or vice versa.

115.331(d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. \

The program shall document, through attendance sheet and Form 13.44 which must include staff signature or electronic verification that staff understand the training they have received. Documentation will be kept in employee files.

Interviews:

- PREA Coordinator
- Specialized Staff
- Random Staff

All ROP/AJATC new employees receive orientation training before undertaking their assignments. The Regional PREA Coordinator, PREA Site Compliance Manager, Site Trainer or the Human Resource Manager will deliver the training for all full-time, part-time, and contracted mental health care practitioners. The training includes PREA classroom training which includes reviewing the PREA policy, reporting and investigating child abuse and neglect, preventing, and identifying sexual abuse and sexual harassment.

Each year current employees receive annual training and refresher training on a periodic basis throughout the year. The auditor reviewed the training curriculums and determined each module was adequately covered. The PREA curriculum is designed to provide an overview of the PREA standards, describe how PREA compliance will prevent incidents of sexual abuse at ROP facilities.

Between annual trainings the facility will provide refresher trainings during monthly all-team meetings. The auditor received and reviewed signed training acknowledgment forms as well as training transcripts, which demonstrated the staff received training during the 2021 calendar year. The staff interviews indicated they receive annual PREA training per the agency policy.

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

Conclusion:

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

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Volunteer and Contractor Lesson Plan
- Volunteer and Contractor PREA Training Test
- Volunteer and Contractor Information Handout
- Signed Training Acknowledgement Forms

115.332(a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

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

Interviews:

- Contract Staff (Medical)
- Volunteer (Chaplain Assistant)

Contractors and volunteers are required to complete PREA training for those that have direct access with residents. A review of the training curriculum indicate contractors receive training that instructs them about the zero tolerance policy, professional boundaries, how to recognize the dynamics of sexual abuse and sexual harassment, and how to communicate effectively with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. AJATC PAQ indicates the facility has fifty-six (56) volunteers and contractors who are approved to access the facility to provide services to the residents. Since the national pandemic the approved volunteers are not allowed to access the facility. Once ADYS lifts the restrictions, the volunteers will have to undergo the full approval process since they have not had access for more than 12 months.

An interview with a facility contract provider and a volunteer indicated they received PREA training. The contract staff who participated in an interview was able to describe what to look for to prevent sexual abuse and sexual harassment and how to make a report when there is a disclosure. They were clear about their professional boundaries and how to assess the boundaries of others.

Conclusion:

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

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Student Acknowledgement of Zero Tolerance Policy
- ROP Student Brochure (English)

115.333(a)-1 Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Students shall receive information explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

115.333(b)-1 The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:

Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents.

115.333 (e)-1 The agency maintains documentation of resident participation in PREA education sessions.

The program shall maintain documentation of student participation in these education sessions in the student file.

Interviews:

- Random Staff
- Residents

Every resident will receive PREA training during the admission process. Resident interviews demonstrated the residents received PREA information during the intake process and the information is delivered within an hour of their arrival to the facility. The facility operating procedure states, "During the intake process, students shall receive ROP Safe Environment Standards 'A Student Guide to Rights, Protections, and Reporting of Sexual Abuse' explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." The residents explained that they would meet with their therapist or case manager within 24 hours of their admission where they would receive additional PREA information and sign an acknowledgement form. Additionally, the residents report they PREA education and information on an ongoing basis.

The auditor received documentation to demonstrate AJATC is in compliance with the 10 education requirements. The documentation demonstrated that all of the residents interviewed during the onsite audit received the additional PREA education within 10 days of their admission date.

The facility PAQ indicates the facility admitted two hundred fifty-three (253) residents who received PREA information upon intake. The information is delivered to the residents verbally by the staff member completing their intake. The residents are provided with a brochure, and are asked to sign an the Student Acknowledgement of Zero Tolerance Policy form. Once the resident signs the acknowledgment the form is placed in their facility file. The PREA Coordinator provided the auditor with documentation which demonstrated that the residents receive PREA information during the intake process and ongoing education while they reside at the facility.

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

Conclusion:

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

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- ROP Training for Administrative Investigators Training
- Specialized Training for Administrative Investigators Curriculum
- Specialized Investigation Knowledge Assessment

115.334(a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.

Any Rite of Passage administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings.

Interviews:

- PREA Coordinator
- PREA Compliance Manager

AJATC will contact the Arkansas State Police Child Abuse unit to conduct all administrative investigations. Any lower level allegation that does not require the state police or the Bryan Police Departments involvement will have an investigation conducted by the PREA Compliance Manager. The state police investigators are employees of the State of Arkansas, and are independent of ROP and the ADYS. The investigator explained that they are required to complete ongoing training through her agencies training department, and the training includes how to conduct a sexual abuse investigation and interviewing children and adolescents. All sexual abuse and sexual harassment allegations are referred to the Arkansas State Police Child Abuse unit for administrative investigations and all criminal investigations are conducted by the Bryant Police Department. The PREA Compliance Manager investigates all of the allegations that are referred back to the facility by the state police.

Conclusion:

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

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Staff Training and Development Documentation

115.335(a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

Rite of Passage medical and mental health care practitioners who work regularly in its facilities will receive specialized training in how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how/to whom to report allegations or suspicions of sexual abuse and harassment.

Interviews:

- Medical Staff

The facility provided training certificates for the facility behavioral health and medical practitioners. Interviews with the behavioral health and medical practitioners indicated they received the specialized training through the NIC as well as the general PREA training that is provided to the facility staff. Both behavioral health and medical professionals receive annual PREA training and at the completion of the training they sign an acknowledgement, which indicates they received the training and understand that they have a duty to make a report when there is knowledge or suspicion of sexual abuse or sexual harassment. Their response to the interview questions indicated they understand their role in the facility's coordinated response is to provide crisis and trauma care. They stated that they are mandatory

reporters and as a result they would make a report “immediately” or “as soon as possible” when they receive a disclosure, or have knowledge or suspicion that a resident has been sexually abused or sexually harassed. They stated they would work closely with the facility to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

Conclusion:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Student Vulnerability Assessment

115.341(a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Within 24 hours of the student's arrival at the program and periodically throughout a student's stay, the Case Manager/ Therapeutic Manager (CM/TM) shall complete the Vulnerability Assessment instrument with the student and document it in case notes.

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

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

The program shall implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students.

Interviews:

- Intake Staff
- Random Residents

AJATC is a co-ed assessment and treatment facility. All new admissions to AJATC are screened for vulnerabilities of victimization and sexually aggressive behavior immediately upon intake. The risk assessment tool contains all eleven (11) elements required per provision (c) of the standard. The facility intake person will make an initial classification decision using the results of the vulnerability assessment. The risk screening information is obtained through conversation and using any available collateral information. AJATC admitted two hundred fifty-three (253) residents in the past 12 months whose length of stay in the facility was for 72 hours or more. According to staff interviews the residents are re-assessed when the resident is involved in a critical incident.

Once the risk assessment has been completed the information is used to complete the resident's room assignment will be determined utilizing the risk levels. All staff and resident interviews confirmed the facility procedure is followed. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.

Interviews with all of the residents indicate they were asked if they identify as lesbian, gay or bisexual; about their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility during their admission. Each resident indicated they understood the questions were asked to protect

them and because the facility had a need to know. The facility has a procedure in place that put the risk screening information for every resident assigned to a unit/pod in a binder that is accessible to the staff on the unit. The practice was put in place to ensure all staff working with the residents have a way to access the residents risk information. When a resident is moved to another unit or pod, the information contained in the binder will transfer with them.

Conclusion:

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

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Master Roster

115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

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

115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

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

115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis

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

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

115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population.

Interviews:

- Intake Staff
- Random Staff
- Random Resident

Each resident who resides at AJATC will be housed and assigned a room consistent with the room assignment requirements and the admission screening decision. The criteria for assigning housing classification and supervision level of a resident shall consider the severity of the current charge or adjudication, severity of the most serious prior adjudication, the number of prior serious incidents in

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

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

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

Conclusion:

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

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Advocacy Request Letter
- Student Problem Solving and Grievance Policy
- ROP Student Brochure (English)
- ROP Student Handbook

115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

- sexual abuse and sexual harassment;
- retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- staff neglect or violation of responsibilities that may have contributed to such incidents.

Rite of Passage programs encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The program shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

115.351 (b)-1 The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager.

The program shall provide students with access to tools necessary to make a written report.

This could include (but not limited to) the following:

- Student Grievance Form
- Student Statement Form
- Medical Request Form
- Student One-on-One Request Form

115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

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

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

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

Interviews:

- Random Staff
- Random Residents

The ROP student handbook identifies multiple ways for residents to report when they have been a victim or witnessed sexual harassment or sexual abuse. The resident interviews communicated that they can call the hotline (Arkansas State Police Child Abuse hotline), tell a trusted staff member, tell a third-party (i.e., parents/legal guardian, attorney, etc.), or write a grievance. The hotline is designated as the number the resident can call from the facility phones free of charge. The call can be made without staff permission; the call is not supervised by staff and the call is not recorded.

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

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

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

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

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

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

Conclusion:

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

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Grievance Form
- Student Problem Solving and Grievance Policy

115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Rite of Passage programs will follow the Student Grievance Process to address allegations of sexual abuse. Rite of Passage will provide upon admission of the student, a copy of the student's rights and privileges which includes freedom from sexual abuse and harassment.

115.352 (b)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

The program may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

The program shall not require a student to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Nothing in this section shall restrict the program's ability to defend against a lawsuit filed by a student on the ground that the applicable statute of limitations has expired.

115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

The program shall ensure that:

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

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

115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

The program shall establish procedures for the filing of an emergency grievance alleging that a student is subject to a substantial risk of imminent sexual abuse.

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

115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

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

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

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

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

The program shall ensure that:

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

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

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

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

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

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

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

115.352 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

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

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

115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

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

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

115.352 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

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

Interviews:

- PREA Coordinator

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

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

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

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

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

Conclusion:

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Student Brochure (English)
- Student Zero Tolerance Acknowledgement Form
- Additional Education Acknowledgement Form

115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.

Rite of Passage programs shall provide student's access to outside victim advocates for emotional support services related to sexual abuse.

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

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

115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

The program shall inform students, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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

115.353)-2 The facility provides residents with reasonable access to parents or legal guardians.

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

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

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Random Residents

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

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

AJATC has suspended face-to-face for the residents as a result of the pandemic. The residents report they have frequent contact with their family. They report they can talk to their family on the phone at least once per week, and also have virtual visits.

Conclusion:

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

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Third-Party Reporting Form (English and Spanish)

Interviews:

- PREA Coordinator

ROP has established methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident; and the agency makes the information available on the agency website. Third parties, including fellow residents, staff, family members, attorneys, and outside advocates are permitted to assist youth in filing requests for administrative remedies and to file such a requests on behalf of the resident. According to the PREA Coordinator, the agency has not received a third-party report regarding any resident concerning a resident at AJATC.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Child Abuse Reporting Policy

115.361 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

Rite of Passage programs are required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse.

Rite of Passage programs are required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.

Interviews:

- Program Director
- Medical & Mental Health Staff
- Random Staff

All AJATC employees, professional visitors, volunteers, contract staff and/or other ROP personnel are required to report any knowledge or any act of sexual misconduct. The employees are required to contact the shift supervisor who will begin to make the appropriate notifications to initiate an investigation. The duty to report extends to personal communications that may otherwise be privileged (i.e., attorney, clergy, medical practitioner, social worker, or mental health practitioner). If any part of the allegation includes neglect or abuse a report should be made to the state police. Every allegation will also be reported to the alleged victim's parents or legal guardian.

Any information regarding sexual misconduct is to be kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility medical and behavioral health practitioners communicated that they are obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality. They stated constantly remind the residents of the duty to report during their treatment of the residents.

Conclusion:

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

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

When a Rite of Passage program learns that a student is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the student.

Interviews:

- Program Director
- PREA Coordinator
- PREA Compliance Manager
- Random Staff

The facility PAQ indicates the facility did not have any information that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. According to the random staff interviews the staff explained they would "immediately" make a report if there is a concern that a resident is in imminent risk of sexual abuse. The staff said they would notify their supervisor and wait to receive guidance to protect the resident. Also, the staff said they would either separate the resident from the alleged perpetrator or increase their supervision of the resident by positioning the resident in close proximity of the staff member.

Conclusion:

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

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Serious Incident Report Form

115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Rite of Passage will notify the appropriate law enforcement or social services program upon receiving an allegation that a student was sexually abused while confined at another program.

Rite of Passage will notify the appropriate licensing or regulatory agency upon receiving an allegation that a student was sexually harassed while confined at another program.

Interviews:

- Program Director

The Program Director explained that the director to director notification is their responsibility and in their absence the PREA Compliance Manager or designee would be appointed to make the necessary notifications. The superintendent communicated that they would also make the report directly to the state police and the PREA Coordinator. Per the policy the notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Once the report has been made to the appropriate authorities the agency and the facility would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.

The facility PAQ indicates the facility received one (1) allegation that a resident was abused while at another facility. In that instance the Program Director contacted the Program Director at the facility that is alleged to have occurred; he also drafted an incident report. Also, the PAQ indicates there were zero (0) allegations of sexual abuse the facility received from another facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

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

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

- (1) Separate the alleged victim and abuser
- (2) Preserve And protect any crime scene until appropriate steps can be taken to collect any evidence.
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as

appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

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

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

Separate the alleged victim and abuser;

Preserve and protect the scene until appropriate steps can be taken to collect any evidence.

(Follow PREA Incident Response Flowchart and Checklist)

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

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

Assessment of the victim's acute medical needs.

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

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

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

Providing crisis intervention counseling.

Interviewing the victim and any witnesses.

Collecting evidence.

Providing for any special needs the victim may have

Interviews:

- Staff First Responders
- Random Staff

Any person providing services to the residents have been trained as a first responder. The policy requires that the first responder separate the victim from the abuser. The safety of the victim is the first priority. The potential crime scene should be kept secure with little or no persons permitted through the

scene. The scene will remain sealed until such time after the investigator releases the scene. AJATC employees are not trained or required to collect evidence; their sole responsibility is to secure the potential crime scene. When there is a need for evidence collection the Bryant Police Department would be responsible for the collection.

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

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

Conclusion:

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

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

- PREA Notification and Responsibility Form
- Safe Environment Coordinated Response Plan

ROP has a written institutional plan that demonstrates the coordinated steps and the action steps that should take place in response to an incident of sexual abuse. This plan serves to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member, including the PREA Compliance Manager, administrators, supervisory staff, medical and behavioral health professionals. The facility supervisors and specialized personnel were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties. The direct care staff were well aware of their duty to take serious any knowledge, suspicion, or allegation of sexual abuse or sexual harassment. Their interviews indicated they would immediately notify the shift supervisor and draft an incident report as required.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

Interviews:

- Executive Director
- Program Director

ROP does not participate in collective bargaining nor any other form of agreement which may limit the Department's ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation, and if necessary, the extent to which disciplinary measures are applied.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.367 (a)-1 The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

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

Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff.

Interviews:

- Program Director
- PREA Coordinator
- Random Staff Interviews
- Random Resident Interviews

Interviews with residents and staff convinced the auditor that if a resident expressed fear of retaliation for participating in or cooperating with a sexual abuse or sexual harassment investigation, AJATC staff would implement protocols to protect that resident against retaliation. The PREA Compliance Manager

is designated as the individual responsible for monitoring for possible retaliation. The ROP policy is clear that retaliation is prohibited against anyone who reports alleged sexual abuse or harassment.

The facility PAQ and resident interviews indicate there were zero (0) incidents of retaliation in the past 12 months.

Conclusion:

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

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

Rite of Passage programs shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse.

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

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

Interviews:

- PREA Coordinator

Interviews with the program director indicate the facility would not segregate residents due to an allegation of sexual abuse or sexual harassment. This statement was corroborated during the Interviews with residents. The residents indicated the facility does not have a separate area in the facility or a room used to isolate residents; and of the residents interviewed they all reported that they had not been placed in seclusion nor had they witnessed any of their peers in seclusion.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.

When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.

Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.

Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d)-1 The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not

require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (i)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

Interviews:

- PREA Coordinator
- Investigative Staff

AJATC works with the state police, which is an independent body with jurisdiction to conduct all abuse and neglect administrative investigations. The facility is responsible for making a report to the state police so that an investigation can be initiated. All allegations of sexual misconduct will be taken seriously and investigated thoroughly by the state police trained investigators. According to the administrative investigator, sexual abuse and sexual harassment allegations will be investigated in a timely manner and the investigator will not impose a standard higher than a preponderance of the evidence.

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

According to the PAQ there was one (1) substantiated allegation of conduct that appeared to be criminal that were referred for prosecution. The allegation involved staff-on-resident, which resulted in an arrest and prosecution. The prosecution resulted in a conviction that will disqualify the individual from working with the state of Arkansas vulnerable populations.

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

Conclusion:

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

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews:

- Investigative Staff

Investigator interviews indicated the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is based on the preponderance of the evidence standard.

Conclusion:

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

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Sample Investigation Reports
- Post Investigation Student Notification

115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

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

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

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

The staff member is no longer employed at the program;

The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or

The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.

Interviews:

- Investigative Staff
- PREA Coordinator

The ROP policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation. The facility provided the auditor with a sample post notification form for an investigation with an substantiated finding. The auditor also received a notification that was made to AJATC at the conclusion of the state police investigation.

Conclusion:

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

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.376 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of program policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement, social services, and licensing agencies.

Interviews:

Program Director

During the auditors interview with the program director he indicated that he has full authority to place a staff member on no-contact status with residents pending the outcome of an investigation with regards to any allegation of sexual abuse and/or threat against a resident. The "no-contact" or administrative leave status would remain in place until there is an investigation finding. If there is a determination that there was a substantiated finding the level of discipline will be determined on the severity of the violation. Employees will be made aware of expected and acceptable levels of performance and notification will be documented and retained, the documentation will provide specifics and will avoid making conclusions that are not supported by facts.

The facility PAQ indicates there one (1) staff member terminated or who resigned for violating the agency sexual abuse or sexual harassment policy. The terminated employee's actions were criminal and the individual was prosecuted and convicted for their actions.

Conclusion:

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

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Volunteers and contractors found to have participated in activity in this policy will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program.

Interviews:

- Program Director
- PREA Coordinator

Sexual conduct between a volunteer or contract provider involving a resident, regardless of consensual status, is prohibited and subject to discipline. Persons assigned as contract workers and volunteers must adhere to policies, regulations, and statutes of the agency or face loss of privilege to volunteer or contract with ROP. Contractors and volunteers are expected to clear the background check process, maintain confidentiality of information, and acknowledge receiving and having an understanding of zero tolerance policy. In the past 12 months the facility did not receive any sexual abuse allegations that involved a volunteer or contract provider.

Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from having contact with AJATC residents and would be reported to the state police for investigation.

According to the PAQ and interviews with the PREA Coordinator and the Program Director, they both certify that no volunteer or contractor has been restricted from contact with a resident at the facility nor has the facility had to enact any remedial measures against such individuals for violating ROP's sexual abuse or sexual harassment policies within the past 12 months.

Conclusion:

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

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- ROP Student Brochure Handbook
- Student Additional Education Acknowledgement

115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process. (See ROP Policy 600.121- Code of Conduct)

Interviews:

- PREA Coordinator
- Medical & Mental Health Staff

The agency has a resident discipline policy which includes providing the resident with their rights to due process. In the past 12 months the facility completed zero (0) administrative investigations for resident-on-resident allegations of sexual abuse. AJATC residents would never be sanctioned to specialized housing that would restrict their ability to participate in regular programming. The facility does not have a designated segregation unit and residents would not be placed in isolation or seclusion to protect them from the imminent threat of sexual abuse. The disciplinary process would consider where the resident's mental disabilities or mental illness contributed to their behavior when determining the appropriate sanction, if any should be imposed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.

If the screening pursuant to PREA Standard 115.341 indicates that a student has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening pursuant to PREA Standard 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interviews:

- Medical & Mental Health Staff

Residents that are admitted to AJATC are automatically screened by the facility medical staff. The facility intake area is located in the same area as the facility clinic. Since every admission to the facility is previously determined, all admissions occur during the day when medical staff are available. Every resident will meet with the facility medical staff during the intake process and before they are escorted to their assigned housing unit. The medical staff will screen the residents for a history of sexual victimization and determine if there are any medical needs. Additionally, every new intake regardless if there is a history of sexual abuse will be assigned to a therapist who will address the residents treatment needs during the stay at AJATC.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- Student Services Offered Acknowledgement

115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

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

115.382 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

115.382 (c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Student victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interviews:

- Medical & Mental Health Staff

According to the agency policy, residents have unimpeded access to health care. AJATC has a nurse and medical clinic on-site; and a system is in place for processing complaints regarding the resident's health care needs. During orientation, the resident will receive oral and written communication that explains how to submit a medical slip or make a request to see the medical practitioner. Resident victims of sexual abuse will have unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health practitioners according to their professional judgment. The facility did not receive any allegations of sexual abuse that required medical services or a SANE exam; therefore, there are no secondary materials demonstrating a resident received emergency medical treatment or crisis intervention services.

Any resident who is victimized while residing at AJATC will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections. Victims of sexual abuse will be transported to Mercy Child Advocacy Center to receive the appropriate medical care.

Every resident residing at AJATC facility will receive medical and behavioral health care services without financial cost to the resident or the resident's family. Every resident is Medicaid eligible; therefore, ROP would be invoiced for payment. Additionally, the services are free of cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Conclusion:

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.383 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the program.

The program shall provide such victims with medical and mental health services consistent with the community level of care.

115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.

Student victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.

115.383 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities.

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Program Director will notify parent/guardian of test results in accordance with state and local laws.

115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws.

115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused.

The program shall attempt to conduct a mental health evaluation of all known student-on-student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews:

- Medical & Mental Health Staff

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

AJATC is a co-ed facility; therefore, ROP's policy will apply with regards to services for female residents where there was a violation that involved vaginal penetration.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The **site** management team and RIIP shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the program;

Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (b)(1)-(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director.

Interviews:

- PREA Coordinator

AJATC had one (1) sexual abuse allegation that resulted in a criminal and administrative investigation. The former employee was prosecuted and ultimately convicted. The incident review practice involves the leadership assessing the incident to identify any immediate concerns that would require corrective actions to mitigate identified risk. Per policy at the conclusion of an investigation, the facility should complete an incident review within 20 days of the incident. Additionally per policy, at the conclusion of the state police investigation the review team should be reconvened within 30-days. The review team at AJATC is made up of the Program Director, PREA Coordinator, PREA Compliance Manager, medical practitioner, behavioral health provider, and the resident's case manager.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards
- 2020 Facility Incident Tracker
- 2020 Allegation Tracker
- Uniform Definitions for Sexual Violence

115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control.

Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Data collected by site PREA Compliance Managers shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Each RIIP shall aggregate the incident-based sexual abuse data at least annually.

Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

ROP collects accurate, uniform data for every allegation of sexual abuse at the facilities under its control using the incident reports to collect the data associated with PREA incidents. The PREA Incident Review includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence published by the United States Department of Justice. ROP maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator stated she would collect the data and forward the information to the agency data analyst to review and analyze.

Conclusion:

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

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

The PREA Coordinator will review, analyze and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator will also ensure that all collected data is securely retained. Once the information is collected a report will be drafted with specific information redacted. The report will undergo a review process and a once the review is complete the report will be forwarded Executive Director for a signature, approval and publishing the report on the ROP website. Before making aggregated sexual abuse data publicly available, ROP will remove all personal identifiers. All PREA administrative and criminal investigation reports are retained for as long as the alleged offender is incarcerated or employed by the agency, plus five (5) years. The auditor accessed the ROP PREA website and reviewed the report for 2020.

Conclusion:

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

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- Facility PAQ
- ROP Safe Environment Standards

115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.

Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.

Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.

The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.

The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.

Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.

The organization shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The PREA Coordinator maintains all investigation reports; and the information is secured electronically. The ROP annual report as well as the collected data is securely maintained for 10 years.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

AJATC is privately owned by ROP and has been contracted by the State of Arkansas to operate the facility. AJATC is participating in a PREA audit for the first time under the ROP contract. ROP has not been required to complete an expedited audit by the Department of Justice (DOJ).

The auditor utilized the Auditor Compliance Tool for guidance on the conduct and contents of the audit. AJATC has demonstrated their efforts to comply with the standards and is found to be compliant with every applicable standard. The audit process involved reviewing all relevant policies, reports and conducted interviews. The auditor reviewed documents and records involving information for 12 months prior to the onsite audit.

The auditor was allowed full and unimpeded access to the facility and observed all areas of the facility. During and after the onsite audit, the auditor requested additional documentation to support the auditors findings. All audit material relied upon will be retained by the auditor and will be provided to the DOJ upon request.

The residents at AJATC as well as staff, contractors, volunteers and visitors had the ability to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive correspondence.

Conclusion:

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

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the an ROP facility and more specifically AJATC.

This is the first audit for AJATC under the ROP contractual agreement.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.