

# PREA Facility Audit Report: Final

**Name of Facility:** DePaul Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/22/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> William Benjamin	<b>Date of Signature:</b> 11/22/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Benjamin, William
<b>Email:</b>	wbenjami@aol.com
<b>Start Date of On-Site Audit:</b>	10/19/2020
<b>End Date of On-Site Audit:</b>	10/21/2020

FACILITY INFORMATION	
<b>Facility name:</b>	DePaul Academy
<b>Facility physical address:</b>	1000 S Michigan St., South Bend, Indiana - 46601
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	1000 S Michigan St., 23, South Bend, Indiana - 46601

<b>Primary Contact</b>	
<b>Name:</b>	kenneth boxell
<b>Email Address:</b>	kenneth.boxell@rop.com
<b>Telephone Number:</b>	812-243-5632

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Ike Shipman
<b>Email Address:</b>	ike.shipman@rop.com
<b>Telephone Number:</b>	574-413-6333

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kenneth Boxell
<b>Email Address:</b>	kenneth.boxell@rop.com
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	tanya hannah
<b>Email Address:</b>	tanya.hannah@rop.com
<b>Telephone Number:</b>	574-413-6333

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	24
<b>Current population of facility:</b>	22
<b>Average daily population for the past 12 months:</b>	21
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	14-18
<b>Facility security levels/resident custody levels:</b>	secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	51
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Rite of Passage, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2560 Business Parkway Suite A, Minden, Nevada - 89423
<b>Mailing Address:</b>	
<b>Telephone number:</b>	775-267-9411

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Karen Murray	<b>Email Address:</b>	karen.murray@rop.com

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On December 20, 2019, the Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA Auditor, from Benjamin Correctional Consulting, LLC, to conduct the Prison Rape Elimination Act (PREA) on-site audit of the DePaul Academy starting on October 19, 2020 and ending on October 21, 2020. ROP operates the DePaul Academy, located in South Bend, Indiana. It is a staff-secure resident treatment program licensed by the Indiana Department of Child Services. The DePaul Academy is a private, secure residential treatment program serving male youth between the ages of 14 and 18.

The scope of the audit was to conduct a PREA audit of the facility's compliance with the *Juvenile Facility Standard Sections 115.311 - 115.403* using the PREA Audit Methodology required by the PREA Audit Handbook. During the course of the audit, the Auditor conducted the documentation review, informal interviews with randomly selected staff and residents, formal interviews with randomly selected staff and specialized staff, and authored this report. The contract stated that during the course of the PREA audit, the Auditor will have unrestricted access to all areas of the facility, staff, residents, facility records, and official reports.

### **Kick-off meeting:**

On August 24, 2020, a kick off phone call was held with the Agency PREA Coordinator (PC) Mr. Nate Allen and the facility PREA Compliance Manager (PCM) Mr. Kenneth Boxell. The purpose of the meeting was to brief ROP/DePaul Academy on the PREA audit process, discuss the logistics and planning for the on-site audit, the Auditors requirement of the use of the Online Audit System (OAS) for the audit, and the submission due date of October 5, 2020 for the Pre-Audit Questionnaire (PAQ). Also discussed was the date of September 9, 2020 for the Audit Notice to be posted at the facility and instructions for the posting and resident mail access.

### **Audit Notice:**

On September 8, 2020, 46 days prior to the actual on-site portion of the audit, a notification was posted by the facility in all living areas, common areas, education areas, administrative areas, program areas, and medical areas of DePaul Academy announcing the upcoming PREA audit along with the Auditor's contact information.

### **NOTICE OF PRISON RAPE ELIMINATION ACT (PREA) AUDIT**

*The DePaul Academy will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period:*

*October 19-21, 2020.*

*Any person with information relevant to this compliance audit may confidentially\* correspond with the*

*Auditor via the following address:*

*Mr. William Benjamin*

*P.O. Box 1184*

*Versailles, Kentucky 40383*

*\*CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated Auditor is confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:*

- *if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- *allegations of suspected child abuse, neglect or maltreatment;*
- *In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

*While on site, the Auditor observed the audit notification in various locations throughout the facility, including all resident living units, programming and work areas, visiting room, and staff access areas.*

This ensured that DePaul Academy staff, residents, and visitors had the information and opportunity to contact the Auditor. During the pre-audit document review, the facility PREA Compliance Manager (PCM) Mr. Kenneth Boxell provided photos of the placement of these notices. The notices were verified to be in those locations during the on-site portion of the audit. The Auditor did not receive any correspondence prior to the date of the on-site audit, nor were any received while on site or following the audit up to the date of this report.

#### **Pre-Audit Phase:**

On October 5, 2020, the Agency PREA Coordinator provided a completed the Pre-Audit Questionnaire (PAQ) and other supporting documents, via Online Audit System (OAS), allowing for a full review before the on-site portion of the audit. These documents were reviewed by the Auditor and communication with the Agency PREA Coordinator allowed for clarification as needed. The provided documents contained all relevant information pertaining to the PREA standards and the audit. This included, but was not limited to, the PAQ, relevant agency policies, facility procedures, memorandums of understanding and contracts, PREA posters, brochures and handbooks, compliance memorandums for each standard, and training documentation.

Prior to the on-site review, the Auditor reviewed all submitted documentation and exchanged numerous emails with the Facility PREA Compliance Manager (PCM) and the Agency PREA Coordinator related to follow-up questions regarding the submitted documentation. An issue log was developed and provided to the facility requesting clarification of policies and procedures, additional information, and supporting documents. The Auditor also reviewed the DePaul Academy PREA Audit Report from their last 2 PREA audits, the DePaul Academy public website and related PREA information, and the DePaul Academy Annual PREA Report.

Prior to the on-site portion of the audit, the Auditor conducted phone meetings with the Agency PREA Coordinator and PREA Compliance Manager. A daily audit schedule was provided to the facility and interviews with key staff were prescheduled.

Prior to the on-site Audit, the Auditor conducted a phone interview with Just Detention International (JDI)

which provides sexual abuse advocacy and tracking services. JDI reported that reported that they had not been contacted by any DePaul Academy resident in the past 12 months or at any other time. They also stated that, if contacted by any resident from DePaul Academy, they would provide a survivor package containing resources to various local agencies and services.

**On-site Phase:**

On October 19, 2020, the Auditor arrived at DePaul Academy at 8:30 am and began the on-site portion of the audit. Upon entry in the facility, the Auditor was processed in the front security building (which is located adjacent to the main entrance to the facility and outside of the secure perimeter). He was COVID-19 screened and the Auditor's identification was verified. He was directed to review and sign the ROP/DePaul Academy PREA zero-tolerance policy and training information regarding sexual abuse and sexual harassment. After this clearance, the Auditor was escorted to the Administrative building to begin the initial entrance interview meeting. The meeting was attended by members of ROP, the Facility Executive Management Team, and key support staff.

This included:

- Ike Shipman, Program Director
- Nate Allen, Regional Compliance Director/PREA Coordinator
- Ken Boxell, PREA Compliance Manager
- HR Manager
- Nurse/Medical Supervisor
- Office Manager
- Case Manager
- Group Leader
- Shift Supervisors

After the entrance interview meeting, the Auditor was provided with a work space in the administrative building and given rosters of all staff available at the facility for the three days of the audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all residents housed at the facility on the first day of the audit along with rosters of all specialized categories of residents. These were used to select the staff and residents to participate in the random and specialized interviews.

**Facility Site Review:**

Shortly after the Auditor reviewed the provided on-site documents and rosters, he started the comprehensive facility site review. A two (2) hour facility site review tour was led by the Facility PCM and the Agency PREA Coordinator. The Auditor conducted a review of the entire facility which included the administration areas, family visitation, clinical and therapist areas, case management/intake area (Student Services), dining hall, education/programs pod, medical offices/exam area, Resident living units, gym, and outdoor court yards. The total population the first day on site was 14 residents housed in three (3) living units: Hospitality (6 - Residents), Charity (4 - Residents) and Integrity (4 - Residents).

While conducting the facility site review, the Auditor paid particular attention to staffing/resident ratios, staff/resident interactions, supervision of residents, camera and furniture placement, lines of sight/blind stops, and privacy for residents in specified areas, PREA education/reporting/victim advocacy and audit notification posters, a cess to grievance forms, door and physical security, resident movement, intake/receiving process, and phone/visitation access. The Auditor toured and thoroughly examined all

areas of the facility and all areas accessed by those residents; this included informal discussions with residents and the successful testing of the resident phone reporting system.

The Auditor also conducted informational discussions with staff and residents encountered while touring. The Auditor was able to observe cross gender announcements being made by staff. In addition, all staff encounters were extremely professional, friendly and helpful. The Auditor observed positive and productive interactions between staff and residents that exhibited a respectful working and living environment. Staff were observed monitoring residents and conducting quality security checks in work, program, and living areas.

During the facility site review tour, the Auditor observed some areas of concern. The facility staff were advised of these issues and they were corrected while the on-site portion of the audit was being conducted, in many cases while the Auditor was still present in the area. The following deficiencies and recommendations were identified during the site review:

- **Student Service Area** –The Auditor noted a blind spot in the back hallway of the student services area leading to two bathrooms. The facility has short hallway/alcove the leads to a staff single use bathroom and a resident single use bathroom. The area is difficult for staff in the student service area to see when the overhead light is not on. The light switch for this area is manually controlled and not normally left on according to staff. The Auditor recommended the facility replace the light switch in this area with a motion activated light switch, which would illuminate whenever a person entered this space. The facility is leased from the county by ROP and they are unable to make physical changes to the facility. The Program Director stated they will continue to pursue this recommendation. The facility counter-proposed that in the meantime, they install signage next to the light switch requiring staff to turn this light on and leave it on the entire time the student service area is in use. The Auditor accepted this proposal and verified the sign was posted and the area was lit throughout the remainder of the audit. This is deemed closed.
- **New Family Visitation Room** – The Auditor noted that the facility had established a new family visitation area in the old subcontrol room in the front of the facility to minimize public exposure. The new visitation room allows the visitor to bypass the internal reception desk and enter the room from the sallyport door. The facility has been keeping the Third-Party Reporting Forms in the reception lobby with a secure drop box. The new location of the visitation room made the visitors' access to those form impractical. The Auditor recommended the facility add a new secure drop box and forms holder in the new family visitation room. This was immediately corrected by the PREA Compliance Manager and a new secure drop box and forms holder was added to the new family visitation room. This was verified by the Auditor while on site. This is deemed closed.
- **Medical Isolation Unit** – Since March, the facility has operated with one of its Pods (living units) being used as a medical isolation/quarantine area for new admissions. A new resident would be housed in the unit until medically cleared. When the unit is not needed, it is used as a RAMs (higher status students) lounge, complete with a video gaming system. The Auditor observed that the unit lacked a PREA informational poster, even though the unit still had all of the same items as the standard living unit, phone, all resident forms etc., and pointed this out during the site review. This was immediately corrected by the PREA Compliance Manager and PREA posters were hung in the unit. This was verified by the Auditor while on site. This is deemed closed.

#### **On-site Interviews:**

Following the facility site review tour, interviews began with specialized staff, randomly selected staff, and residents. During this on-site portion of the audit, a total 22 interviews were conducted with staff covering



all three shifts, 11 of which were randomly selected staff and 11 were specialized staff, some who are responsible for more than one protocol. A total of 11 interviews were conducted with residents, 10 of which were randomly selected and 1 targeted resident. The staff and residents interviewed were selected to ensure a representation from all shifts, all housing units, and different programming and operational areas of the facility. Since no correspondence was received prior to or during the audit, no additional interviews were conducted with staff or residents.

Interviews conducted were as follows:

- Randomly selected Staff – 10
- Agency Head/Designee – 1
- Program Director – 1
- Agency Contract Administrator – 1
- Agency PREA Coordinator – 1
- Facility PREA Compliance Manager – 1
- Intermediate or higher-level Supervisors – 3
- Education and Program Staff who supervise residents – 1
- Medical Staff -1
- Mental Health Staff – 1
- Human Resources Staff – 1
- Investigative Staff – 1
- Staff who preform risk screening – 2
- Staff who monitor retaliation – 1
- Incident Review Team Members – 2
- Intake Staff – 1
- First Responders – 1
- Community Based Victim Advocate – 1

The number of residents housed at DePaul Academy on the first day of the on-site review was 14. A total of 11 resident interviews were conducted:

- Randomly selected residents – 10
- Physically disabled, blind, deaf, and/or hard of hearing residents – 0 (No residents housed at DePaul Academy matched this criteria)
- Cognitively disabled residents – 0 (No residents housed at DePaul Academy matched this criteria)
- Limited English Proficient (LEP) residents – 0 (No residents housed at DePaul Academy matched this criteria)
- Gay, lesbian, and/or bisexual residents – 0 (No residents housed at DePaul Academy matched this criteria)
- Transgender or intersex residents - 0 (No residents housed at DePaul Academy matched this criteria)
- Residents in segregation for risk of victimization - 0 (No residents housed at DePaul Academy matched this criteria)
- Residents who reported sexual abuse – 0 (No residents housed at DePaul Academy matched this criteria)
- Residents who disclosed victimization during a risk assessment - 1 (One residents housed at DePaul Academy matched this criteria)

All residents interviewed were consistent in their responses. Residents confirmed the facility's compliance

with the standards that requires rules against sexual abuse and sexual harassment, their right to not to be sexually harassed or sexually abused, and how to report such incidents. Each resident was able to detail several different ways to report sexual abuse and sexual harassment allegations, including reporting anonymously and via a third party. Residents stated that staff of the opposite gender announce their presence when entering the living units and that they are not seen by staff of the opposite gender while they are using the toilet, shower, or changing clothes. All residents reported feeling safe and sexually safe. The areas of concern noted by the Auditor were that only three residents reported seeing the facility's PREA education video, none understood how to request an advocate from the Child Abuse Hotline, and none were aware of who is the facility's PREA Compliance Manager or the facility's PREA Coordinator.

While on site, the Auditor conducted a test of the PREA reporting hotline. DePaul Academy residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of ROP/DePaul Academy via the child abuse hotline, which allows the resident to remain anonymous upon request. The hotline information is received and immediately forwarded to Indiana's Child Protective Services (CPS) officials. The Auditor found this reporting system acceptable and deemed this test successful.

Throughout the on-site review, staff were observed engaging in positive interactions with the resident population and with other staff. The Auditor was very impressed when every staff member's response to questions regarding the reporting of allegations was to first ensure the safety of the residents and others.

**Record Review:**

A facility record review was completed by the Auditor while on site. This included staff and resident PREA-related records and PREA investigative reports.

**Staff:**

The Auditor selected and reviewed a variety of documents, files, and records discussed in detail below. Document sample sizes were derived from direction in the PREA Auditor Handbook. The file selections, as with the interview selections, span a variety of job functions and post assignments, including supervisory, line staff and specialized jobs.

The Auditor requested the records for employees' background checks, training records, and disciplinary sanctions. The Auditor reviewed 23 personnel records (the 22 employees and the one contractor selected for the interviews), which included evidence of background checks and discipline. Training records for all staff were also reviewed to confirm all had received initial PREA training and refresher PREA training within the past year. Based on the files reviewed, all staff appear to be up-to-date on PREA refresher training.

**PREA Investigations:**

The Auditor requested and was provided the investigative file for the one (1) investigative report (the only one for the past 12 months). The file was deemed to be complete and objective.

**Resident:**

The Auditor requested the randomly selected and targeted residents' intake records, medical/mental health records, risk assessment, bed assignment, training records, and disciplinary sanctions. The Auditor reviewed 11 resident files for documentation of PREA education, medical and mental health

records, screening risk assessment, and appropriate bed and housing assignment. As part of the audit, the Auditor observed a resident intake and viewed the video used for resident PREA education.

**Grievance Program:**

The Auditor also reviewed the resident grievance program. During an interview, the PCM explained the facility's grievance process. There were no PREA-related grievances reported in the past 12 months preceding the PREA Audit.

**Exit Briefing:**

The Auditor concluded the on-site portion of the audit on October 21, 2020 with an exit interview briefing. The meeting was attended by members of ROP, the Facility Executive Management Team, and key support staff.

This included:

- Ike Shipman, Program Director
- Nate Allen, Regional Compliance Director/PREA Coordinator
- Ken Boxell, PREA Compliance Manager
- HR Manager
- Nurse/Medical Supervisor
- Office Manager
- Case Manager
- Group Leader
- Shift Supervisors

The Auditor thanked the facility for their hospitality and transparency; identified compliance-related strengths and weakness; briefly discussed compliance-related opportunities; and explained the post on-site phase, which may include requests for clarification or additional documentation; a detailed standards analysis; corrective action plan development; report writing; and the issuance of an interim and/or final report.

**Post-Site Audit Phase:**

After the on-site portion of the audit, the Auditor began the Evidence Review phase, utilizing the Auditor Compliance Tool for Juvenile Facility as a guide to determine compliance with each standard. The Auditor utilized information from the PAQ as provided prior to the audit, policies and procedures, information observed from the site review tour, documents collected while on site, and information obtained from both the staff and resident interviews to complete a systematic review and determination of compliance for each provision of every standard and write a professional and thorough audit report. The Auditor also had several follow-up conversations with the PREA Coordinator during this phase. The facility provided supporting documentation and other evidence to the Auditor throughout this period to support compliance with the corrective action and recommendations. The final corrective action items were received, reviewed, and accepted. At the completion of all phases of this PREA audit, the final PREA Audit Report was completed and issued to the facility on November 22, 2020.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The DePaul Academy, operated by Rite of Passage, Inc., was opened in December 2015 as a 24-bed Juvenile Staff Secure Residential Treatment Program licensed by the Indiana Department of Child Services. The DePaul Academy is a private secure residential treatment program serving male youth between the ages of 14 and 18. It is located within the St. Joseph County Juvenile Justice Center (East wing) complex and shares the Center's gymnasium. The gymnasium is the only common space in the complex that the DePaul Academy and Juvenile Justice Center share with usage times scheduled and each having its own separate entrance. The DePaul Academy has four (4) separate eight (8) room podular living units, with two (2) each sharing a common activity room. In addition, there are several classrooms, a medical suite, a student services room, a new visitation room, and a large multipurpose room with administrative offices connected to it.

DePaul Academy serves male youth with a history of delinquent behaviors, mild mental health issues, abuse, neglect and trauma needs, as well as students who did not thrive in less-restrictive settings. The DePaul Program offers an academy model within the St. Joseph County Juvenile Justice Center and promotes diverse social and educational interactions essential to the competency development of students. Additional DePaul Academy features include: Academy model program with strength-based approach and therapeutic, educational, vocations, and community opportunities; Safe Crisis Management System which emphasizes positive reinforcement, de-escalation and behavioral interventions without the use of seclusion; Cognitive behavioral curricula including Aggression Replacement Training (ART), UCCI Cognitive Behavioral Interventions for Substance Abuse and Thinking for a Change (T4C); and Seeking Safety groups and individual sessions provided to students based on trauma symptomology and substance addiction need.

The population at the time of the audit was 14 residents and the average length of stay is 6 months. ROP and DePaul Academy refer to their residents as "students". Therapeutic and Case Management Services has each student assigned to a Masters level therapist who provides individual counseling in a prescriptive treatment plan and provides comprehensive case management services. All students participate in core groups and have the option to attend specialized groups based on individual needs. Each student also has access to psychiatric services and treatment by a licensed medical practitioner.

The DePaul Academy recreation program is designed to improve physical fitness and promote healthy, positive lifestyle choices. The students may participate in intramural sports, art, music, board games, and other leisure activities that teach them to use their time positively and productively. Students are also given the opportunity to participate in many off-site activities.

Community resources and assets are accessed to help students discard delinquent and anti-social behavior and embrace pro-social behavior. Using this approach, DePaul Academy strives to rebuild the relationships students have with their community by connecting them to resources and providing community service opportunities. Family visitations and treatment services are responsive to the unique needs of all students and their families.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	2
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

On October 19-21, 2020, a three (3) day PREA compliance audit was completed at DePaul Academy located in South Bend, Indiana. The final results indicate the facility was found to be substantial compliance with all of the requirements of the *Juvenile Facility Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115, dated May 17, 2012.*

Standard Summary List:

Standard Exceeded:

115.317 Hiring and promotion decisions - The facility conducts criminal background records checks of all current employees and contractors who may have contact with residents every year. This exceeds the five-year requirement of criminal background checks. Compliance with this provision was verified by a review of employee records and through interviews with the HR Director and the Program Director.

115.331 Employee Training - the Auditor determined that the facility was exceeding compliance with this standard by providing all employees with PREA training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's requirement for employee training.

Standards Met: 115.311; 115.312; 115.313; 115.315; 115.316; 115.318; 115.321; 115.322; 115.332; 115.333; 115.334; 115.335; 115.341; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; & 115.388; 115.389; 115.401 & 115.403.

Standards Not Met: None

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP Policy # 600.600 Safe Environment Standards (SES) (revised: 6/14).</li> <li>3. DePaul Academy Student and Families Handbook.</li> <li>4. Rite of Passage, INC, Organizational Chart (revised 1/20).</li> <li>5. DePaul Academy Organizational Chart (revised 2/20).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Posted information – DPA PREA Information Poster</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.311 (a): ROP/ DePaul Academy has a comprehensive PREA ROP Policy # 600.600 Safe Environment Standards (SES) that were reviewed by the Auditor. The policy mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct within every facility operated by ROP and the designation of Regional Agency PREA Coordinators (PC) and PREA Compliance Managers (PCM) at each operated ROP facility.</p> <p>The PREA policy addresses Prevention Planning of sexual abuse and sexual harassment; Responsive Planning through the following major provisions: Staff hiring and screening processes (which includes the requirements to conduct criminal history background checks and to check child abuse registries); Staff Training (Staff, Volunteers, and Contractors); Staffing Plans: Risk Screening of Sexual Victimization and abusiveness; Resident PREA Education and Staff Training, Reporting Sexual Abuse/Misconduct; "Responding" to allegations of sexual abuse and sexual harassment is addressed through provisions detailing Reporting, Investigations, Victim Services, Medical and Mental Health Care; Discipline; Incident Review; and Data Collections and Analysis.</p> <p>This PREA policy is detailed, comprehensive and consistent with the PREA standards and outlines the agency's overall approach to sexual safety. Compliance with this provision was</p>	

based upon the Auditor's observations during the tour of the facility and supported by an interview with the Program Director.

1115.311 (b): ROP Policy SES, Page 5, outlines the roles and responsibilities of the PREA Coordinator (PC); it calls for the position to be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the job description confirms the PC's responsibilities. The PC reports directly to the agency's Deputy Executive Director.

The PC was interviewed and he states that he has sufficient time to focus on the PREA standards and has the freedom to divert responsibilities to other staff as needed to focus on implementing and sustaining the PREA efforts. He stated that he has direct access to the Program Director and can implement policies and practices as necessary to ensure sexual safety requirements. He oversees the facility's PREA Compliance Manager (PCM).

Based on the review of the Pre-Audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PC. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates he has sufficient time for overseeing PREA and sexual safety practices in the agency.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director and the PREA Coordinator.

115.311 (c): ROP Policy SES, Page 5, outlines the roles and responsibilities of the PREA Compliance Manager (PCM); it calls for the position to be allowed sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility's organizational chart reflects that the PCM position is an upper-level management position in the facility; the job description confirms the PCM's responsibilities.

During the interview with the PCM, he stated that he has sufficient time to focus on implementing the PREA standards and necessary practices to ensure sexual safety in the facility; the position is 100% full time devoted to PREA compliance and sustainability. The PCM reports directly to the Program Director and has been given authority to direct all PREA compliance in the facility. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices at the facility level demonstrates that the PCM has sufficient time and authority to accomplish PREA responsibilities for the facility.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the PREA Coordinator and PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring a zero-tolerance policy and the designation of a PC and PCM. No corrective action is required.



115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy # 600.600 Safe Environment Standards (SES) (revised: 7/15).</li> <li>3. DPA Resident Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Resident Housing (living) Units</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.312 (a): This standard is not applicable. Rite of Passage, INC. (ROP) is a private company and has not entered into or renewed a contract for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interview of the Program Director and a review of the Agency's mission and vision statements.</p> <p>115.312 (b): This provision is not applicable. DePaul Academy (DPA) does not contract with other entities for the confinement of residents.</p> <p>Compliance with this provision was confirmed by interview of the Program Director and a review of the facility's resident records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy # 600.600 Safe Environment Standards (SES)(revised: 7/15).</li> <li>3. Rite of Passage, INC, Organizational Chart (revised 1/20)</li> <li>4. DePaul Academy Organizational Chart (revised 2/20)</li> <li>5. DePaul PREA Staffing Plan</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Living Units staffing deployment</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Shift Supervisors</li> </ol> <p>Findings (by provision)</p> <p>115.313 (a): ROP/DPA has developed, implemented and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The facility’s staffing plan had taken into consideration 11 out of the 11 criteria in calculating adequate staffing levels and determining the need for video monitoring.</p> <p>Compliance with this provision is based upon interviews with the Program Director and PREA Compliance Manager and a review of the facility’s staffing plan.</p> <p>115.313 (b): DPA complies with the staffing plan at all times and by policy, they would document any time they had to deviated from the staffing plan during limited and discrete exigent circumstances. The facility has not deviated from its staffing plan during this audit period.</p> <p>Compliance with this provision is based upon interviews with the Program Director and PREA Compliance Manager and a review of the facility’s staffing plan.</p>

115.313 (c): DPA maintains minimum staffing levels of one (1) staff to every four (4) residents (1:4 ratio) during waking hours and one (1) staff to every four (4) residents (1:4 ratio) during sleeping hours for the reporting period. The facility is obligated by regulation from Indiana standards which is least 1:4 during both waking hours and sleeping hours. For the past eight months, the facility has been averaging minimum staffing levels of one (1) staff to every four (4) residents (1:4 ratio) during waking hours and during sleeping hours.

Compliance with this provision is based upon interviews with the Program Director and PREA Compliance Manager and a review and observations of the facility's staffing deployment.

115.313 (d): The facility, in collaboration with the agency's PREA Coordinator, meets annually to review the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The PREA Coordinator stated these review meetings happen annually. This was supported by the Auditor's review an Annual Staffing Plan Review Meeting Report.

Compliance with this provision is based upon interviews with the Program Director and PREA Compliance Manager and a review of the facility's Staffing Plan.

115.313 (e): DPA supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded on a Shift Supervisor Unannounced Form and are maintained by the PREA Compliance Manager. Supported by interviews with Intermediate or Higher-Level Facility Staff.

Compliance with this provision was based upon the Auditor's observation from the site tour, a review of the facility's records of announced rounds, and interviews with the mid-level supervisors and three (3) shift supervisors.

Evidences used to determine standard compliance includes: Auditor's observations from the site tour, the facility's staffing plan, the facility's policy for having Intermediate and higher-level supervisors conduct and document unannounced rounds; review of staffing records and interviews of random staff, Intermediate or Higher-Level Facility Staff, the Program Director, the PREA Compliance Manager, and the PREA Coordinator.

The final analysis of the evidence indicates the facility has developed, implemented and documented a staffing plan that provides for adequate levels of staffing, maintains minimum staffing levels of one (1) staff to every four (4) residents (1:4 ratio) during waking hours and one (1) staff to every four (4) residents (1:4 ratio) during sleeping hours. The facility meets annually with the PREA Coordinator to review the staffing plan to see whether adjustments are needed has a policy for holding annual meetings to assess, determine, and document whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. Also, supervisory staff conduct and document unannounced rounds on all shifts

Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard and no corrective action is required.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP Policy #600.600 Safe Environment Standards (SES) (revised: 3/14).</li> <li>3. ROP Policy #600.123 Physical Searches and Viewing of Persons (revised: 5/14).</li> <li>4. ROP Staffing Training Presentation (revised 6/17).</li> <li>5. DePaul Academy Staff Training Records.</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Auditor Observation</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Randomly selected Staff</li> <li>5. Randomly selected Residents</li> </ol> <p>Findings (by provision)</p> <p>115.315 (a) ROP/DPA prohibits cross-gender strip searches and cross-gender visual body cavity searches of residents. This was supported by resident and staff interviews.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.315 (b): ROP/DPA prohibits cross-gender pat-down searches of residents under all circumstances. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.</p> <p>115.315 (c): ROP/DPA prohibits cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches under all circumstances. There is no documentation or documented justification for any cross-gender strip searches, cross-gender</p>

visual body cavity searches, or cross-gender pat-down searches of residents. This is supported by resident and staff interviews. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted.

Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.

115.315 (d): DPA does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practice was observed by the Auditor and confirmed during resident interviews. Residents shower, perform bodily functions, and change clothing without being viewed by staff. Policy and practice verified by interviews of staff and residents and the Auditor's observation.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected residents and staff.

115.315 (e): ROP/DPA 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.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected resident and staff.

115.315 (f): All DPA staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Training records verified that all staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Compliance with this provision was based upon the Auditor's review of the facility staff training records and a review of the lesson plan. Also supported by interviews with randomly selected staff and review of the training material and records.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.315 (c): ROP/DPA prohibits cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches under all circumstances. There is no documentation or documented justification for any cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of residents. This is supported by resident and staff interviews. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted.

Compliance with this provision was based upon the Auditor's review of the facility's policy and supported by interviews with randomly selected residents and staff.

115.315 (d): DPA does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practice was observed by the Auditor and confirmed during resident interviews. Residents shower, perform bodily functions, and change clothing without being viewed by staff. Policy and practice verified by interviews of staff and residents and the Auditor's observation.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected residents and staff.

115.315 (e): ROP/DPA 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.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with randomly selected residents and staff.

115.315 (f): All DPA staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs, as verified by training records.

Compliance with this provision was based upon the Auditor's review of the facility staff training records and a review of the lesson plan. Also supported by interviews with randomly selected staff and review of the training material and records.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP Policy # 600.600 Safe Environment Standards (SES)(revised: 3/14).</li> <li>3. DPA Student Handbook – English (revised 2/17)</li> <li>4. Rite of Passage-DePaul Academy Service Agreement (Translation Services)</li> <li>5. DePaul Academy 115.351 Student Rights Brochure</li> <li>6. DPA Language Line Contract</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Posted information – PREA Informational Poster</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Randomly selected Residents</li> <li>5. Program Director</li> <li>6. Agency Head (Executive Director)</li> </ol> <p>Findings (by provision)</p> <p>115.316 (a): DePaul Academy provides non-English residents with access to interpreters through Language Line Solutions. Non-English PREA Informational Posters and other signage were noted throughout the facility during the tour. ROP takes 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; who are blind or have low vision; who have intellectual disabilities; who have psychiatric disabilities; and who have speech disabilities. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, have limited reading skills, or are blind or have low vision.</p>

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.

115.316 (b): DPA takes 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. This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, through the Language Line Solutions. No residents with disabilities were available to interview at the facility during the time of the audit. Interviews with randomly selected residents support this policy and practice.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.

115.316 (c): ROP/DPA policy prohibits residents from being used as interpreters. There was no documented use of residents as interpreters in the past 12 months.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Agency Head and the Program Director.

Evidences used to determine standard compliance includes: a review of case files and interviews of randomly selected residents, the Agency Head, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) to 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. No corrective action is required.



115.317	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP Policy #600.317 Hiring Requirements and Promotion Decision (revised: 5/15).</li> <li>3. DPA Employee Records</li> <li>4. ROP Form #100.209 Background Investigation Notification and Authorization</li> <li>5. ROP 115.317 PREA Attestation from Employment Application</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Site Observation of HR Office Record Security</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Human Resources (HR) Director</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.317 (a): By SES policy #115.317, ROP/DPA prohibits 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 or 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. Personnel files were reviewed for all staff hired or promoted within the past 12 months to determine whether proper criminal record background checks had been conducted and questions regarding past conduct were asked and answered. The facility conducts criminal record checks of all new employees prior to hiring and then annually thereafter. The facility conducts child abuse record checks of all new employees prior to hiring and again every five years thereafter.</p> <p>Compliance with this provision was based upon a review of the employee records and supported by interviews with the Human Resources (HR) Director.</p> <p>115.317 (b): ROP/DPA, by policy SES #115.317, considers any incident of sexual harassment or sexual abuse prior to hiring and promoting any staff or enlisting the services of any</p>

contractor.

Compliance with this provision was based upon the review of SES policy #115.317 and interviews with the HR Director and the Program Director.

115.317 (c): ROP/DPA considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents and promoting any staff or enlisting the services of any contractor. DPA consults any child abuse registry maintained by the State or locality in which the employee would work and 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.

Compliance with this provision was based upon the review of SES policy #115.317 and interviews with the HR Director and the Program Director.

115.317 (d): A criminal background records check is completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

Compliance with this provision was verified through interviews with the HR Director and the Program Director.

115.317 (e): DPA conducts criminal background records checks of all current employees and contractors (who may have contact with residents) every year. The annual criminal record is managed via a spreadsheet tracking system. This exceeds the five-year requirement of criminal background checks.

Compliance with this provision was verified by a review of employee records and through interviews with the HR Director and the Program Director.

115.317 (f): ROP/DPA requires all employees to disclose any previous misconduct and imposes upon them a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse.

Compliance with this provision was verified through interviews with the HR Director and the Program Director.

115.317 (g): ROP policy and practice is that material omissions regarding misconduct or the provision of materially false information by an employee, is grounds for termination.

Compliance with this provision was based upon the review of SES policy #115.317 and interviews with the HR Director and the Program Director.

115.317 (h): ROP provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance with this provision was based upon interviews with the HR Director and the Program Director.

Evidences used to determine provision compliance include a review of Policy SES #115.317, employee files, and interviews with the Human Resources Director and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility exceeds the requirements of this standard by conducting criminal background checks of all employees annually and meets the standards for all other hiring and promotion decision requirements. No corrective action is required.

115.318	<b>Upgrades to facilities and technologies</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy #600.600 Safe Environment Standards (SES)(revised: 3/14).</li> <li>3. DPA Student Handbook – English</li> <li>4.. Rite of Passage, INC, Organizational Chart (revised 1/20)</li> <li>5. DePaul Academy Organizational Chart (revised 2/20)</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour areas of the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Agency Head (Executive Director)</li> </ol> <p>Findings (by provision)</p> <p>115.318 (a): N/A, ROP/DPA has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. By Policy SES #115.318, ROP would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews the Agency Head and the Program Director.</p> <p>115.318 (b): ROP/DPA has updated its video monitoring system since the last PREA audit and was done with PREA in mind to enhance the facility’s ability to protect residents from sexual abuse. The Auditor reviewed the new video monitoring system and was impressed by it capabilities and clarity.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility, a review of the video monitoring system, and supported by interviews the Agency</p>	

Head and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring upgrades to facilities and technologies, to consider the protection of residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. No corrective action is required.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy #600.600 Safe Environment Standards (SES) (revised: 3/14).</li> <li>3. ROP Policy #115.321 National Protocol for Sexual Assault (revised 7/15)</li> <li>4. DPA MOU with the Saint Joseph Medical Center (dated 3/20)</li> <li>5. DPA MOU attempt with the S-O-S Family Justice Center (dated 3/20)</li> <li>6. DPA MOU attempt with South Bend Police Department (dated 3/20)</li> <li>7. ROP Student Brochure - English (dated 6/20)</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Medical Staff</li> <li>6. Agency Head (Executive Director)</li> </ol> <p>Findings (by provision)</p> <p>115.321 (a): By policy, SES #115.321, ROP/DPA follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. South Bend Police Department is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy, and supported by interviews with Medical staff.</p> <p>115.321 (b): DPA uses the "National Protocols for Sexual Assault Medical Forensic Examination, Adults/Adolescents". These protocols are appropriate for youth.</p>

Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy, and supported by interviews with Medical staff and a review of ROP's Policy #115.321 National Protocol for Sexual Assault.

115.321 (c): Facility does not conduct SAFE/SANE exams as confirmed by Medical staff. All victims of sexual abuse have access to forensic medical examinations at an outside facility, the St. Joseph Medical Center. The facility has a signed MOU with the St. Joseph Medical Center to conduct SAFE/SANE exams as needed.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy, review of the MOU with St. Joseph Medical Center, and supported by interviews with Medical staff.

115.321 (d): DPA attempts to make available to the victim, a victim advocate from a rape crisis center, specifically the Family Justice Center. The Family Justice Center is a full-service rape crisis center; this was supported by a review of its website and an interview with the PREA Compliance Manager. The facility's documentation includes multiple attempts to secure those services as well as a reply from the Family Justice Center.

Compliance with this provision was based upon the Auditor's review of the facility's MOU attempt documentation and interviews with the Agency Head and the PREA Coordinator.

115.321 (e): By policy, SES #115.321, the facility would provide, upon request by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. No residents at the facility have reported a sexual abuse incident. The PREA Compliance Manager reports that the Family Justice Center would provide emotional support, crisis intervention, information, and referrals.

Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the Agency Head and the PREA Coordinator.

115.321 (f): South Bend Police Department is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. The facility has maintained documentation of its attempts of an MOU with the South Bend Police Department regarding following the requirements of the paragraphs in §115.321.

Compliance with this provision was based upon the Auditor's review of the facility's policy, MOU documentation with South Bend Police Department, and interviews with the Agency Head and the PREA Coordinator.

115.321 (g): The Auditor is not required to audit this provision.

115.321 (h): This provision is not applicable. ROP/DPA attempts to make a victim advocate from a rape crisis center available to victims per #115.321(d).

Evidences used to determine standard compliance include a review of residents' medical files and interviews of Medical Staff, randomly selected Residents, the Program Director, the Agency Head, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility has demonstrated compliance with all provisions of this standard. No corrective

	action is required.
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115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. PREA Policy # 115.322 Policies to Ensure Referral of Allegation for Investigation (revised: 7/15).</li> <li>3. DePaul Academy's website</li> <li>4. Rite of Passage, INC, Organizational Chart (revised 1/20)</li> <li>5. DePaul Academy PREA Investigative Files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.322 (a): ROP/ DePaul Academy has ensured that all administrative investigations of allegations of sexual abuse and sexual harassment were completed. In the past 12 months, there was one (1) allegation resulting in an administrative investigation and zero (0) allegations were referred for criminal investigation. Compliance with this provision was based upon the Auditor's review of the facility's PREA investigative case files and supported by interviews with the facility investigator and the PREA Coordinator.</p> <p>115.322 (b): The facility has a policy, SES #115.322, that states "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". The facility has documented all such referrals. Investigative policies were verified on the facility's website and the referral form for third-party reporting was also verified on-line. Compliance with this provision was based upon the Auditor's review of the facility's policy to ensure referrals of allegations for investigations and supported by interviews with the facility investigator and the PREA Coordinator.</p>

115.322 (c): DPA's website does describe that the South Bend Police Department is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigations.

Compliance with this provision was based upon the Auditor's review of the facility's website and supported by interviews with the facility investigator and the PREA Coordinator.

115.322 (d-e): Auditor is not required to audit these provisions.

Evidences used to determine standard compliance include a review of the facility's policies to ensure referrals of allegations for investigations, a review of PREA investigative case files, and interviews with the facility investigator, the PREA Compliance Manager, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is in full compliance with this standard requiring policies to ensure referrals of allegations for investigations. The facilities website does describe that the South Bend Police Department is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigation, therefore, no corrective action is required.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Exceeds Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. PREA Policy #600.600 Safe Environment Standards (SES) (revised: 3/14).</li> <li>3. ROP PREA SES Staff Training Presentation (revised 6/17)</li> <li>4. Random Staff Training Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Staff training classroom</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Site Trainer</li> </ol> <p>Findings (by provision)</p> <p>115.331 (a): ROP/DPA's employee training program includes all of the required elements for this standard. A review of the facility's lesson plan shows they train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and the relevant laws regarding the applicable age of consent. This was supported by the interview of 11 randomly selected staff.</p> <p>Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Site Trainer.</p>	

115.331 (b): ROP/DPA's training lesson plans are tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at DPA.

Compliance with this provision was based upon the Auditor's review of the facility's PREA Training Lesson Plan and supported by interviews of randomly selected staff and the facility's Site Trainer.

115.331 (c): ROP/DPA provided PREA training to all current employees and all new employees hired within this audit period at the start of their employment. All employees are provided refresher training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's two-year requirement for refresher training.

Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records and supported by interviews of randomly selected staff and the facility's Site Trainer.

115.331 (d): ROP/DPA maintains training documents in both hard copy and digital versions with all employees' signatures, verifying comprehension of training.

Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records.

Evidences used to determine standard compliance include a review of the facility's PREA Training Lesson Plans and DPA employees' PREA training records and was supported by interviews of randomly selected staff and the facility's Site Trainer.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is exceeding compliance with this standard by providing all employees with PREA training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's requirement for employee training. No corrective action is required.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. PREA Policy # 600.600 Safe Environment Standards (SES) (revised: 3/14).</li> <li>3. ROP PREA SES Contractor and Volunteer Training Presentation (revised 7/15)</li> <li>4. Contractor Training Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Staff training classroom</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Contractor Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Site Trainer</li> </ol> <p>Findings (by provision)</p> <p>115.332 (a): All volunteers and contractors who have contact with residents have been trained on their responsibilities under ROP's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Compliance with this provision was based upon a review of the training records and interviews with a contractor and the facility's Site Trainer.</p> <p>115.332 (b): DPA training records for volunteers and contractors who have contact with residents, were reviewed by the Auditor and verified that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents.</p> <p>Compliance with this provision was based upon the Auditor's review of the volunteers' and contractors' PREA training records.</p> <p>115.332 (c): DPA maintains very good documentation confirming that the volunteers and contractors understand the training they have received. ROP/DPA maintains training documents in both hard copy and digital versions with all volunteers' and contractors' signatures verifying comprehension of training.</p>

Compliance with this provision was based upon the Auditor's review of the volunteers' and contractors' PREA training records.

Evidences used to determine standard compliance includes review of the facility's training records for their volunteers and contractors and interviews with a contractor and the facility's Site Trainer.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring volunteer and contractor PREA training. No corrective action is required.

<b>115.333</b>	<b>Resident education</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Safe Environment Standards (SES) policy #115.333 Student Education (revised 7/15).</li> <li>3. DPA Student Handbook – English</li> <li>4. ROP PREA Student Brochure English (revised 6/20)</li> <li>5. DPA Student Training Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour of common areas of the facility</li> <li>2. Tour of Living Units (Pods)</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion with randomly selected residents during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Intake Staff</li> <li>5. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.333 (a): DPA provides all PREA required information to residents upon intake. Residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment and this information is presented in an age-appropriate fashion. This was confirmed during resident interviews. All residents sign a PREA acknowledgement training record document.</p> <p>Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.</p> <p>115.333 (b): DPA has comprehensive PREA education via an ROP-developed video that is to be provided to the residents in an orientation program no more than 3 days after intake. During interviews of randomly selected residents, all confirmed that they had seen the PREA</p>	

education video at intake and they also view the video weekly in their living units. This was also confirmed by interviews with the intake staff.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of residents' files.

115.333 (c): The comprehensive PREA education video was provided to all residents within 3 days after intake and all residents signed a PREA training record.

Compliance with this provision was based upon the Auditor's review and verification of the resident's training records and confirmed by interviews with Intake Staff and randomly selected residents.

115.333 (d): PREA education is in formats accessible to all residents, including those who have limited reading skills. The facility has access to Language Line Solution and maintains a list of bilingual staff.

Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the PREA Coordinator and the Program Director.

115.333 (e): All resident-signed PREA training records were provided to and verified by the Auditor. The Auditor confirmed the training records were also securely maintained.

Compliance with this provision is based upon the Auditor's review of the PREA training records for all residents. The Auditor verified the initial PREA acknowledgement forms were signed by residents and were securely maintained.

115.333 (f): PREA education and reporting posters are placed throughout the facility. The residents are given a PREA tri-fold pamphlet (brochure) at intake. The Auditor noted the medical isolation unit lacked a PREA informational poster and this was pointed out during the site review. This was immediately corrected by the PREA Compliance Manager and PREA posters were hung in the unit. This was verified by the Auditor while on site and is deemed closed.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Intake Staff, interviews with randomly selected residents, and review of the Student Handbook.

Evidences used to determine standard compliance includes a review of case files and interviews of randomly selected residents, the PREA Coordinator, Intake Staff, and the Program Director. DePaul Academy's residents are informed about ROP's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the intake process. The facility does show an age-appropriate comprehensive educational PREA video to all residents. In addition to providing such education, key PREA information is continuously and readily available or visible to residents through posters, the Student Handbook, or other written formats. DePaul Academy has access to the Language Line and maintains a list of all bilingual facility staff. The facility never uses other residents as language interpreters.

Based upon the review and analysis of all the available evidence, the Auditor finds the facility



is substantially compliant with this standard.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.334, Specialized Training Investigators (revised 7/15)</li> <li>3. Investigators' Training Certificate</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Investigative Staff</li> </ol> <p>Findings (by provision)</p> <p>115.334 (a): ROP/DPA conducts administrative investigations only and ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings. Training records for the facility's one (1) sexual abuse investigator was reviewed by the Auditor and confirmed that the dates and type of training received was consistent with the requirements of this provision.</p> <p>Compliance with this provision was based upon the Auditor's review of the training records and supported by interviews with the Investigative Staff.</p> <p>115.334 (b): DPA specialized training for investigators includes: Techniques for interviewing juvenile sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training certificate is the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting Program.</p> <p>Compliance with this provision was based upon the Auditor's review of the training records and supported by interviews with the Investigative Staff.</p> <p>115.334 (c): DPA maintains documentation of its investigators' training certificates. This was verified by the Auditor in a review of the facility's training records. DePaul Academy has one</p>

(1) trained investigator.

Compliance with this provision is based upon the Auditor's review of the training records and is supported by interviews with the Investigative Staff.

Evidences used to determine standard compliance includes a review of training records and interviews with the Investigative Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that investigators are trained in conducting sexual abuse investigations in a confinement setting. No corrective action is required.

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.335, Specialized Training Medical and Mental Health Care Practitioners (revised 7/15)</li> <li>3. Medical and Mental Health Staff's Training certificate</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Medical Staff</li> <li>5. Mental Health Staff</li> </ol> <p>Findings (by provision)</p> <p>115.335 (a): Training and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained. The training includes: How to detect and assess signs of sexual abuse and sexual 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 and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that Medical and Mental Health Staff have been PREA trained. This is supported by interviews with Medical and Mental Health staff.</p> <p>115.335 (b): N/A, DPA's Medical Staff do not conduct forensic medical exams. Residents are taken to an outside hospital as needed.</p> <p>115.335 (c): Training records and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained.</p> <p>Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have been PREA trained.</p>

115.335 (d): All Medical and Mental Health Care Practitioners employed and contracted by facility, and those volunteering at the facility, received training mandated for employees.

Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have received PREA training.

Evidences used to determine standard compliance includes a review of medical staff training records and interviews with the Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that medical and mental health care practitioners employed and contracted by facility, and those volunteering at the facility, received specialized PREA training. No corrective action is required.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.341, Screening for Risk of Sexual Abusiveness and Victimization (revised 7/15)</li> <li>3. ROP PREA Vulnerability Assessment Instrument</li> <li>4. Resident case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Site review of living units (Pods)</li> <li>2. Case Managers' Office - Student Services (resident record security)</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Case Manager (staff responsible for the Risk Screening).</li> </ol> <p>Findings (by provision)</p> <p>115.341 (a): ROP/DPA has a policy, SES #115.341, that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened within 72 hours of their intake for risk of sexual victimization or risk of sexually abusing other residents. Within a few hours of the resident's arrival at the facility, the Case Managers complete the intake Vulnerability Assessment Instrument. The form includes the resident's sexual ID and preference. The facility also updates the resident's information periodically throughout the resident's stay. 11 randomly selected resident case files were reviewed and verified by the Auditor to have completed forms within 72 hours of the resident's arrival at the facility.</p> <p>Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, the resident case files, and observations during the tour of the facility. This is supported by interviews with randomly selected residents and a Case Manager (staff responsible for Risk Screening).</p> <p>115.341 (b): All resident PREA screening assessments are conducted using an objective</p>

screening instrument, the PREA Vulnerability Assessment Instrument. The Vulnerability Assessment Instrument objectively ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask residents if they identify as lesbian, gay, bisexual, transgender, or intersex. The information is also collected on the Clinic Assessment. Resident case files were reviewed and verified by the Auditor.

Compliance with this provision is based upon the Auditor's assessment of the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with a Case Manager (staff responsible for Risk Screening).

115.341 (c): The Vulnerability Assessment Instrument ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask the residents if they identify as lesbian, gay, bisexual, transgender, or intersex; prior sexual victimization or abusiveness; current charges and offense history; and the resident's age. The information collected at the Clinic Assessment includes the resident's level of emotional and cognitive development; their physical size and stature; any mental illness or mental disabilities; Intellectual or developmental disabilities; the resident's own perception of vulnerability; and other information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the screening records from the residents' case files. This is supported by an interview with a Case Manager (staff responsible for Risk Screening).

115.341 (d): During the PREA screening assessment, the necessary information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's case files.

Compliance with this provision is based upon the Auditor's observation from the facility tour and is supported by interview with a Case Manager (staff responsible for Risk Screening).

115.341 (e): ROP/DPA has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all times. This was verified by the Auditor's observations. Only the Case Managers, Clinical Managers, and Therapeutic Managers have access to the resident's Vulnerability Assessment Instrument.

Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of review of the screening records from the residents' case files. This is supported by interviews with randomly selected residents and with the PREA Coordinator, the PREA Compliance Manager, and a Case Manager.

Evidences used to determine standard compliance includes ROP Policy SES #115.341, review of 11 randomly selected resident case files, completed and comprehensive resident vulnerability assessment instruments, and interviews with randomly selected residents, the PREA Coordinator, the PREA Compliance Manager, and a Case Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that residents be screened for risk of sexual victimization or risk of sexually abusing. No corrective action is required.



<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.342, Placement of Resident Housing, Room, Program and Education Assignment (revised 7/15)</li> <li>3. ROP PREA Resident Room Assignment Instruments (Not dated)</li> <li>4. Residents' case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Site review of living units</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion with Residents on site tour</li> <li>2. Randomly selected Residents</li> <li>3. PREA Coordinator</li> <li>4. PREA Compliance Manager</li> <li>5. Case Manager (staff responsible for the Risk Screening)</li> <li>6. Program Director</li> <li>7. Randomly selected Staff</li> </ol> <p>Findings (by provision)</p> <p>115.342 (a): ROP/DPA uses information from the Vulnerability Assessment Instrument to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The living unit bed assignment is made by the Unit Manager in conjunction with the resident's Case Manager, based upon the information collected in the risk screening. Currently, only single rooms are being used for resident housing at the facility. The Auditor reviewed 11 of the resident room assignment instruments and they were found to be complete and consistent with the risk assessment screening instrument.</p> <p>Compliance assessment of this provision was based upon the Auditor's review of the screening records and is supported by interviews with the PREA Coordinator, the PREA Compliance Manager, and a Case Manager (staff responsible for Risk Screening).</p>

115.342 (b): ROP/DPA does not isolate residents. Resident files were reviewed by the Auditor to verify residents were not placed in isolation.

Compliance with this provision was based upon the Auditor's review of residents' case files, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.

115.342 (c): ROP/DPA 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. The facility refrains from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.

Compliance with this provision was based upon the Auditor's review of the PREA policy and supported during interviews with the PREA Compliance Manager and a Case Manager.

115.342 (d): ROP/DPA, by policy, makes facility, housing, and program assignments for transgender or intersex residents in the facility on a case-by-case basis, considering whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. Currently or previously, there are no transgender nor intersex resident at the facility.

Compliance with this provision was based upon the Auditor's review of the residents' records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Case Manager (staff responsible for Risk Screening).

115.342 (e): ROP/DPA, by policy, reassesses the placement and programming assignments for each transgender or intersex resident at least twice each year to review any threats to safety experienced by the resident.

Compliance with this provision was based upon the Auditor's review of the residents' case records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Case Manager (staff responsible for Risk Screening).

115.342 (f): ROP/DPA, by policy, states that a transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignment. The Auditor verified this by interview with the PREA Compliance Manager.

Compliance with this provision was based upon the Auditor's review of the residents' case records and supported by interviews with the PREA Coordinator, PREA Compliance Manager, and a Case Manager (staff responsible for Risk Screening).

115.342 (g): All residents shower separately from other residents. The Auditor verified this by observation of the shower areas and interviews with randomly selected staff and residents.

Compliance with this provision was based upon the Auditor's observations during the tour of the facility and interviews with the Program Director and randomly selected staff and residents.

115.342 (h): N/A - ROP/DPA does not isolate residents for protection from sexual victimization.

115.342 (i): ROP/DPA does not isolate residents. By policy, and only as a last resort when less

restrictive measures are inadequate to keep them and other residents safe, would ROP use isolation. Also, by policy, the need for isolation would be reviewed every 30 days by the Program Director.

Compliance with this provision was based upon the Auditor's review of residents' case files, observations during the tour of the facility, and interviews with the Program Director and randomly selected residents.

Evidences used to determine standard compliance include ROP Policy SES #115.342, a review of 11 randomly selected residents' case files, bed assignment documents, and interviews with randomly selected staff and residents, the PREA Coordinator, the PREA Compliance Manager, the Program Director, and a Case Manager (staff responsible for Risk Screening).

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is compliant with this standard requiring the proper placement of residents. No corrective action is required.

115.351	<b>Resident reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy #100.407 Child Abuse Reporting (revised: 11/10).</li> <li>3. DPA Student Handbook – English (revised 1/20)</li> <li>4. ROP PREA Posters</li> <li>5. ROP PREA - A Students Guide to Rights, Protections, and Reporting Sexual Abuse</li> <li>6. PREA investigative case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Site review tour of all Living units.</li> <li>2. Site review tour of all common areas</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Randomly selected Staff</li> <li>5. Randomly selected Residents</li> <li>6. Resident who reported sexual abuse</li> </ol> <p>Findings (by provision)</p> <p>115.351(a): DPA provides multiple ways for residents to privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect, or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following: Student Grievance Form; Student Statement Form; Medical Request Form; Student One-on-One Request Form; The Grievance Procedure; direct verbal reporting to any staff member, and/or calling the abuse hotline number. Phones are accessible through staff in living units. DePaul Academy’s residents have weekly calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits.</p>	

Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected staff and residents.

115.351 (b): DPA residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of ROP/DePaul via the S.O.S Family Justice Center Hotline, which allows the resident to remain anonymous upon request. The hotline information is received and immediately forwarded to agency officials. ROP/DePaul has a policy requiring residents detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. No residents are detained solely for civil immigration purposes.

Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents.

115.351 (c): DPA staff members are required to accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously, and from third parties, and promptly document any verbal reports.

Compliance with this provision was confirmed by interviews with randomly selected staff and residents and a review of the PREA investigative case files.

115.351 (d): DPA provide residents with access to tools (pens and paper) necessary to make written reports. This was supported by the Auditor's observation and resident interviews.

Compliance with this provision was confirmed by interviews with the PREA Compliance Manager and a resident who reported a sexual abuse, and the Auditor's observations of the written material.

115.351 (e): ROP/DPA provides a method for staff to privately report sexual abuse and sexual harassment of residents via Policy SES #115.351.

Compliance with this standard is supported by interviews with randomly selected staff.

Evidences used by the Auditor to determine compliance with the standard include review of the facility's policy SES# 115.351, the Resident's Handbook, and the facility's website; observations of reporting information during the site tour; and interviews with randomly selected staff and residents and with the PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.352 Exhaustion of administrative remedies (revised: 7/15).</li> <li>3. DPA Student Handbook – English</li> <li>4. Residents' grievance files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Resident Grievance Forms and drop boxes observed throughout the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. Randomly selected Staff</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.352 (a): ROP/DPA has an administrative procedure, Policy SES #115.352, Exhaustion of administrative remedies, for dealing with resident grievances regarding sexual abuse. Therefore, the facility is not exempt from this standard for dealing with resident grievances regarding sexual abuse. The administrative procedure is the "Student Grievance Process" and information about how to utilize the grievance process is provided in the Student Handbook.</p> <p>Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.</p> <p>115.352 (b): According to the DPA Student Handbook and Policy, SES #115.352, the facility permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limit and does not require an informal grievance process.</p> <p>Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents and the Program Director.</p> <p>115.352 (c): ROP/DPA policy, SES #115.352, allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint</p>

and such grievance is not referred to a staff member who is the subject of the complaint. Residents have free access to grievance forms and each living unit has a free-access locked grievance mailbox. The PREA Compliance Manager and the Shift Supervisor have sole access to the grievance mailbox.

Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the Program Director and the PREA Compliance Manager.

115.352 (d): ROP/DPA issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, but may extend the period longer if needed, up to 70 additional days.

Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director.

115.352 (e): ROP/DPA policy SES #115.352 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances. Residents can decline third-party assistance. There were zero (0) grievances alleging sexual abuse filed by residents or filed with third party assistance in the past 12 months.

Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents and the Program Director.

115.352 (f): ROP/DPA policy SES #115.352 allows for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The policy requires an initial response within 48 hours and a final agency decision within 5 days. The agency reported that there were zero (0) emergency grievance alleging substantial risk of imminent sexual abuse filed in the past 12 months.

Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director.

115.352 (g): ROP/DPA policy SES #115.352 allows the facility to discipline a resident for filing a grievance alleging sexual abuse where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, no residents' grievances alleging sexual abuse were filed that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Compliance with this provision is based upon the Auditor's review of the residents' grievance files and is supported by an interview with the Program Director.

Evidences used to determine standard compliance include a review of DPA Policy #115.352, Exhaustion of administrative remedies, the residents' grievance files, and interviews with randomly selected staff and residents, the PREA Compliance Manager, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the exhaustion of administrative

remedies. No corrective action is required.



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. PREA Policy #115.353 Resident Access to Outside Confidential Support Services and Legal Representation (revised: 7/15).</li> <li>3. DPA Student Handbook – English</li> <li>4. DPA MOU with the Saint Joseph Medical Center (dated 3/20)</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Resident's Video Visitation room</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Residents</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.353 (a): ROP/DPA provides residents with access to outside victim advocates for emotional support services related to sexual abuse via the Saint Joseph Medical Center. The Saint Joseph Medical Center was contacted by the Auditor and found to be acceptable. The facility provides residents detained solely for civil immigration purposes with the mailing addresses and telephone numbers of the National Immigrant Services Agency. The facility allows reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>The compliance determination with those two provisions was based on a review of the Student Handbook and the resident PREA education material and interviews with randomly selected residents and the PREA Compliance Manager.</p> <p>115.353 (b): ROP/DPA informs the 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. ROP/DPA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility,</p>

retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy was supported by randomly selected residents, the Program Director, and the PREA Compliance Manager.

Compliance with this provision was supported by interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.

115.353 (c): DPA does have a signed MOU request with a Sexual Assault Response's Advocacy Community service provider, the Saint Joseph Medical Center. The facility has entered into a Memorandum of Understanding (MOU) with the Saint Joseph Medical Center to provide residents with confidential emotional support services related to sexual abuse. The facility maintains a copy of agreements or documentation showing attempts to enter into such agreements.

Compliance determination with this provision was based upon a review of the facility's MOU and interview with the PREA Compliance Manager.

115.353 (d): ROP/DPA provides residents with reasonable and confidential access to their attorneys or other legal representation and provides residents with reasonable access to their parents or legal guardians.

Compliance with this standard was supported by interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.

The final analysis of the evidence indicates that DPA has a policy providing residents with access to outside confidential support services and legal representation that is consistent with the requirements of this PREA standard. DPA does have an MOU with a Sexual Assault Response's Advocacy Community service provider, the Saint Joseph Medical Center.

Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard. No corrective action is required.

115.354	<b>Third-party reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA 3rd Party Reporting Form (revised: 3/14).</li> <li>3. DPA Website (www.DePaul-academy.com)</li> <li>4. DPA MOU attempt with the S-O-S Family Justice Center (dated 3/20)</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Facility's Main Lobby/Visitation Area</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> <li>4. Randomly selected Residents</li> </ol> <p>Findings (by provision)</p> <p>115.354 (a): ROP/DPA accepts all verbal, written, and anonymous reports of sexual abuse and sexual harassment, from any source including third parties. Notices of how to report allegations are posted in the lobby and other areas of the facility with the S.O.S. Family Justice Center's toll-free hotline number and other available reporting options. This information is also included in the PREA Orientation materials and the PREA education video for residents. Third-party reporting forms are available to visitors in the Lobby area of the facility and as a PDF form on the facility's website.</p> <p>Compliance with this provision was supported by a review of the facility's Policy SES #115.354, the facility's website, observations during the site tour, and interviews with randomly selected residents, the Program Director, and the PREA Compliance Manager.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p> <p>Recommendation</p> <ol style="list-style-type: none"> <li>1. The facility add forms and a drop box in the new COVID-19 Family Visitation Area. This was done immediately by the PREA Compliance Manager and verified by the Auditor while still on-</li> </ol>	

site. This is deemed closed.

115.361	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.361 Official Responses to a PREA Incident (revised: 7/15).</li> <li>3. Investigation reports</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Medical and Mental Health Staff</li> <li>6. Case Managers</li> </ol> <p>Findings (by provision)</p> <p>115.361 (a): ROP/DPA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Compliance with this provision was supported by interviews with randomly selected staff.</p> <p>115.361 (b): ROP/DPA requires all staff to comply with any applicable mandatory child abuse reporting laws. Mandated reports are required by law in Indiana for reporting all concerns of child abuse or neglect. The Indiana Department of Child Services provides a secure website for mandated reports of child abuse and neglect and to report non-emergency concerns. This policy was supported by staff interviews and a review of the Indiana Department of Child Services' website.</p> <p>Compliance with the provision was supported by interviews with the PREA Compliance Manager, interviews with randomly selected staff, and the Auditor's review of Indiana Department of Child Services' website.</p>

115.361 (c): ROP/DPA prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Compliance with this provision was supported by interviews with Mental Health Staff, Case Managers, and randomly selected staff.

115.361 (d): ROP/DPA policy requires all Medical and Mental Health Staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility. This policy was supported by staff interviews.

Compliance with this provision was supported by interviews with Medical and Mental Health staff.

115.361 (e): ROP/DPA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When the facility receives any allegation of sexual abuse, the Program Director promptly reports the allegation to the alleged victim's parents or legal guardians. If the alleged victim is under the guardianship of the child welfare system, the Program Director reports the allegation to the alleged victim's caseworker instead of the parents or legal guardians.

Compliance with this provision is supported by an interview with the PREA Compliance Manager and a review of investigation reports.

115.361 (f): ROP/DPA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators who then reports it to Child Protective Services.

Compliance for this provision was supported by interviews with the Program Director and the PREA Compliance Manager and a review of investigation reports.

Evidences used to determine standard compliance includes a review of case files and interviews with randomly selected staff, Medical and Mental Health staff, Case Managers, the Program Director, the PREA Compliance Manager, and the PREA Coordinator.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties. No corrective action is required.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA Policy SES #115.362, Agency Protection Duties (revised: 7/15).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. Shift Supervisors</li> <li>3. Agency Head (Executive Director)</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.362 (a): ROP/DPA policy SES #115.362 Agency Protection Duties, states that "when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident." There have been no determinations that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. The policy is consistent with the standard.</p> <p>Compliance for this provision was supported by interviews with the Agency Head, Program Director, Shift Supervisors, and randomly selected staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties. No corrective action is required.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.363 - Official Response (revised: 7/15).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour areas of the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.363 (a): ROP/DPA's policy SES# 115.363 - Official Response: requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.363 (b): By policy, the Program Director would notify the facility where the alleged abuse occurred via an immediate telephone call, following up within 24 hours with an email. None yet needed or recorded.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.363 (c): By DPA policy SES# 115.363 - Official Response: The Program Director would document that such notification was provided within 72 hours of receiving the allegation that a resident was abused while confined at another facility. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Therefore, no documentation for such notification exists to verify.</p> <p>Compliance with this provision is supported by policy and interview with the Program Director.</p> <p>115.363 (d): By policy, the Program Director would follow up by email to ensure that the allegations were appropriately investigated.</p>



Compliance of this standard was determined by policy review and by interview with the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring facility's official response duties. No corrective action is required.

115.364	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.364 - First Responder Duties (revised: 7/15).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Randomly selected Staff</li> <li>2. Security Staff and Non-Security Staff First Responders</li> <li>3. PREA Compliance Manager</li> <li>4. Resident who Reported a Sexual Abuse</li> </ol> <p>Findings (by provision)</p> <p>115.364 (a): ROP/DPA policy SES# 115.364 - First Responder Duties: requires the first responder to an alleged resident sexual abuse incident: to separate the alleged victim from the abuser; preserve and protect the crime scene; and ensure the victim and the abuser don't destroy evidence. This policy and procedure were supported by interviews of staff first responders who all answered the questions consistently with the facility policy.</p> <p>Compliance with this provision was supported by policy review and interviews with Security Staff First Responder and a Resident who reported a sexual abuse.</p> <p>115.364 (b): All staff are trained as first responders to ensure that alleged victims do not destroy any physical evidence. This policy was confirmed by Security Staff and Non-Security Staff First Responders interviewed, who all stated that they would request that the alleged victim not take any actions that could destroy physical evidence, and then notify Security Staff. There were no allegations made via the local hotline.</p> <p>Compliance with this provision was supported by policy review and interviews with Security Staff First Responder and randomly selected Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties. No corrective action is required.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.365 - Coordinated Response Plan (revised: 7/15).</li> <li>3. ROP PREA Incident Response Flowchart.</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Shift Supervisors</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.365 (a): ROP/DPA has 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. ROP's PREA Incident Response Flowchart is very comprehensive.</p> <p>Compliance with this provision was confirmed by interviews with the Program Director and the Shift Supervisors and a review of the coordinate response procedures.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring coordinated response. No corrective action is required.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.366 - Preservation of ability to protect residents from contact with abusers (revised: 7/15).</li> <li>3. Employee Records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.366 (a): There is no collective bargaining agreements at DePaul Academy 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. Nothing in the facility's policies inhibits the facility's ability to protect residents from contact with abusers. This was verified by interviews with the Agency Head and the Program Director.</p> <p>Compliance with this standard was determined by reviewing the facility's employment records and by interviews with the Agency Head and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.367 - Program Protection Against Retaliation (revised: 7/15).</li> <li>3. Facility's PREA investigative files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Case Manager (Staff Member Charged with Monitoring Retaliation)</li> <li>2. Agency Head</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Shift Supervisors</li> </ol> <p>Findings (by provision)</p> <p>115.367 (a): ROP/DPA has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility has designated its Program Director as the person charged with monitoring retaliation from staff-to-staff and staff-to-residents. Resident-to-resident retaliation is monitored by the Director of Student Services, Case Managers, and the Program Director.</p> <p>Compliance with this standard was determined by a review of the facility's investigative policy and by interviews with the Agency Head, the PREA Compliance Manager, and the Case Manager.</p> <p>115.367 (b): ROP/DPA employs multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Such measures include housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services. No documentation of protective measures exists as there has not been any reported fears of retaliation from residents or staff.</p> <p>Compliance with this standard was determined by a review of the facility's PREA investigative</p>

files and by interviews with the Agency Head, the PREA Compliance Manager, and Shift Supervisors.

115.367 (c): ROP/DPA monitors 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. No incidents of retaliation occurred in the past 12 months.

Compliance with this standard was determined by a review of the facility's PREA investigative files and by interviews with the Program Director, the PREA Compliance Manager, and Shift Supervisors.

115.367 (d): DPA's retaliation monitoring does include periodic status checks of residents based upon policy and according to the PREA Compliance Manager.

Compliance with this standard was determined by a review of the facility's PREA investigative files and by interviews with the Program Director, the PREA Compliance Manager, and Shift Supervisors.

115.367 (e): ROP/DPA, by policy, monitors the conduct and treatment of other individual who cooperates with an investigation for expression of a fear of retaliation and take appropriate measures to protect that individual against retaliation to see if there are changes that may suggest possible retaliation by residents or staff. No incidents of retaliation occurred in the past 12 months. Compliance with this provision was determined by a review of the facility's PREA investigative files and by interviews with the Agency Head and the PREA Coordinator.

Evidences used to determine standard compliance include a review of case files and interviews of the Agency Head, Program Director, PREA Compliance Manager, Case Manager, and Shift Supervisor's.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection against retaliation. No corrective action is required.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.368 - Post-allegation protective custody (revised: 7/15).</li> <li>3. DPA Student Handbook – English</li> <li>4. Residents' case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour all areas of the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.368 (a): ROP/DPA does not isolate residents. However, their policy states 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. No resident who alleged to have suffered sexual abuse has been placed in isolation in the past 12 months.</p> <p>Compliance with this standard was determined by a review of the residents' case files and by interviews with the Program Director, the PREA Compliance Manager, and Medical Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Post-allegation protective custody. No corrective action is required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.371: Criminal and Administrative Agency Investigations (revised: 7/15).</li> <li>3. DPA Student Handbook – English</li> <li>4. DePaul Academy PREA Investigative Files</li> <li>5. DPA MOU attempt with South Bend Police Department (dated 3/20)</li> <li>6. Investigative staff's training record</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.371 (a): DPA has a policy (although not required) for administrative investigations of all allegations of sexual abuse and harassment. Based upon the Auditors review of all the investigations of sexual abuse and harassment reports, they were done promptly, thoroughly, and objectively.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of PREA investigative reports.</p> <p>115.371 (b): DPA uses an investigator who has received specialized training in sexual abuse investigations involving juvenile victims. The training record of the sexual abuse investigators and a specialized sexual abuse investigator's training program NIC's PREA: Investigating Sexual Abuse in a Confinement Setting, was reviewed and deemed acceptable.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Auditor's review of the Investigative staff's training record.</p>



115.371 (c): DPA conducts administrative investigations only. The facility's investigators do not gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. However, they would gather and preserve any available electronic monitoring data. They would interview alleged victims, suspected perpetrators, and witnesses and also review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (d): DPA, by policy, does not terminate an investigation solely because the source of the allegation recants the allegation. This was supported by review of this policy and interviews of Investigative Staff who state that the facility always refrains from terminating an investigation solely because the source of the allegation recants the allegation.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of the facility's PREA SES Policy #115.371.

115.371 (e): DPA refers sex abuse cases for criminal investigation when the quality of evidence appears to support criminal prosecution, this was supported by review of investigate reports and interviews of the investigative staff. DPA does not conduct compelled interviews; it would be beyond the scope of their authority.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (f): DPA 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 a resident or staff. The facility does not use polygraphs in any form for determining a resident's credibility.

Compliance with this provision was verified by interviews with the Investigative Staff and review of the PREA investigative reports.

115.371 (g): DPA administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and are 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.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (h): N/A; DPA does not conduct criminal investigations. This was supported by interviews of investigative staff, review of the administrative investigative reports, and review of the facility's PREA SES Policy #115.371.

115.371 (i): DPA appears to refer all substantiated allegations of sexual misconduct or abuse that appear to be criminal for prosecution. No allegations of conduct that appears to be criminal was referred for prosecution in the last 12 months. South Bend Police Department would conduct the criminal investigation.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (j): DPA retains 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 retention period.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (k): DPA appears to ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and review of the PREA investigative reports.

115.371 (l): Auditor is not required to audit this provision.

115.371 (m): When an outside entity investigates sexual abuse, DPA appears to provide full cooperation to outside investigators and endeavors to remain informed of the investigation's progress.

Compliance with this provision was verified by interviews with the Program Director, the PREA Compliance Manager, and Investigative Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations. No corrective action is required.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.372- Evidentiary standard for administrative investigations (revised: 7/15).</li> <li>3. DPA PREA Investigation Files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.372 (a): DePaul Academy does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. DPA has a comprehensive PREA policy and procedures, SES #115.372, Evidentiary Standard for Administrative Investigations, that states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of investigative reports.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring evidentiary standards of no higher than a preponderance of the evidence for administrative investigations. No corrective action is required.</p>

115.373	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy # 115.373 – Reporting to Students (revised: 7/15).</li> <li>3. DPA PREA Investigative Files</li> <li>4. Residents' case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Resident who previously reported a sexual abuse</li> </ol> <p>Findings (by provision)</p> <p>115.373 (a): DPA has a comprehensive policy, SES 115.373, Reporting to Students, that requires any resident who makes an allegation of having suffered sexual abuse to be informed verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. There was one alleged sexual harassment investigations completed in the past 12 months and the residents were notified verbally and in writing of the results of the investigation. The residents were notified at the completion of the investigation.</p> <p>Compliance with this provision was verified by interviews with the Program Director, the PREA Compliance Manager, and Investigative Staff and a review of the facility's PREA Policy SES 115.373, Reporting to Students.</p> <p>115.373 (b): The facility only conducts administrative investigations. More information is requested from the South Bend Police Department as needed to inform the residents.</p> <p>Compliance with this provision was verified by interviews with the Investigative Staff and the Program Director and a review of the facility's PREA investigative file.</p>

115.373 (c): DPA does subsequently inform a resident, following a substantiated or unsubstantiated resident's allegation that a staff member has committed sexual abuse against the resident, that the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance with this provision was verified by interview with the PREA Compliance Manager and the Auditor's review of the facility's PREA investigative files.

115.373 (d): DPA, by policy, informs the resident victim when it learns that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Compliance with this provision was verified by interviews with a resident who previously reported a sexual abuse and the PREA Compliance Manager and a review of the facility's PREA Policy SES 115.373, Reporting to Students.

115.373 (e): DPA documents all such notifications or attempted notifications described in this standard.

Compliance with this provision was verified by interview with the PREA Compliance Manager and the Auditor's review of residents' case files.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring reporting to residents. No corrective action is required.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.376 – Disciplinary sanctions for staff (revised: 7/15).</li> <li>3. DPA PREA Investigative Files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.376 (a): DPA's SES Policy #115.376 Disciplinary sanctions for staff, states that staff are subject to disciplinary sanctions up to and including termination for violating ROP's sexual abuse or sexual harassment policies.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of this policy.</p> <p>115.376 (b): The facility has not terminated staff, or had staff resign prior to termination, for violating the agency's sexual abuse or sexual harassment policies in the past 12 months.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and the Program Director.</p> <p>115.376 (c): There is no record of discipline against facility staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The facility's disciplinary sanction policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and the Program Director.</p> <p>115.376 (d): No facility staff were terminated or resigned (who would have been terminated if</p>

they hadn't resigned) in the past 12 months for violations of agency sexual abuse or sexual harassment policies. By ROP policy, the facility would report sexual abuse or sexual harassment violations to law enforcement unless clearly not criminal.

Compliance with this provision was confirmed by interview with the Program Director and review of PREA investigative reports.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff. No corrective action is required.

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.377 – Corrective action for contractors and volunteers (revised: 7/15).</li> <li>3. DPA PREA Investigative Files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.377 (a): DPA Policy SES #115.377 - Corrective action for contractors and volunteers, requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. They would also be reported to law enforcement and any relevant licensing bodies. There was no documented referral to law enforcement in the past 12 months for any incident of a contractor or volunteer engaging in sexual abuse with residents.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of policy #115.377 - Corrective action for contractors and volunteers.</p> <p>115.377 (b): DPA Policy SES #115.377 - Corrective action for contractors and volunteers, states the facility would take appropriate remedial measures and consider whether to prohibit a contractor or volunteer having further contact with residents following any other violation of agency sexual abuse or sexual harassment policies. An interview with the Program Director supports the facility's policy where any contractor or volunteer alleged to have conducted sexual abuse would be barred from the facility and not have any further contact with the resident.</p> <p>Compliance with this provision was confirmed by interview with the Program Director and a review of policy #115.377- Corrective action for contractors and volunteers.</p>



Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring corrective action for contractors and volunteers. No corrective action is required.

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.378 – Interventions and disciplinary sanctions for students (revised: 7/15).</li> <li>3. DPA PREA Investigative Files</li> <li>4. Residents' case files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.378 (a): DPA residents may be subject to disciplinary sanctions, by policy SES #115.378, 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. The resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. This policy was confirmed by interview with the PREA Compliance Manager. In the past 12 months, there has been no administrative findings nor criminal findings of guilt for resident-on-resident sexual abuse that have occurred at this facility.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of policy #115.378 - Interventions and disciplinary sanctions for students.</p> <p>115.378 (b): In the past 12 months, no residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. It appears that this provision of the standard is not applicable. This was supported by interviews with the Program Director and the PREA Compliance Manager and the Auditor's review of residents' case files.</p> <p>Compliance with this provision was confirmed by interview with the PREA Compliance</p>

Manager and a review of residents' case files.

115.378 (c): Based upon DPA policy SES #115.378, the disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was supported by interviews with the Program Director and the Auditor's review of PREA investigative reports.

Compliance with this provision was confirmed by interview with the Program Director and a review of PREA investigative reports.

115.378(d): DPA offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The Program Director conducts a Multi-Disciplinary Team (MDT) meeting to consider whether to offer the offending resident participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education. This policy was confirmed by interviews with the Medical and Mental Health Staff.

Compliance with this provision was confirmed by interview with the Medical and Mental Health staff and a review of residents' case files.

115.378 (e): DPA, by policy SES #115.378, may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There was no record of disciplinary action against residents for sexual conduct with staff in the last 12 months. This policy and information were confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the Medical and Mental Health staff and a review of residents' case files.

115.378 (f): DPA, by policy SES #115.378, prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. This policy was confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of policy #115.378 - Interventions and disciplinary sanctions for students.

115.378 (g): DPA, by policy SES #115.378, prohibits all sexual activity between residents and deems any such activity to constitute sexual abuse only if it determines that the activity is coerced. This policy was confirmed by interview with the PREA Compliance Manager.

Compliance with this provision was confirmed by interview with the PREA Compliance Manager and a review of policy #115.378 - Interventions and disciplinary sanctions for students.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.381: Medical and mental health screenings; history of sexual abuse (revised: 7/15).</li> <li>3. DPA Student medical and mental health screenings records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Case Managers</li> </ol> <p>Findings (by provision)</p> <p>115.381 (a): All students meet with their therapeutic managers within 14 days of intake. By policy, residents at DPA who disclose any prior sexual victimization during a screening, are offered a follow-up meeting with a mental health practitioner within 14 days of intake. This policy is supported by interviews with the Case Managers and Medical and Mental Health Staff. In the past 12 months, no residents disclosed prior victimization during screening. There is supporting evidence that Medical and Mental Health Staff maintain secondary materials (e.g., form, log) documenting compliance with the required services.</p> <p>Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Case Manager and Medical and Mental Health Staff.</p> <p>115.381 (b): DPA, by policy, offers all residents who have ever previously perpetrated sexual abuse a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This was supported by interviews with the facility's Medical and Mental Health Staff.</p> <p>Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Case Manager and Medical and Mental Health Staff.</p>

115.381 (c): Access to information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to Medical and Mental Health Staff and other staff as necessary to inform treatment plans and security management. This was supported by the Auditor's observations and questions noted during site reviews of the medical area.

Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Case Manager and Medical and Mental Health Staff.

115.381 (d): Medical and Mental Health 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.

Compliance with this provision was supported by a review of the facility's medical and mental health screenings records and from interviews with the Case Manager and Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring medical and mental health screenings and history of sexual abuse. No corrective action is required.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.382 - Access to emergency medical and mental health services (revised: 7/15).</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Resident who reported a sexual abuse</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Security Staff</li> <li>6. Case Manager</li> </ol> <p>Findings (by provision)</p> <p>115.382 (a): DPA, by policy, provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by Medical and Mental Health Staff according to their professional judgment.</p> <p>Compliance with this provision was supported by interviews with the Case Manager, Medical and Mental Health Staff, and a resident who reported a sexual abuse.</p> <p>115.382 (b): When Medical and Mental Health Staff are not on duty and a facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate Medical and Mental Health Staff are immediately notified.</p> <p>Compliance with this provision was supported by interview with Security Staff and the Medical and Mental Health Staff.</p> <p>115.382 (c): By policy, DPA offers resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medically</p>

appropriate.

Compliance with this provision was supported by interviews with the Case Manager, Medical and Mental Health Staff, and a resident who reported a sexual abuse.

115.382 (d): DPA provides treatment services 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.

Compliance with this provision was supported by interviews with the Medical and Mental Health staff and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services. No corrective action is required.

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers (revised: 7/15).</li> <li>3. Residents' medical records</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. PREA Compliance Manager</li> </ol> <p>Findings (by provision)</p> <p>115.383 (a): DPA, by policy, 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.</p> <p>Compliance for this provision was determined and supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (b): DPA's evaluation and treatment of victims does 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.</p> <p>Compliance for this provision was supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (c): DPA, by policy, provides such victims with medical and mental health services consistent with the community level of care.</p> <p>Compliance for this this provision was determined by the Auditor's review of residents' medical records and interviews with the Medical and Mental Health Staff.</p> <p>115.383(d-e): N/A; DPA is a male-only facility.</p> <p>115.383 (f): By policy, DPA resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p>



Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of policy SES #115.383.

115.383 (g): DPA provides treatment services 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.

Compliance determination of this provision was supported by interviews with Medical and Mental Health Staff and the Auditor's review of policy SES #115.383.

115.383 (h): DPA does 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 Medical and Mental Health Staff.

Compliance determination of this provision was supported by the Auditor's review of residents' medical records and interviews with Medical and Mental Health Staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.389 Data Collection and Review (revised: 7/15).</li> <li>3. DPA Post PREA Investigation Recommendation and Implementation Report</li> <li>4. Rite of Passage, SES Coordinated Response Plan (revised 7/15)</li> <li>5. DePaul Academy PREA Investigation Files</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.386 (a): DPA 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. In 2020, there was one (1) allegation of sexual abuse which was determined to be unsubstantiated. The PREA Coordinator states that sexual abuse incident reviews were conducted. There is supporting documentation of a review team meeting with a Post PREA Investigation Recommendation and Implementation Report produced documenting such review.</p> <p>Compliance was determined by a review of the Post PREA Investigation Recommendation and Implementation Report and an interview with the PREA Coordinator and Program Director.</p> <p>115.386 (b): The facility conducts a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation.</p> <p>Compliance was confirmed by interview with the PREA Compliance Manager and a review of the PREA investigation files.</p> <p>115.386 (c): The sexual abuse incident review team includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager. The sexual abuse incident review team reviews all sexual abuse incidents and allows for input from line supervisors,</p>

investigators, and medical or mental health practitioners.

Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigative files.

115.386 (d): The facility prepares a report of its findings from sexual abuse incident reviews and submits a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of an investigation.

Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigative files.

115.386 (e): ROP/DPA implements recommendations for improvement or documents its reasons for not doing so. The Facility prepares a report of its findings, including but not necessarily limited to, determinations made and any recommendations for improvement. The report is submitted to the ROP Executive Director.

Compliance was confirmed by interviews with the PREA Compliance Manager and review of PREA investigative files.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring sexual abuse incident reviews. No corrective action is required.

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.389 Data Collection and Review (revised: 7/15).</li> <li>3. ROP/DPA Annual PREA Report 2019</li> <li>4. DPA PREA Investigation Files</li> <li>5. PREA Incident Reports</li> <li>6. Survey of Sexual Violence conducted by the Department of Justice Form</li> <li>7. Administrative and Response Review Forms</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Program Director</li> </ol> <p>Findings (by provision)</p> <p>115.387 (a): DPA collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Compliance with this provision was determined based upon review of all PREA incident reports for the prior 12 month reporting period and an interview with the PREA Compliance Manager.</p> <p>115.387 (b) DPA aggregates the incident-based sexual abuse data annually as stated by the Program Director. Aggregated sexual abuse data is included in the facility's Annual Report.</p> <p>Compliance with this provision was determined based upon review of the Annual Report as published and an interview with the Program Director.</p> <p>115.387 (c) ROP's incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>Compliance with this provision was determined based upon the completed "Survey of Sexual</p>

Violence conducted by the Department of Justice Form" and an interview with the Program Director.

115.387 (d): ROP maintains and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Administrative and Response Review Form is completed as supporting documentation after every sexual abuse incident review and updated with all current data collected, reviewed, and maintained. This policy was supported by review of the Administrative and Response Review Forms.

Compliance with this provision was determined based upon review of the completed Administrative and Response Review Forms and an interview with the Program Director.

115.387 (e): N/A; ROP/DPA does not contract for the confinement of its residents.

115.387 (f): N/A; DOJ has not requested agency data.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring data collection of sexual abuse incidents for corrective action. No corrective action is required.

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.389 Data Collection and Review (revised: 7/15).</li> <li>3. DPA PREA Annual Report 2019</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Agency Head (Executive Director)</li> </ol> <p>Findings (by provision)</p> <p>115.388 (a): DPA claims to review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training.</p> <p>Compliance for this provision was supported by interviews with the Agency Head, the PREA Compliance Manager, and the PREA Coordinator and a review of the PREA Annual Report.</p> <p>115.388 (b): The facility's Annual Report does include a comparison of the current year's data and corrective actions with those from prior years. It also provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>Compliance for this provision was supported by interviews with the Agency Head, the PREA Compliance Manager, and the PREA Coordinator and a review of the PREA Annual Report.</p> <p>115.388 (c): DPA makes its Annual Report readily available to the public, at least annually, through its website and the Annual report is approved by the agency head.</p> <p>Compliance for this provision was supported by interviews with the Agency Head and a review of the PREA Annual Report.</p> <p>115.388 (d): ROP policy allows for redacting material from the Annual Report for publication. The redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of the facility. No redactions appear in the current Annual Report.</p>

Compliance for this provision was supported by interviews with the Agency Head and a review of the PREA Annual Report.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring data review of sexual abuse for corrective action. No corrective action is required.

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. ROP PREA SES Policy #115.389 Data Collection and Review (revised: 7/15).</li> <li>3. DPA PREA Annual Report 2019</li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> </ol> <p>Findings (by provision)</p> <p>115.389 (a): ROP ensures that data collected pursuant to §115.387 are securely retained. Incident reports are retained by the PREA Coordinator in a secure location.</p> <p>Compliance with this provision was verified by an interview with the PREA Coordinator and .</p> <p>115.389 (b): ROP policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website.</p> <p>A review of all of the reports on the ROP facilities' websites demonstrates compliance with this provision.</p> <p>115.389 (c): ROP has removed all personal identifiers from reports containing aggregated sexual abuse data published on its website.</p> <p>Compliance with this provision was verified by the Auditor's review of the facility's PREA Annual Report published on its website.</p> <p>115.389 (d): ROP/DPA policy, SES #115.389, requires that it maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection. The Auditor reviewed facility records and verified that the facility has maintained 10 years of all sexual abuse incident data after the date of its initial collection.</p> <p>Compliance with this provision was verified by the Auditor's review of facility records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring data storage, publication, and</p>



destruction. No corrective action is required.

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. Rite of Passage, INC, Agency Website - <a href="https://riteofpassage.com/">https://riteofpassage.com/</a></li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. Tour all areas of the facility</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Informal discussion during site tour</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Program Director</li> <li>5. Agency Head</li> </ol> <p>Findings (by provision)</p> <p>115.401 (a): ROP has ensured that each of its operated facilities has been audited during a three-year period, starting in August 20, 2013. This is DePaul Academy's third PREA Audit in 7 years. Based upon a review of all ROP facility PREA Reports posted on the agencies' websites, the agency has met this standard during the prior three-year audit cycle.</p> <p>115.401 (b): This is the first year of the current audit cycle. ROP has ensured that at least one-third of each facility type operated by ROP will be audited during the first year of the current audit cycle.</p> <p>115.401 (h): The Auditor had access to, and the ability to observe, all areas of the audited facility without restrictions, and during all shifts.</p> <p>115.401 (i): ROP provided the Auditor with copies of all requested documents and information, including electronically stored information and videos.</p> <p>115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.</p> <p>115.401 (n): PREA Notice of Audit postings were provided by the Auditor and contained all of the required information. The Notices of Audit were reported posted in all living units on September 8, 2020. This was observed during the facility tour and the posting date was confirmed by interviews with residents. Residents were permitted to send confidential</p>

information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. No correspondence was received by the Auditor.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring frequency and scope of audits. No corrective action is required.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire for DePaul Academy (DPA).</li> <li>2. Rite of Passage, INC, agency website - <a href="https://riteofpassage.com/">https://riteofpassage.com/</a></li> </ol> <p>Site Review Observations</p> <ol style="list-style-type: none"> <li>1. N/A</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>Findings (by provision)</p> <p>15.403 (f): A review of the websites of all ROP-operated facilities supports that ROP posted all finalized PREA Reports on its facilities' websites.</p> <p>Compliance was verified by a review of the websites of all ROP-operated facilities and confirmed by an interview with the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring publishing audit contents and findings. No corrective action is required.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes



<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes



115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</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
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes



<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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



<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes



<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes



<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes