

# PREA Facility Audit Report: Final

**Name of Facility:** DePaul Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/19/2023

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> Derek Craig Henderson	<b>Date of Signature:</b> 11/19/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	10/22/2023
<b>End Date of On-Site Audit:</b>	10/23/2023

FACILITY INFORMATION	
<b>Facility name:</b>	DePaul Academy
<b>Facility physical address:</b>	1000 South Michigan Street, South Bend, Indiana - 46601
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Nathan Allen
<b>Email Address:</b>	nathan.allen@rop.com
<b>Telephone Number:</b>	5133566037

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Ike Shipman
<b>Email Address:</b>	ike.shipman@rop.com
<b>Telephone Number:</b>	254-744-0505

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Christy McCully
<b>Email Address:</b>	Christy.mccully@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>	24
<b>Average daily population for the past 12 months:</b>	23
<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>	Secured
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	61
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

#### AGENCY INFORMATION

<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>	7752679411

#### 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>	Angela Lowe	<b>Email Address:</b>	angela.lowe@rop.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### Number of standards exceeded:

5

- 115.313 - Supervision and monitoring
- 115.331 - Employee training
- 115.333 - Resident education
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.386 - Sexual abuse incident reviews

#### Number of standards met:

38

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-22
2. End date of the onsite portion of the audit:	2023-10-23

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Multiple times the auditor reached out, via email and through phone, to the Family Justice Center's (FJC) Executive Director; however, the auditor was never provided a return email or call. Although, the auditor did successfully contact a representative from the FJC in South Bend, IN, who provided the auditor with details on the victim services available at the FJC.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	3

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>21</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	50
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	2
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Through selected a representative sample of students from the population roster provided onsite.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The only targeted criterial to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only targeted criterial to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program. Furthermore, throughout the onsite, the auditor did not observe any youth who would fall under this targeted category.</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only targeted criterial to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program. Furthermore, throughout the onsite, the auditor did not observe any youth who would fall under this targeted category.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only targeted criterion to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program. Furthermore, throughout the onsite, the auditor did not observe any youth who would fall under this targeted category.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only targeted criterial to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program. Furthermore, throughout the onsite, the auditor did not observe any youth who would fall under this targeted category.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only targeted criterial to interview during the onsite was one student that fell under the risk screening victim criteria. It is important to note that the facility is a post adjudication residential treatment center and accepts youth who are screened through the facility's application process. Therefore, youth with certain disabilities or who are LEP are not accepted into the DePaul Academy due to the program dynamics and educational rigor required to be successful in the program. Furthermore, throughout the onsite, the auditor did not observe any youth who would fall under this targeted category.</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite, the auditor did not observe any youth who would fall under this targeted category. Furthermore, through the PREA documentation review, no students were identified as LGBTI.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite, the auditor did not observe any youth who would fall under this targeted category. Furthermore, through the PREA documentation review, no students were identified as LGBTI.</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite, the auditor did not observe any youth who would fall under this targeted category. Furthermore, through the PREA documentation review, no students were identified to be involved in a situation of sexual abuse.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Throughout the onsite, the auditor did not observe any areas of the facility that was being used for students to be isolated in a room. Furthermore, through the PREA documentation review, no students were identified to be involved in any type of isolation situation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The DePaul Academy does not currently have any volunteers or contractors providing services to youth within the DePaul Academy.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>As noted throughout the PREA report, the auditor reviewed a large sample of PREA verification documents and no barriers or restrictions were experienced in any aspect of the PREA audit process. For example, the auditor selected random verification documents from student files (Vulnerability Assessments and PREA education acknowledgements), staff personnel files (background verification documents), PREA investigative files, staffing training files, etc.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
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<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>The only PREA investigations conducted at the facility in the past 2 year period prior to the onsite involved youth-on-youth sexual misconduct situations and did not reach the level of being sexual abuse or sexual harassment situations.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>

<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The only PREA investigations conducted at the facility in the past 2 year period prior to the onsite involved youth-on-youth sexual misconduct situations and did not reach the level of being sexual abuse or sexual harassment situations.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>

<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

### Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Rite of Passage (ROP) Safe Environment Standards (*will be referred throughout this report as "Agency's PREA Policy")</li> <li>- ROP Policy 600.600 (PREA Policy Statement)</li> <li>- DePaul Academy Organization Chart</li> <li>- ROP Organization Chart</li> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's PCM, who sufficiently explained how he is able to prioritize his schedule day and week out to ensure the necessary time is allocated to ensure PREA compliance in practice at the DePaul Academy. The PCM</li> </ul>

advised he is able to delegate non-emergent responsibilities out and will ensure investigations and serious compliance issues take priority. It was further explained that every Monday the management team meets to discuss site specific issues and upcoming events. The PCM shared how he utilizes a compliance tool to conduct unannounced internal PREA audits and report findings to the Program Director, which assists the facility to identify weaknesses and deficiencies that can be immediately addressed to limit the possibility of full non-compliance with PREA standards and agency policies and procedures. The PCM also explained how he manages the facility's student survey process, which is a survey that all the students complete every quarter that allows the students to express their own perception of safety while at the DePaul Academy and other relevant factors related to the programming effectiveness and supervision. The PCM advised that the survey responses are reviewed every quarter by the management team and ensures youth have the opportunity to share any issues or concerns that may have.

- The auditor interviewed the agency-wide PREA Coordinator (PC) for the DePaul Academy, who expressed how she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the DePaul Academy. The PC shared how she is the primary resource for the facility to reach out to in regards to PREA compliance and practice at the facility, and she hosts monthly meetings and trainings with the PC and other management team members to ensure an effective means of communication is maintained and to resolve any PREA related issues or concerns that may need to be addressed. Furthermore, the PC elaborated on how she supervises over seven Compliance Directors and all report directly to her as part of a Compliance Reporting Team. She meets with this Compliance Team every other week in order to remain informed of any serious PREA matters, such as PREA investigations or PREA non-compliance issues. The PC indicated explained the agency's Vulnerability Assessment, the protective measures in place to secure sensitive information, the risk screening (Vulnerability Assessment) levels and the corresponding action to protect vulnerability youth, and the housing/room/programming assignment processes. Furthermore, the PC shared how the PREA data from the DePaul Academy, and from the other facilities she is over, is used to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training.

**Site Review Observations:**

During the onsite, the auditor observed numerous PREA signs posted in all common areas of the facility; which included the agency's zero tolerance policy, how students, staff, were posted in English and Spanish, and the auditor confirmed that all the posters were large, easy to read, and posted in the following areas: education area, classrooms, hallways, intake area, visitation area, dining hall, each housing unit, common dayroom area, etc. Furthermore, when the auditor entered the facility, the front receptionist verbally explained the agency's zero tolerance policy, had the auditor sign in, and ensured the auditor understood the reporting requirement and how to report to the child protective services state agency (Indiana

Department of Child Protective Services).

**Explanation of Determination:**

**115.311**

**(a-c):**

The auditor reviewed the agency's PREA Policy and confirmed that the DePaul Academy has implemented the ROP PREA Policy for mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

According to the ROP agency-wide PREA Policy Statement (600.600):

- All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact or any sexual act regardless of age, sexual orientation and sexual identification.
- The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing sexual acts, abusive sexual acts, or possible vulnerability to being a victim of sexual acts, abusive sexual activity; to ensure that ROP employees, contract workers, volunteers, or any persons providing services in the program are trained to recognize such behaviors and take appropriate action; and to ensure students receive orientation and have mechanisms for reporting and pursuing criminal prosecution as deemed appropriate.
- Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited, and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.
- Rite of Passage adopts the Juvenile Facility Standards as described in the Prison Rape Elimination Act (PREA) under the United States Department of Justice Final Rule (May 17, 2012.).

Policy 600.600 also includes the PREA definitions from the Juvenile Facility PREA Standards, as confirmed by the auditor.

The auditor confirmed that the agency's PREA Policy (SES) designates the PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) for the DePaul Academy, as well as outlines each individual's responsibilities for developing, implementing, and overseeing the program's efforts to comply with the PREA standards.

	<p>In order to demonstrate how the agency and facility comply with the requirements associated with providing the PC and PCM sufficient authority to develop, implement, oversee, and coordinate their efforts to comply with the PREA standards, the auditor was provided the ROP agency-wide organization chart and the DePaul Academy's organization chart. Each organization chart provided the auditor with sufficient evidence to support that the PC and PCM have the necessary authority within the agency and facility organization structure to develop, implement, oversee, and coordinate PREA compliance at the DePaul Academy.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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115.312	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- DePaul Academy website (<a href="https://depaulacademy.com/">https://depaulacademy.com/</a>)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312</b></p> <p><b>(a-b):</b></p> <p>Per the information provided in the PAQ, the agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies; therefore, the agency is not required to adhere to the requirements of this PREA Standard. Furthermore, per the agency's PREA Policy on page 7, PREA Standard 115.313 is not applicable to Rite of Passage." The auditor also reviewed the DePaul Academy's website to gain a better understanding of the DePaul Academy program and learned that the DePaul Academy is a private secure program serving male youth between the ages of 14 and 18 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 residential treatment program within the St. Joseph County Juvenile Justice Center that promotes diverse social and educational interactions essential to the competency development of students. DePaul Academy</p>

	<p>is CARF accredited and provides education services through a Cognia accredited school.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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115.313	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- DePaul Academy Staffing Plan (most recent review)</li> <li>- DePaul Academy Daily Site Unannounced Rounds Logs</li> </ul> <p><b>Interviews:</b></p> <p>- The auditor interviewed the facility's PCM, who explained the process of continually assessing for compliance with the facility's Staffing Plan and daily supervision ratios. It was shared that supervision ratios are monitored daily during morning meetings to ensure compliance with the state mandated 1:4 staff to student ratio (required at all times), and if the management team receives excessive call offs from scheduled staff and ratios are in jeopardy, the team will send out a site-wide email to obtain volunteers to help cover affected shifts. Staff from the previous shift will also stay over until relieve can be arranged, on an as needed basis. Additionally, the PCM advised that the management team can resort to selecting staff from different departments to help with coverage, such as Case Managers, therapists, and managers. The PCM confirmed that the facility has not experienced a situation that caused the program to deviate from their Staffing Plan since the last PREA audit; however, if a deviation were to occur in the future, the facility has institutionalized procedures in the agency's Safe Environmental Standards (SES) Policy to ensure a prompt response is implemented to rectify the deficiency and document the incident as pursuant to the requirements of this PREA standard. Furthermore, the PCM advised that Group Supervisors conduct PREA unannounced rounds on each shift and document the rounds on a form that is provided to him. He then conducts his own PREA unannounced rounds quarterly and reviews the daily unannounced rounds to ensure compliance. The PCM shared that it is trained to all staff the prohibition of alerting other staff that unannounced</p>

rounds are being conducted, and the Group Supervisors ensure the rounds are completely random and unpredictable. The duties are shared between each Group Supervisor who are working on a particular shift.

- The auditor interviewed a Group Supervisor who conducts PREA unannounced rounds, and he confirmed the practice of starting the unannounced rounds completely at random on the shift so that staff are not made aware. The Group Supervisor shared that the rounds are documented on a form, and each form is submitted to the PCM for his review. He was aware that staff are prohibited from alerting other staff that the rounds are being conducted, and the rounds consist of walking through all areas of the facility. The Group Supervisor explained how he checks doors, takes note of supervision ratios, and ensures the safety and security of the entire facility.

- The auditor interviewed the agency's Program Director (PD), who is the facility's designated Superintendent, and he confirmed the facility's practice of providing the 1:8 staff to student ratio at all times and on all shifts. The PD further elaborated how he meets with the DePaul Academy management team often, including meetings every Monday morning to review any issues of concern, discuss upcoming events, and staff new student applications and current student's situations. The PD advised he is keenly aware of the staffing levels and level of supervision in the program, with being in constant contact with HR and the program's management team to ensure proper staffing ratios are maintained at all times. The PD explained how he recently approved for the addition of 10 video surveillance cameras to enhance the level of coverage in the program; however, cameras will never replace or substitute for direct staff to resident supervision. The PD indicated that the facility's Staffing Plan is reviewed more often than once per year; however, one official review of the Staffing Plan is conducted with collaboration from the management team to ensure documented compliance with the requirements of this PREA standard. The PD confirmed that he approves the facility's Staffing Plan, and the Staffing Plan annual review includes reviewing for the elements required by this PREA standard. Furthermore, he confirmed that he is not aware of the facility deviated from the Staffing Plan; however, if such a situation were to occur in the future, proper documentation would be maintained.

- The auditor discussed the requirements of this PREA standard with the agency-wide PREA Coordinator (PC), who confirmed that she is involved in the Staffing Plan review process for the DePaul Academy. The PC explained how the Staffing Plan review includes reviewing for the elements required by this PREA standard, and it was confirmed that no deviations to the Staffing Plan have been experienced at the DePaul Academy since the last PREA audit.

**Site Review Observations:**

During the onsite facility inspection, the auditor observed the supervision ratios throughout the facility for the "B" Day Shift on day 1 of the onsite, in which each housing unit that included students during the walk through were within the required staff to student waking hours ratio of 1:8, with the facility complying with

the state required 1:4 ratio at this time. Furthermore, the auditor arrived early to the facility on the second day of the onsite to interview the overnight staff, and it was confirmed that the facility was compliant with the sleeping hours supervision ratio of 1:16, with substantially exceeding the minimum ratios by practicing the 1:4 ratio at all times, including during the overnight shifts. Additionally, during the second day of the onsite the auditor interviewed four staff from the "A" Day Shift, which further proved that the facility was in full compliance with the PREA required 1:8 waking hours ratio (the total population of youth was 21, with maximum capacity limited to 24). During the onsite, the PCM demonstrated how unannounced PREA rounds are conducted at the facility by showing the auditor the PREA Unannounced Rounds Binder and playing a recorded surveillance video of a supervisor who conducted an unannounced PREA round that was documented in the Binder. Through the walk through facility inspection, the PCM pointed out each camera location and vulnerable areas that are off camera view (blind spots). However, in each of the blind spots identified, the PCM explained how these locations are areas in which students do not have access and are blocked off with furniture (teacher's desk, cabinets, etc.). The PCM further explained and pointed out how the vulnerable areas of the facility all allow for adequate coverage and all movement in and out of these spaces are continually monitored by staff and cameras. The PCM advised that when students are in their rooms, the doors do not lock and staff are required to conduct staggered room observations not to surpass 15 minutes. Lastly, throughout the onsite phase of the audit, the auditor did not observe any concerns or issues related to staffing, overcrowding, failure to meet the 1:8/1:16 minimally required PREA supervision ratios, poor line of sight, or level of student privacy.

**Explanation of Determination:**

**115.313**

**(a-e):**

Upon the auditor's review of the agency's PREA Policy, it was determined that the requirements pursuant to this PREA standard are included therein on pages 7-8. In addition, per this Policy, DePaul Academy staff are required to remain in an area that can be observed by another staff member directly or through video monitoring system when with a student. Further as per the agency's PREA Policy, in situations where additional staffing is needed, the Program Director/Manager is required to be notified and additional staff will be made available.

In order to demonstrate how the DePaul Academy complies with the requirements of this PREA standard in practice, the auditor was provided the facility's Staffing Plan, which was recently reviewed, assessed, and approved by the agency's PC and the DePaul Academy's PCM. This Staffing Plan is a comprehensive review of an assessment of needs pursuant to the requirements of this PREA standard, such as:

- a. campus description and student population;
- b. regulatory requirements;
- c. position control;

- d. deployment of staff and relieved posts and positions; and
- e. video surveillance.

The Staffing Plan also includes documentation of relief and compliance with the plan, staffing plan deviations, and a formal review of the Staffing Plan and updates.

Upon the auditor's review of the Staffing Plan, it was determined that the Plan outlines how the DePaul Academy is required to maintain compliance with not only the PREA Juvenile Facility Standards but also local licensing (Indiana Department of Child Services- IDCS), with IDCS requiring the facility to maintain a staff to student supervision ratio of 1:4 in all parts of the program's on and off site campus programming. Due to this requirement, the DePaul Academy substantially exceeds the PREA staff to resident ratios.

The PCM noted in the PAQ that the program has not experienced a situation involving a deviation to their Staffing Plan or the PREA 1:8 and 1:16 supervision ratios during the 12 month audit review period prior to the onsite, and this was also confirmed to be the case as indicated in the Staffing Plan that was reviewed in early September 2023 and in the auditor's onsite inspection. Furthermore, the auditor verified that the facility has institutionalized procedures for documenting any deviations to the Staffing Plan that may occur in the future, which is included in the agency's PREA Policy. Furthermore, the PCM and PD all sufficiently explained the deviation process, as noted in the interview section above.

In order to assess for compliance with the unannounced rounds requirements associated with provision (e) of this PREA standard, the auditor was provided a substantial sample of completed Daily Site Unannounced Round Logs for the past 12 months, with the logs organized per calendar quarters. Upon the auditor review, it was determined that the DePaul Academy has institutionalized a practice of an upper level or higher supervision conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. However, the auditor discovered that there were several unannounced rounds that were conducted during the same hourly time frame during a particular month. It should be noted that the PCM clarified during the pre-onsite Issue Log process that the agency has two twelve hours shifts for their staff, with unannounced rounds required between the hours of 12am and 9pm and 9pm and 12am. Furthermore, as confirmed by the auditor's examination of the quarterly unannounced round logs provided, the facility sufficiently demonstrated how they substantially exceed the minimum requirements of conducting at least one unannounced round per each of the facility's two shifts, with the intermediate or higher-level facility staff completing staggered documented unannounced rounds 20-30 times per month (on an approximated average). The PCM also acknowledged that frequency, randomness, and unit of time are areas to be improved and will be, through retraining and routine review of expectation of Daily unannounced rounds.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the**

**minimum requirements of this standard and no corrective action is required.**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP Policy 600.123 (Physical Searches & Viewing of Persons)
- ROP SES Training
- PREA Knowledge Assessments

**Interviews:**

- The auditor interviewed a total of 10 students at the DePaul Academy, and each student interviewed confirmed they have never experienced or observed a cross-gender search of any kind. Furthermore, the students advised that the only searches conducted on students are pat-down searches, with no strip or cavity searches conducted since being in the program. The students each confirmed they are able to change their clothes, use the restroom, and shower in private without staff or other students viewing. The students were asked to share their opinion on the level of privacy at the program, in which each of the 10 students indicated no issues or concerns with the privacy level and felt they have sufficient privacy when changing, using the restroom, and showering. Each student explained the shower process, which involves one student showering at a time in a shower room with the door closed and locked from the inside. The students also shared how they are able to change in their room with the door shut and use the restroom in a restroom with the door shut, with no issues of concern shared. The students were also asked if female staff make any sort of announcement when they are working with them, in which each of the 10 students confirmed that female staff alert them by saying, "female on the hall."
- The auditor interviewed a total of 12 randomly selected security staff (Coach Counselors- CC), and the CC's confirmed that the only student searches that are conducted at the DePaul Academy are same gender pat-down searches (no strip or cavity searches allowed). The pat-down searches are only approved to be conducted when a youth is transported offsite, and each CC indicated that they have been trained on how to conduct the same gender pat-down searches in the most least restrictive manner possible, while ensuring the upmost respect and

professionalism while conducting the search. For example, CC's explained how pat-down searches are conducted with a staff witness and on camera view, with verbally going over the process with the youth before and during the search to ensure the youth being searched is comfortable with the process and at ease. The staff interviewed described how the pat-down search process includes using the back of their hand and not touching private areas of a student, and the search is only used to ensure no contraband is entering the program. The CC's advised that they have never experienced a situation of a transgender youth being admitted into the program; however, the staff indicated that if such a situation were to occur, the transgender youth's situation would be staffed by management on a case-by-case basis to ensure appropriate accommodations and safety protocols are implemented and communicated. The CC's were also asked about the privacy level for when youth change their clothes, shower, and use the restroom, in which all the CC's explained that all youth have a high level of privacy, in which youth are able to change their clothes in their room with the door shut, use the restroom with the restroom door shut, and shower in the shower room with the door closed. Furthermore, the staff described how the shower rooms on each of the three housing units (Halls) include one individual shower stall that is behind a closed door and behind a wall, and only one youth is allowed in the shower room and restroom at one time. The staff indicated that the shower room door locks from the outside when shut, and the staff have a key to enter the shower room in case of emergency. The staff were also asked if female staff make any sort of announcement when they are working in areas in the program where youth may be in a state of undress (housing units), in which each of the 12 staff confirmed that female staff alert them by saying, "female on the hall."

**Site Review Observations:**

During the onsite, the auditor confirmed that the shower stalls are individual stalls and behind a solid door, which allows for youth complete privacy while showering. It was further verified that the restrooms are behind a solid door, and the student rooms have doors that can be shut to allow for privacy. Furthermore, the auditor observed the medical unit at the facility, which provides a private area for the medical professionals to meet with students. This room had one camera that captures only a certain area directly below the camera, and the facility has added curtains to one window that is along an outside wall to ensure privacy can be maintained if needed for medical purposes. Throughout the onsite phase of the auditor, the auditor did not observe any area where a youth is likely to be in a state of undress (room, shower room, restrooms) that was on camera view. Furthermore, it should be noted that students are allowed to use the restroom or shower areas if needed to change their clothes, and the youth's rooms are dry rooms, with no toilet or sink. Throughout the onsite, the auditor did not observe any youth who identified as transgender or intersex, and all the youth in the DePaul Academy were biological male.

**Explanation of Determination:**

**115.315****(a-f):**

Per the agency's PREA Policy on page 9, the agency prohibits cross-gender strip and body cavity searches, except in exigent circumstances. If a cross-gender strip or body cavity search is approved in an exigent circumstance situation, this Policy requires the cross-gender search to be conducted by a qualified medical practitioner with a same gender witness in the room. Additionally, the agency's PREA Policy explicitly states that the ROP prohibits cross-gender pat down searches, regardless of the situation. Through the review of the agency's PREA Policy, and as confirmed through the onsite phase of the audit and corresponding verification documentation review, the auditor determined that the DePaul Academy does not practice any type of cross-gender search of students in their care and custody at the DePaul Academy.

Per the agency's PREA Policy, if a cross-gender strip or visual body cavity search is required due to an exigent circumstance, it will be performed by a qualified medical professional, with a same gender witness. It will be conducted in a private setting (in medical examination room) and documented in the student's medical file. The auditor observed the medical room while onsite, in which it was confirmed that the room allowed for privacy for medical staff to conduct medical examinations, and the facility's surveillance video monitoring system provided coverage of who enters and exits the medical room.

The PCM also confirmed in the PAQ that there have been no situations involving any student at the facility who was involved in any type of cross-gender search of any kind since the last PREA audit. Throughout the onsite, the auditor did not observe any students being searched and no issues of concern were identified by the auditor related to searches or the level of privacy for students to change their clothing, use the restroom, or shower.

Per the agency's PREA Policy, ROP prohibits staff of the opposite sex to view students showering, changing clothes or performing bodily functions except when such view is incidental during routine cell (bed) checks. Additionally, this Policy requires students to notify staff verbally prior to changing their clothes, showering or using the restroom, and staff are required to announce their presence when entering opposite sex housing units.

Note: DePaul Academy only accepts biological male students into the program; therefore, only female staff are required to announce their presence when entering a housing unit.

The agency's PREA Policy explains that ROP programs are prohibited from searching or physically examining a transgender or intersex students for the sole purpose of determining the student's genital status. Furthermore, this Policy also outlines the following procedure: If a student 's genital status is unknown, it may be determined during conversations with the students, 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. The PCM noted in the PAQ that no searches of this nature have occurred ever at the DePaul Academy, and the program only accepts at this time biological female youth.

The PCM also noted in the PAQ that the training pursuant to provision (f) is for the facility to train all staff on the current practice for conducting a cross-gender pat-down search or searches of a transgender or intersex youth, which is for a medical professional to conduct such a search. This was demonstrated as compliant in practice through the PCM providing the auditor with completed "PREA Knowledge Assessments" for the past 10 Coach Counselors hired, as well as for three veteran staff. The PCM clarified that Slide 79 of the ROP SES Training is where staff are trained on SES 115.315 requirements; however, ROP prohibits cross-gender searches and, therefore, the facility doesn't train on cross gender search procedure because it's prohibited. This was confirmed by the auditor through reviewing the facility's staff training PowerPoint Presentation and reviewing the agency's PREA Policy (SES).

The auditor was also provided the agency's Physical Searches and Viewing of Persons Policy 600.123, which states the following procedures related to the requirements of this PREA standard:

- Cross-gender strip searches or cross-gender visual cavity searches (meaning a search of the anal or genital opening) are not allowed except when performed by medical practitioners and only when permitted under individual licensing and contractual requirements.
  - A same gender witness will be present.
  - The search will be conducted in a private setting and documented in the student's medical file.
- Cross-gender pat down searches are prohibited.
- Students will shower, perform bodily functions and change clothing without viewing by nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia except when such viewing is incidental to routine room/bed checks.
- Staff of the opposite gender will announce their presence when entering a living unit and/ or when entering an area where students are likely to be showering, performing bodily functions or changing clothes.
- Physical searches or exams may not be conducted for the sole purpose of determining a student's genital status.

Furthermore, it was also clarified that transgender referrals include a multidisciplinary meeting on a case-by-case bases before the youth is accepted into the program to determine if the student can be kept safe and if doing so, would place an unreasonable burden on staff. The DePaul Academy only permits pat-searches under exigent circumstances, and if a pat search is required, student preference is given consideration on a case-by-case basis. Lastly, DePaul's physical plant permits all youth single rooms, and showers and bathrooms are secured until use and staff permit one youth at a time in the showers.

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Acknowledgement of Zero Tolerance Policy (English &amp; Spanish versions)</li> <li>- Student Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")</li> <li>- Student Handbook</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's Program Director (PD) and PCM while onsite, and each administrator confirmed that if a youth was admitted into the program with a severe disability or LEP, the management team would have this information before the youth arrives at the program. Each youth that is pending acceptance into the DePaul Academy goes through an application process, and any disabilities or communication barriers would be learned through this application process. The administrators explained that if a youth had trouble with understanding the PREA orientation and comprehensive PREA education material reviewed during the admission process and throughout their stay in the program, this youth would be provided additional PREA information by a specialized staff member who is able to ensure the PREA information is provided in a manner that the youth can fully understand. For example, the PD and PCM advised that the Therapeutic Department and Language Line Services would be made available and assist as needed. Furthermore, the administrators described how the PREA information is provided in multiple formats, such as verbally by a Case Manager, visually through the PREA video, and visually through English and Spanish PREA posters and a Student Handbook. There are also bilingual staff who work at the facility who can assist when a youth's primary language is Spanish.</li> <li>- A case manager (CM) was also interviewed by the auditor, who adequately</li> </ul>

described how he ensures all youth fully comprehend the PREA information and comprehensive PREA education he provides each youth admitted into the DePaul Academy. For example, the CM explained how he ensures the youth understand the information he provides by asking the youth questions and ensuring a full response is provided.

- The auditor also interviewed a total of 12 randomly selected Coach Counselors (security staff), who all adequately confirmed that they would not use one youth to translate for another youth for a serious PREA matter. For example, all the staff were asked by the auditor a hypothetical open-ended question on how they would respond to a situation involving a student victim of sexual abuse who did not speak English. Each of the staff shared how there are staff available who are bilingual and professional interpreting services available on an as needed basis. The staff confirmed that they would never use one student to translate for another student in a situation like this because of the further harm or confusion this could cause.

**Site Review Observations:**

During the onsite, the auditor did not observe any youth with a noticeable disability, and all the youth the auditor interacted with spoke and understood English.

**Explanation of Determination:**

**115.316**

**(a-c):**

The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on page 10, which helps to demonstrate that the DePaul Academy is required to take the appropriate steps to ensure that 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) 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. To further demonstrate how the facility is compliant with the requirements of this PREA standard in practice, the PCM uploaded a student brochure titled, "A Student Guide to Rights, Protections, and Reporting of Sexual Abuse." This brochure is available in English and Spanish and is provided to each student upon admission into the program. With the brochure, students are also provided a DePaul Academy Student Handbook, which provides comprehensive PREA information to all youth admitted into the program.

In order to demonstrate how the facility ensures all youth who are admitted into the program understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form. This document has sections for the student to initial that he has received the PREA information and understands the agency's zero tolerance policy regarding sexual abuse, sexual misconduct, and sexual harassment. The student also prints his name, signs, and dates the form, with a witness also documenting the same.

The PCM noted in that PAQ that in the past 12 months, there were no instances where resident interpreters, readers, or other types of resident assistants was used. Furthermore, the PCM noted in an Issue Log response that to date, the program has not admitted a student who is LEP. However, the program does have at its disposal Spanish versions of the SES brochure and informational poster for the Family Justice Center. The program would also utilize the Language Line resources for any other LEP admission that is non-English or Spanish speaking. Additionally, the auditor was provided Spanish versions of the agency's "Student Acknowledgment of Zero Tolerance Policy" form and Student PREA Brochure, which would be used if a LEP youth was admitted into the program in the future.

The auditor confirmed that Language Line services is able to provide the interpreting services required to ensure compliance with the requirements of this PREA standard by reviewing the Language Line website, which provided the following information:

"Language Services Associates (LSA) offers a full suite of language interpretation solutions to help optimize the experience of limited English proficient customers and patients. Providing native language support improves the efficiency and productivity of staff, raises customer satisfaction levels, and builds loyalty. For more than 2,000 clients worldwide, in more than 200 languages, LSA provides a competitive differentiator in the healthcare, government, financial, insurance, banking, entertainment, hospitality and manufacturing industries."

In addition, the auditor learned that severe mental health students are not referred to DePaul Academy based on programming type. It was further clarified by the PCM that DePaul Academy literature is written in an age-appropriate format, in which this was confirmed by the auditor. The PCM explained how all students have an opportunity to view the ROP Youth PREA Zero Tolerance video, which also includes closed caption and age appropriate language. If additional services are needed, therapist are available who will read the PREA material to a student on a case-by-case basis.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- Completed Agency Applications for 10 of the most Recent Hires
- Background Attestation Clearance Policy 100.209

**Interviews:**

- The auditor interviewed the facility's Human Resource (HR) Manager, who sufficiently explained the facility's entire hiring process as related to the requirements of this PREA standard. For example, the HR Manager walked the auditor through the process of vetting a new applicant, contractor, or volunteer, which includes conducting three background checks. The backgrounds include "My Case" with the state of Indiana, Child Protective Services with the state of Indiana for a child abuse registry check through "Kids Tracks," and a national sex offender search. If an applicant is from a state other than Indiana, the HR Manager confirmed that the background is also ran for the originating state. It was verified by the HR Manager that all backgrounds are re-ran every year, and all employees sign an Attestation document that imposes to all employees a continuing affirmative duty to disclose any disqualifying criminal or administrative behavior. The HR Manager also explained how all employees, contractors, and volunteers must answer the PREA questions required by this PREA standard on the online application, which cannot be submitted without these questions completed. Lastly, she explained how if any non-criminal PREA related conduct was ever in question, this would be staffed with the Program Director, who would make the ultimate hiring decision.

**Site Review Observations:**

During the onsite, the auditor did not observe any adults in the facility who were volunteers or contractors, other than educational staff.

**Explanation of Determination:**

**115.317**

**(a-h):**

The agency's PREA Policy includes the requirements set forth by this PREA provision on page 11, as verified by the auditor. Each element required by this PREA standard were identified to be included in the agency's PREA Policy, in addition to the requirement to conduct criminal history and child abuse registry checks for Furthermore, in order to assess for compliance in practice with the requirements of this PREA standard, the auditor was provided hiring documents for the last 10 Coach Counselors hired at the facility. A summary of the verification documentation review is provided below. Furthermore, it is important to note that all staff are required to complete the agency's online application in order to apply for a promotion within the agency, and the auditor confirmed that the PREA questions required by (f) (a)

are required to be answered on the online application. Additionally, all staff sign an acknowledgment that they were provided the agency's Background Attestation Clearance Policy (100.209), which includes procedures about the agency's criminal records clearance, child abuse registry check, and an attestation of that past disqualifying criminal history pursuant to this PREA standard. The PCM provided the auditor with a sample of completed Policy 100.209 forms that were completed by staff who work at the DePaul Academy, which sufficiently demonstrated how staff are advised of the disqualifying behavior pursuant to this PREA standard and the requirement for the agency to withdraw consideration for employment and/or employment for withholding information or falsifying any information on the statement of attestation. Furthermore, the PCM confirmed that staff background checks are re-run annually, with the background attestations explicitly requiring staff self-report if any new charges occur outside of their annual checks. It was also confirmed that there are only two contractors connected to DePaul Academy, and they both provide services via tele-health (offsite- virtually only). Therefore, DePaul does not run annual background checks on the current contractors.

Summary of human resource documentation review for the last 10 Coach Counselors (CC) hired:

- Each CC completed an agency application and answered the PREA questions required by provision (f) (a).
- The background verification documents were provided for 10 Coach Counselors, which successfully demonstrated how DePaul Academy utilizes multiple background checks, as outlined below, to vet staff and contractors as required by this PREA standard.
  - Indiana Department of Child Services (conducts criminal history and child abuse registry checks);
  - Department of Justice National Sex Offender Public Sex Offender search ([www.nsopw.gov](http://www.nsopw.gov)); and
  - Multiple state agencies used for child welfare and criminal background checks.
- Institutional reference check verification documentation.

The auditor conducted an internet search of the state of Indiana's requirements associated with the ROP DePaul Academy conducting background checks of employees and contractors and discovered the following applicable information at DCS: Background Checks ([in.gov](http://in.gov)):

- DCS Central Office Background Check Unit (COBCU) responsibilities include but are not limited to the evaluation of criminal and civil check of the following: **Employment or Volunteers with a DCS Licensed Residential Facility {DePaul Academy}**, Group Home or Licensed Child Placing Agency (LCPA);
- The Department of Child Services (DCS) is using the "CPI/CPS Portal" as a single, online doorway for the submission of the:

- ◇ Indiana Child Protection Services (CPS) history check requests;
- ◇ Expanded Child Protection Index (CPI) history checks requests; and
- ◇ Out-of-State (OOS) Child Welfare Agencies requests regarding open, ongoing investigations/assessments.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all the elements of this standard and no corrective action is required.**

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor spoke with the facility's Program Director (PD), who was asked questions related to this PREA standard. The PD advised that he was not aware of any new modifications or expansions to the facility's physical plant or any major updates to the facility's video monitoring system since the last PREA audit; however, if such changes are made in the future, the ability to enhance the protection of students and staff from sexual abuse and sexual harassment would take priority.</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor did not observe any new additions or recent modifications of the facility plant, and the facility inspection did not reveal any recent upgrades to the facility's video monitoring system.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.318</b></p> <p><b>(a-b):</b></p> <p>Per the agency's PREA Policy on page 13:</p> <ul style="list-style-type: none"> <li>• Programs will consider the effect of the design, acquisition, expansion, or</li> </ul>

	<p>modification of facilities upon the program’s ability to protect residents from sexual abuse.</p> <ul style="list-style-type: none"> <li>• When designing or acquiring any new program and in planning any substantial expansion or modification of existing facilities the CEO, Regional Executive Director and Director of Program Operations will consider and document the effect of the design, acquisition, expansion or modification upon the organization’s ability to protect students from sexual abuse. The Director of Program Operations will formulate the documentation as mentioned above.</li> <li>• When installing or updating a video monitoring system, the electronic surveillance system or other monitoring technology, the CEO, Regional Executive Director, Director of Program Operations, Program Director/ Manager and Corporate IT Director will consider how such technology may enhance the organization’s ability to protect students from sexual abuse. The Director of Program Operations will formulate documentation of the review.</li> </ul> <p>However, as noted by the PCM in the PAQ and through conversations the auditor had with facility leadership, the DePaul Academy has not acquired a new facility or made a substantial expansion or modification to existing facilities or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Services Offered Acknowledgement</li> <li>- MOU Between ROP &amp; St. Joseph Regional Medical Center</li> <li>- MOU Between ROP &amp; Family Justice Center</li> </ul>

- National Protocol for Sexual Assault Medical Forensic Examinations
- SOS Family Justice Center Website {S-O-S of the Family Justice Center — Family Justice Center of St. Joseph County (fjcsjc.org)}
- Email Communications sent to Family Justice Center
- Memo Signed by the Program Director

**Interviews:**

- The auditor called the 24/7 S-O-S Crisis Hotline operated by the Family Justice Center in St. Joseph County to assess the services provided to juveniles at the DePaul Academy, and the confirmed through a conversation with a Crisis Hotline Operator that the hotline is operational 24/7, provides each caller a confidentiality warning, accepts reports made about sexual abuse or sexual harassment, and has the ability to transfer a youth to a victim advocate upon request.
- The auditor interviewed the agency's PCM, who confirmed that he has reached out to the local children's advocacy center (Family Justice Center- FJC) multiple times and explained how the Family Justice Center has been unable to sign the proposed MOU. The PCM shared that the representative from the FJC explained that all the required victim services pursuant to this PREA standard would be provided to a student victim of sexual abuse; however, a MOU is unable to be agreed upon at this time. The PCM advised that there has not been a situation involving a student who has experienced a sexual abuse situation that would require the requirements prescribed by this PREA standard since the last PREA audit; however, if such a situation were to occur, a student victim would be transported to the Family Justice Center as soon as possible to ensure a forensic interview and victim services can be provided. Furthermore, the PCM explained how the local hospital has 20 plus SANE/SAFE nurse examiners available to conduct a forensic medical examination. In addition to the victim advocacy services provided by the FJC, the PCM confirmed that the DePaul Academy has fulltime medical and mental health professionals available to assist the victim while in the program. It was further explained that mental and medical health services would be provided upon a student victim's return to the program by in-house medical and mental health professionals. Lastly, the PCM confirmed that in the last two years, there has not been a sexual abuse situation at the DePaul Academy; however, if such a situation were to occur in the future, the facility has implemented the necessary policies, procedures, and staff training to ensure full compliance with the applicable PREA standards.
- The auditor interviewed a random sample of staff (Coach Counselors- CC's), who all confirmed that allegations of sexual abuse and sexual harassment must be immediately reported to their direct supervisor, the PCM, and, as applicable, law enforcement. The staff were aware of the internal PREA investigator being the PCM and local law enforcement agency that would be contacted for a sexual abuse situation being the South Bend Police Department.

**Explanation of Determination:**

**115.321**

**(a-h):**

The auditor was provided the agency's PREA Policy, which includes all the required elements of this PREA standard. In addition, specific to the requirements of provisions (a) and (b), the auditor was also provided several proof documents (listed above) that sufficiently demonstrate how DePaul Academy ensures a uniformed evidence protocol is used by the applicable investigating entity to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. For example, the PCM uploaded a MOU with the St Joseph Regional Medical Center and the Family Justice Center (in St. Joseph County), as well as the National Protocol for Sexual Assault Medical Forensic Examinations. Upon the auditor's review each document uploaded in the OAS, it was determined that the DePaul Academy is able to implement a sexual abuse response plan that is compliant with the applicable requirements of this PREA standard. Furthermore, the auditor was provided the agency's Student Services Offered Acknowledgement form, which is used to ensure that the sexual abuse response protocols pursuant to this PREA standard are adhered to in practice. This form requires the student victim to document whether or not he accepts or declines the following victim services:

- I {student victim} have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence.  
Services Accepted \_\_\_\_\_ Services Declined \_\_\_\_\_
- If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive, and a medical exam is important so proper services can be provided.  
Services Accepted \_\_\_\_\_ Services Declined \_\_\_\_\_
- I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today.  
Services Accepted \_\_\_\_\_ Services Declined \_\_\_\_\_

The auditor also reviewed the children's advocacy organization's website (Family Justice Center), which provides the following relevant information to help demonstrate compliance with this PREA standard for providing victim services:

- The 24-Hour Crisis Line is for victims of sexual assault, domestic violence, and stalking. (574) 289-HELP (4357)
- S-O-S volunteer Advocates inform survivors of their medical options regarding treatment, evidence collection, sexually transmitted disease/

testing (including HIV/AIDS) and follow up care. Advocates can be present\* and provide support for emergency room exams at both area hospitals. Saint Joseph

- Regional Medical Center has 20+ sexual assault forensic examiners specially trained in treating victims of domestic violence, sexual assault, strangulation, child sexual and physical abuse and neglect, and elder and dependent adult abuse and neglect.
- S-O-S offers several free, age-specific programs to local schools, addressing sexual abuse, rape, sexual harassment, teen dating violence, and domestic violence.
- S-O-S volunteer Advocates inform survivors of their medical options regarding treatment, evidence collection, sexually transmitted disease/ testing (including HIV/AIDS) and follow up care. Advocates can be present\* and provide support for emergency room exams at both area hospitals. Saint Joseph Regional Medical Center has 20+ sexual assault forensic examiners specially trained in treating victims of domestic violence, sexual assault, strangulation, child sexual and physical abuse and neglect, and elder and dependent adult abuse and neglect.

It is important to note that the DePaul Academy has made documented efforts to collaborate with the local children's advocacy center (S-O-S Family Support Services); however, a signed MOU has yet to be executed at this time. The PC provided the auditor with a letter that was recently sent to a representative from the S-O-S Family Justice Center, requesting that the two agencies collaborate in the form of entering into a memorandum of understanding outlining the request of services of sexual assault on campus, as well as providing emotional support services to students. The pending MOU was also provided and includes a provision for the Family Justice Center to provide victim assistance and counseling services that are essential for the DePaul Academy to comply with the PREA.

The PCM reported in the PAQ that in the past 12 month audit review period, there has not been a situation involving a student at the DePaul Academy who was a victim of sexual abuse. Furthermore, upon the auditor's PREA investigative documentation review provided by the DePaul Academy, it was determined that the facility conducted one PREA investigation in the past 12 month audit review period in response to a grievance submitted by a student at the program. The grievance alleged that one student made inappropriate gestures and used a notebook to make contact with another student's buttocks region in March of 2022. This allegation was promptly investigated by the facility, within three hours from the time the allegation was discovered by the facility, and substantiated as to have occurred. However, it is important to clarify that this incident was properly assessed as student sexual misconduct and did not reach the level of sexual abuse or sexual harassment.

Furthermore, the DePaul Academy's Program Director provided the auditor with a signed memo confirming that the DePaul Academy has not had a situation involving accusations of sexual abuse or sexual harassment over the course of the time frame

	<p>from the most recent PREA audit in 2020 to the date of the signed letter provided (10/06/2023). This was also confirmed by the facility's PCM. In order to further demonstrate how all PREA situations are taken seriously by the facility, the auditor was provided PREA investigative documents for an incident from 2022 that involved consensual youth-on-youth sexual conduct. The investigative documents provided the auditor with additional evidence to support that even though the facility did not have a sexual abuse or sexual harassment case since the last PREA audit, the DePaul Academy took the two youth-on-youth sexual misconduct allegations seriously by conducting prompt investigations as soon as knowledge of the suspected youth sexual misconduct was learned.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- DePaul Academy Website</li> <li>- Coordinated Response Plan</li> <li>- Youth Grievance Submitted</li> <li>- Internal Notice of Potential PREA Incident form</li> <li>- Administrative Investigative Report</li> <li>- Administrative &amp; Response Review form</li> <li>- Investigation Recommendation &amp; Implementation form</li> <li>- Post Investigation Student Notification form</li> <li>- Detailed Incident Report</li> <li>- Student Statement Forms</li> <li>- DOJ Survey of Sexual Victimization Substantiated Incident Form</li> </ul>

**Interviews:**

- The auditor interviewed the facility's PCM, who has been designated to conduct PREA internal investigations at the DePaul Academy. The PCM sufficiently described the entire administrative investigation process for any report of sexual abuse or sexual harassment, which included sharing how the investigation is immediately started upon notification. He provided an example of being called about an allegation made that required an internal investigation to be conducted while he was off, and the PCM shared that he immediately went into work to begin the investigation process. The PCM also explained how if the situation involved an allegation or incident of sexual abuse, the state's child protective services and local law enforcement (South Bend Police Department) would be immediately contacted to allow for a criminal investigation to begin immediately. The PCM advised he or the Program Director will be the primary point of contact for any criminal investigation.

- The auditor interviewed the facility's Program Director (PD), who confirmed that the DePaul Academy has institutionalized and trained all staff on the agency's policies to ensure referrals of allegations of sexual abuse and sexual harassment are immediately reported and promptly investigations pursuant to the PREA standards. The PD advised that the PCM is the facility's PREA internal investigator, with the South Bend Police Department called to conduct criminal investigations into allegations of sexual abuse. The PD sufficiently explained the investigative process, the designated primary point of contact for a criminal investigation (PCM and PD), the victim services provided to a victim of sexual abuse, and the notification requirements for when an allegation of sexual abuse is reported.

**Explanation of Determination:****115.322****(a-e):**

The auditor confirmed upon analysis of the agency's PREA Policy that all the required elements of this PREA standard are included therein on pages 14-16. In addition to the elements of this PREA standard included in the DePaul Academy's PREA Policy, the facility also includes the investigative requirements on the facility's website (Safe Environmental Standards - DePaul Academy), as outlined below:

- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Safe Environmental Standards Policy/PREA Standard §115.322). The local agency is South Bend Police Department (701 West Sample St. South Bend, IN 46601 | 574-235-9201).

Furthermore, in order to demonstrate how a PREA investigation is conducted at the DePaul Academy, the PCM provided the auditor with the one and only PREA allegation reported during the 12 month audit review period, which did not reach the level of sexual abuse or sexual harassment and was assessed as student-on-student sexual misconduct. This allegation was submitted by one student documenting the incident on a grievance form, which was provided to the auditor, and it was confirmed through the PREA investigative documentation review that the investigation promptly began within 2 and a half hours from the time the allegation was discovered by the facility. Additionally, it was confirmed that the administrator who conducted this PREA investigation received the required investigator training pursuant to 115.334, and no law enforcement contact was required to conduct a criminal investigation due to no criminal activity reported or learned of through the facility's investigation.

The PCM reported in the PAQ that in the past 12 month audit review period, there has not been a situation involving a student at the DePaul Academy who was a victim of sexual abuse. Furthermore, upon the auditor's PREA investigative documentation review provided by the DePaul Academy, it was determined that the facility conducted one PREA investigation in the past 12 month audit review period in response to a grievance submitted by a student at the program. The grievance alleged that one student made inappropriate gestures and used a notebook to make contact with another student's buttocks region in March of 2022. This allegation was promptly investigated by the facility, within three hours from the time the allegation was discovered by the facility, and substantiated as to have occurred. However, it is important to clarify that this incident was properly assessed as student sexual misconduct and did not reach the level of sexual abuse or sexual harassment.

Additionally,, the DePaul Academy's Program Director provided the auditor with a signed memo confirming that the DePaul Academy has not had a situation involving accusations of sexual abuse or sexual harassment over the course of the time frame from the most recent PREA audit in 2020 to the date of the signed letter provided (10/06/2023). This was also confirmed by the facility's PCM. In order to further demonstrate how all PREA situations are taken seriously by the facility, the auditor was provided PREA investigative documents for an incident from 2022 that involved consensual youth-on-youth sexual conduct. The investigative documents provided the auditor with additional evidence to support that even though the facility did not have a sexual abuse or sexual harassment case since the last PREA audit, the DePaul Academy took the two youth-on-youth sexual misconduct allegations seriously by conducting prompt internal investigations as soon as knowledge of the suspected youth sexual misconduct was learned by facility management.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 374"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 416 1270 663" style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Training Lesson Plan (107 Slides)</li> <li>- ROP SES/PREA Knowledge Assessments</li> </ul> <p data-bbox="280 705 459 739"><b>Interviews:</b></p> <ul data-bbox="280 781 1477 1644" style="list-style-type: none"> <li>- The auditor interviewed a total of 12 CC's, and each CC sufficiently explained the PREA training they have received while working at the DePaul Academy. The CC's all advised they were provided initial PREA training during pre-service training, which was described as an in-debt all day training that was in-person before having contact with students. The staff also explained how they recently completed a PREA training refresher that was provided approximately three weeks before the onsite and conducted by the PCM. The staff confirmed with the auditor that PREA training is provided at least once per year, with many staff interviewed indicating they have received PREA trainings more often than twice per year. The CC's were asked open-ended questions by the auditor on their understanding of the agency's PREA Policy and PREA training topics that they remember being provided, in which all the staff adequately explained what, when, and how to report; student rights; the investigative process related to a PREA situation; first responder duties; professional boundaries, how to protect and accommodate on a case-by-case basis youth who may be vulnerable to sexual abuse or sexual harassment (LGBTI); how students are provided PREA information; the protocols for protecting and preserving physical evidence; mandatory reporting protocols; how to communicate effectively and professionally with students (including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents); dynamics of sexual abuse and sexual harassment in the facility; etc. Lastly, the staff interviewed advised that they sign an acknowledgement of understanding and take a test after each PREA training.</li> </ul> <p data-bbox="280 1727 762 1760"><b>Explanation of Determination:</b></p> <p data-bbox="280 1803 411 1836"><b>115.331</b></p> <p data-bbox="280 1879 370 1912"><b>(a-d):</b></p> <p data-bbox="280 1955 1465 2056">The auditor confirmed that the agency includes the requirements of this PREA standard in their agency wide PREA Policy, on pages 17 and 18. Additionally, as per the requirements set forth by this Policy, DePaul Academy is required to provide</p>

each staff with PREA training when first hired and then a PREA refresher training every six months from the last site training, which exceeds the minimum requirements of providing refresher training at least every two years.

The auditor was also provided the PREA Training Lesson Plan, which outlines the time necessary to complete the training, materials needed, training goals, class objectives, and an overview of the training PowerPoint slides included in the training. The auditor confirmed that the PREA Training material includes all the training elements required by this PREA standard, to include, but limited to: (1) The agency's zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

The PCM noted in the PAQ that training information presented during the pre-service and for any applicable refresher PREA trainings includes 109 slides of PREA information, and this information is provided during pre-service and for all PREA refresher trainings conducted for all employees at the facility. Upon the auditor's review of the 109 PowerPoint slide presentation provided, it was clear the contents include, at a minimum, the mandatory training topics included in provision (a) (1-11) of this PREA standard. Additionally, the auditor was able to confirm that the training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The following class objectives were identified to be included in the PowerPoint PREA presentation:

- Participants understand what is meant by “zero tolerance”
- Participants define sexual abuse and sexual harassment of “student by staff/volunteer/contractor” and of “student by student”
- Participants know the statistics regarding sexual abuse and harassment in confinement settings
- Participants identify warning signs/“red flags”/common actions of sexual abuse perpetrators and victims
- Participants recognize “grooming behaviors” of perpetrators
- Participants maintain boundaries and avoid inappropriate relationships with students
- Participants consider methods of effective, professional communication with

all students, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming students

- Participants understand their role in complying with relevant laws to mandatory reporting of sexual abuse to outside authorities
- Participants know relevant state laws regarding applicable age of consent and differentiate between criminal law violations and PREA administrative law violations/ROP Policy violations
- Participants recognize there is no legal age of consent for juveniles in confinement regarding staff to student sexual abuse and sexual harassment
- Participants describe the appropriate steps to take regarding reporting when they gain knowledge of any sexual abuse or harassment
- Participants describe the response to any sexual abuse or harassment allegations
- Participants plan for continued education and training regarding sexual abuse prevention at least biannually as well as monthly CQI PREA focus

In order to assess for the level of compliance with the requirements of this PREA standard in practice at the DePaul Academy, the auditor was provided PREA Knowledge Assessments for 10 of the most recent Coach Counselors hired at the program, as well as a representative sample of completed assessments for a sample of veteran staff. Upon the auditor review, it was determined that DePaul has sufficiently institutionalized a policy and practice of providing initial pre-service PREA training and refresher PREA trainings twice per year that covers, at a minimum, the eleven training elements set forth by this PREA standard. Furthermore, the facility's use of the agency's PREA Knowledge Assessment exam adequately demonstrates how each employee understands the PREA training provided, with staff required to score 80% or higher to pass the assessment test training process. The auditor was provided both hard copies and digital versions of employee PREA training verification documents, which included a signature of each staff who attended the trainings to verify not only attendance but also understanding of the material presented.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.**

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- PREA Training Curriculum for Volunteers & Contractors
- PREA Training Verifications for Volunteers & Contractors

**Interviews:**

- The auditor interviewed the DePaul Academy's Instructor Team Lead and two teachers while onsite, and each educational staff confirmed that they receive the same PREA training as security staff, which is provided, at a minimum, once per year. Additionally, the educational staff were each asked their understanding of PREA, such as what, when, and how to report, and all the staff sufficiently provided the auditor with the mandatory reporting protocols set forth in the agency's PREA Policy. The educational staff also explained how they are able to protect students from sexual abuse and sexual harassment by understanding the importance of the facility's student seating chart, reporting any suspicion or actual situations related to a PREA violation or questionable behavior, identifying where the blind spots are in the classrooms and ensuring no student is allowed in these vulnerable areas, the restroom procedures of one youth at a time, and attending PREA training often.

**Site Review Observations:**

During the onsite, the auditor did not observe any contractors, other than the educational staff, and no volunteers were observed while onsite.

**Explanation of Determination:**

**115.332**

**(a-c):**

The auditor confirmed that the requirements of this PREA standard are included in the agency's PREA Policy on page 19. This Policy states that all volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Furthermore, the auditor was also provided the agency's Volunteer/Contractor PREA/SES Information form, which includes the following information that is provided to each volunteer and contractor who may have contact with students at the DePaul Academy:

- At Rite of Passage we are dedicated to the health, safety and welfare of the staff we employ and the students we provide care to and the staff we employ. In our efforts to uphold Federal PREA (Prison Rape Elimination Act) guidelines and Agency SES (Safe Environment Standard) we openly accept and investigate third party complaints in the area of Sexual Assault & Sexual

Harassment. Below are ways to report and brief descriptions of Sexual Assault & Sexual Harassment:

- Sexual Abuse - Intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Sexual Harassment - Any verbal comments or gestures of a sexual nature to a student by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- How to Report:
  - Volunteers / Contractors can submit a complaint, of observation, or suspicion of Sexual Assault or Sexual Harassment in the following ways.
  - Third Party Reporting form- Obtainable at control desk during normal business hours and the Shift Supervisor during non-office hours. Once form is completed submit form to Shift Supervisor or control desk.
  - Contacting the Site directly and asking to speak to either the Shift Supervisor or the Program Director / Designee

In order to demonstrate how the facility ensures compliance with this PREA standard in practice, the auditor was provided PREA training verification documents for one volunteer and two contractors. The training provided to each individual was sufficient to the requirements of this standard, and the signed acknowledgement forms further demonstrate how each individual not only was provided the PREA training but also understood the training presented. Furthermore, it is important to note that the PCM noted in the PAQ how volunteers are never left unsupervised with youth, so they receive moderate PREA training that is commensurate with the the level of involvement within the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

**The following is a list of evidence used to determine compliance:**

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- Student Acknowledgement of Zero Tolerance Policy
- Student Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")
- Student Handbook
- PREA Comprehensive Educational Video

**Interviews:**

- The auditor interviewed a total of 10 students during the onsite phase of the audit, and each student confirmed they were provided PREA information from a Case Manager upon being admitted into the program- during the intake process. The students also shared how they watched a PREA video during the initial intake process and watch a PREA video every week in the dining hall. It was further shared that the students met with a Case Manager again within 10 days of being admitted into the program to be provided PREA information once again. The auditor asked each student an open-ended question about their understanding of PREA, and each student adequately provided the auditor with their own knowledge related to PREA, such as what PREA stands for, the multiple ways to report (private to staff, hotline, grievance, anonymously through grievance or hotline, etc.), student rights, grievance process, hotline process, how to stay safe, the importance of refusing favors of any kind, etc. Furthermore, each of the 10 students confirmed they were provided a Student Handbook during the intake process and some students still had their Handbook (in their rooms) and others explained they discarded it. However, each student confirmed they have access to a Student Handbook on the Hall (living area) and PREA information is available on signs that are posted throughout the facility.
- The auditor interviewed a Case Manager (CM), who conducts risk screenings (Vulnerability Assessments) and provides PREA education to newly admitted students at the DePaul Academy, and the CM sufficiently explained how the initial PREA orientation material is provided verbally via the CM and the PREA orientation video and visually through the PREA handouts and Student Handbook. The CM confirmed that the initial PREA orientation, which includes, but is not limited to, a review of the agency's zero tolerance policy and the different methods for reporting, is provided within a few hours after the youth is admitted into the facility. Furthermore, the CM described how a comprehensive PREA education is provided to each student within 10 days of being to the DePaul Academy in order to ensure the youth understand the PREA information provided during the initial intake process and to review their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The CM elaborated further

that the agency's policies and procedures for responding to PREA situations are reviewed with the student at this point, and the youth watch the PREA video once again within 10 days of being at the facility. Additionally, the CM verified that all students are presented the PREA video in the dining hall on a weekly basis, as a means of providing the PREA information on a recurring basis. The CM explained how therapist from the facility's mental health services department are available to assist with any youth who may need a more specialized assistance, such as youth who may have a cognitive or functional disability.

**Site Review Observations:**

During the onsite, the auditor confirmed that PREA signage is available to all students and staff and Student Handbooks are available on the housing units. The signs include, at a minimum, the agency's zero tolerance policy, right to report, how to report (multiple options), first responder duties, and reporting and victim support services' information in Spanish and English. The auditor also observed multiple lock boxes throughout the facility, which included the student grievance boxes, third party reporting boxes, and sick call boxes. It was confirmed that case managers provide youth with the PREA orientation information, as well as the comprehensive PREA educational video, in a setting that allows for students to absorb the information being presented without distractions or interruptions. The auditor also conducted two successful test calls during the onsite, one that was to the Family Justice Center's reporting hotline and the other call was to the Indiana DCS hotline reporting number. The auditor confirmed that the Indiana DCS hotline have interpreting services available to allow for a youth who is limited English proficient to make a report.

**Explanation of Determination:**

**115.333**

**(a-f):**

The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included therein, on page 20. Additionally, the auditor was provided the program's Student Handbook, PREA Brochure, PREA posters, and a link to the agency's PREA video that is provided to all youth within 10 days of admission. Upon the auditor's review of the proof documents provided, it was determined that the DePaul Academy has incorporated the required PREA education material into the documents that are provided to each student upon admission and within 10 days of being admitted into the facility. For example, the PREA Brochure that is provided to each student upon admission includes, at a minimum, the zero-tolerance policy of the agency and how to report incidents or suspicions of sexual abuse or sexual harassment. The methods documented on this brochure for reporting include contact numbers and addresses for the PREA Compliance Manager, the ROP PREA Coordinator, the local Rape Crisis Center & Advocate (SOS Family Justice Center), and the DCS Hotline. Additionally, PREA posters are posted in all common areas of the facility, as verified through the poster location diagram provided and verified onsite. The auditor watched the program's PREA video, which was confirmed as a

sufficient method of providing students comprehensive PREA education that is age appropriate and tailored made to the population of students at the DePaul Academy.

As noted in section 115.316 of this report, the auditor confirmed that the agency's PREA Policy requires the DePaul Academy to take the appropriate steps to ensure that 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), 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. The auditor was provided the facility's PREA brochure that is available in English and Spanish. In addition, the auditor learned that severe mental health students are not referred to DePaul Academy based on programming type. It was further clarified by the PCM that DePaul Academy literature is written in an age-appropriate format, in which this was confirmed by the auditor. The PCM explained how all students have an opportunity to view the ROP Youth PREA Zero Tolerance video, which also includes closed caption and age appropriate language. If additional services are needed, therapist are available who will read the PREA material to a student on a case-by-case basis to ensure full comprehension is obtained for all students on the importance of reporting, the different methods for making a PREA report, their rights, the grievance process, how to stay safe, etc. Furthermore, the facility is able to utilize Language Line as a means of providing professional interpreting and translation services, and it was confirmed that the DePaul Academy does not allow students to translate for other students in a PREA type situation.

The auditor confirmed that the agency's PREA Policy includes the requirement for the DePaul Academy to maintain documentation of student participation in the required PREA orientation and comprehensive PREA education sessions in the student file. In order to demonstrate how the facility ensures all youth who are admitted into the program understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form. This document has sections for the student to initial that he has received the PREA information and understands the agency's zero tolerance policy regarding sexual abuse, sexual misconduct, and sexual harassment. The student also prints his name, signs, and dates the form, with a witness also documenting the same. Furthermore, the auditor provided the auditor with PREA orientation and comprehensive PREA education verification documents for the last 10 student admitted into the DePaul Academy. Upon the auditor's analysis of the verification documents provided to demonstrate compliance with this PREA standard in practice, the auditor determined that each of the 10 students received and signed off that they understood the PREA education presented. Furthermore, the auditor confirmed that the following questions were answered by each student in the affirmative:

- I {student} have received a copy of the Rite of Passage Safe Environment Standards: Student Guide to Rights, Protections and Reporting of Sexual

	<p>Abuse Brochure.</p> <ul style="list-style-type: none"> <li>• I {student} understand the zero tolerance policy regarding sexual abuse, sexual misconduct and sexual harassment.</li> <li>• I {student} received information about and understand how to report incidents or suspicions of sexual abuse or harassment and my right to be free of retaliation for reporting. I had the opportunity to ask questions, and any questions were answered to my full understanding.</li> </ul> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.</b></p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Specialized Investigator Training Curriculum</li> <li>- PREA Investigator Certificate of Completion</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's PCM, who has been designated to conduct PREA internal investigations at the DePaul Academy. The PCM sufficiently described the entire administrative investigation process for any report of sexual abuse or sexual harassment, which included sharing how the investigation is immediately started upon notification. He provided an example of being called about an allegation made that required an internal investigation to be conducted while he was off, and the PCM shared that he immediately went into work to begin the investigation process. The PCM also explained how if the situation involved an allegation or incident of sexual abuse, the state's child protective services and local law enforcement (South Bend Police Department) would be immediately contacted to allow for a criminal investigation to begin immediately. The PCM advised he or the Program Director will be the primary point of contact for any criminal investigation. The PCM confirmed that he has completed numerous specialized PREA investigation trainings and sufficiently described the training elements that are required by this PREA standard. For example, the PCM elaborated how he was</li> </ul>

trained on how to conduct interviews, how HR will provide the Garrity Warning as appropriate to the situation, the evidence collection process, and the preponderance of evidence burden of proof required to substantiate an allegation of sexual abuse or sexual harassment (51%).

**Explanation of Determination:**

**115.334**

**(a-d):**

The auditor confirmed that the DePaul Academy has instituted a policy that requires administrative investigators at the program to be trained in conducting sexual abuse investigations in confinement settings. This Policy also includes the required elements that must be included in the PREA specialized training for administrative investigators, such as 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. Furthermore, the auditor was also provided the training curriculum that accompanies the investigator training, which includes 8 training modules and a knowledge assessment test.

Additionally, the auditor was provided training verification documents (Certificate of Completion & training curriculum) for the one current administrative PREA investigator (the PCM), which adequately proves how this investigator has been sufficiently trained on the required elements of this PREA standard. The PCM also provided the auditor with copies of two internal PREA investigative files that included investigative reports and other supplemental verification documents that were completed by the PCM within the past 2 years. These verification documents successfully demonstrated how each internal PREA investigation conducted at the facility during the audit review period was conducted by an administrator who successfully completed specialized investigator training prior to each investigation being conducted.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- Training Verifications for MHP and Medical
- Staff PREA Training Curriculum (107 Slides)

**Interviews:**

- The auditor interviewed a full-time medical professional and two full-time mental health professional while onsite, and each professional confirmed they received PREA training when first hired and additional refresher PREA training at least annually. The professionals explained how to detect for signs of abuse and harassment, how to preserve and protect usable physical evidence, how to respond and provide services to a student victim of sexual abuse within their scope of professional and licensed expertise, and what, how, and when to report. They also confirmed that they attend the same PREA trainings as provided to the security staff, as well as specialized PREA training related to their fields of service.

**Explanation of Determination:**

**115.335**

**(a-d):**

The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included therein, on page 22. Additionally, the auditor was provided the applicable PREA specialized training curriculum that is provided to mental health professionals and medical practitioners who may have contact with students at the SSTC. The PREA training material includes a four module training guide that covers all the elements required by this PREA standard, such as 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.

In order to assess the level of compliance with this PREA standard in practice at the facility, the auditor reviewed the applicable specialized PREA training for two MHP's and one medical staff who provide services to students at the DePaul Academy. The auditor was able to successfully verify that each of the practitioners have been adequately PREA trained and fully understand their PREA related responsibilities. Furthermore, it was confirmed that all medical and mental health staff who have contact with students at the DePaul Academy are provided the same 107 slide PREA training presentation that is provided to security staff (Coach Counselors).

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.341</b>	<b>Obtaining information from residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1430 775" style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Vulnerability Assessment Instrument (Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk)</li> <li>- Sample of Periodic Risk Re-screenings</li> <li>- DePaul Academy Case File Audit Sheets</li> </ul> <p data-bbox="280 810 459 846"><b>Interviews:</b></p> <ul data-bbox="280 882 1477 2074" style="list-style-type: none"> <li>- The auditor interviewed a total of 10 students during the onsite, and each student confirmed they were asked questions that are included on the facility's risk screening form (Vulnerability Assessment). The students explained that the risk screening questions were asked during the initial intake process and asked by a Case Manager. The students confirmed that they felt comfortable answering all the questions being asked and all were asked in a private setting.</li> <li>- The auditor interviewed a Case Manager during the onsite, who confirmed that the Vulnerability Assessment is the agency's risk screening tool that is completed within a few hours after each youth being admitted into the facility to reduce the risk of sexual abuse by or upon a resident by assessing for vulnerabilities and potential aggressive behavior. The CM identified several questions that are from the agency's Vulnerability Assessment form and demonstrated how the tool is completed in the Case Manager's office when a youth is first admitted into the program. Furthermore, the CM explained that each youth's status is reassessed periodically (at the 6 month mark) to identify any new risks and check the status of each youth's programming/housing assignments. The CM also described how the Vulnerability Assessments are conducted either in the Case Manager's office or in another private setting to ensure the most accurate information is ascertained through the most private and confidential process possible. It was further elaborated by the CM that all information used for the Vulnerability Assessment tool is information learned through conversations with the student 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 files. Lastly, the CM confirmed that the facility has implemented appropriate controls on the dissemination within the facility of responses to questions on the Vulnerability Assessment in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other students. For example, it was further</li> </ul>

explained by the CM, PC, and PCM that the completed Vulnerability Assessments are secured in the youth's folder in the Case Managers office and only specific staff from certain units have access to the information in order to protect youth and conduct their job duties.

**Site Review Observations:**

During the onsite, the auditor observed where the facility secures student files, which is in a secure office area within the secure facility. Furthermore, the area in which the Case Managers conduct the risk screenings was confirmed by the auditor to be an area that ensures as much privacy as possible given the potentially sensitive information that could be discussed.

**Explanation of Determination:**

**115.341**

**(a-e):**

The auditor confirmed that the requirements of this PREA standard are included in the agency's PREA Policy on pages 23 and 24. Additionally, the risk screening tool utilized at the SSTC is titled "ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk, and this risk screening tool was confirmed by the auditor to include all the required elements of this PREA standard (c) (1-11) and be an objective tool that can be used to ascertain the necessary information to reduce the risk of sexual abuse by or upon a resident. Furthermore, the program's Vulnerability Assessment used, per the agency's PREA Policy, in conjunction with conversations with the resident during the intake process, applicable medical and mental health screenings, classification assessments, court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The agency's PREA Policy also designates that DePaul Academy is required to implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students. Furthermore, the PCM noted in the PAQ that 30 students were admitted into the DePaul Academy program in the last 12 months prior to the onsite, and 100% of these youth were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Furthermore, the PCM clarified in an Issue Log response provided that the DePaul Academy's Case Managers reassess each student in the program every 6 months, at a minimum, with periodic reassessments provided for a sample of students that proved that the reassessments are conducted by the Case Manager using the agency's Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk screening tool.

In order to demonstrate compliance with this PREA standard, the auditor was provided completed initial and periodic risk screening verification documents for the

last 10 students admitted into the DePaul Academy. Upon the auditor's review, it was determined that three out of the ten Vulnerability Assessments were conducted outside the 72 hour time frame required by this PREA standard. The PCM advised during the pre-onsite phase of the audit process that corrective action will be taken immediately in order to enhance the monitoring process to ensure the risk screenings are completed pursuant to the 72 hour requirement of this standard. Furthermore, the PCM reported to the auditor, prior to the onsite, that the periodic re-assessments process currently in practice at the DePaul Academy is not consistent with the policy of conducting every 6 months and this will be corrected immediately. The PCM advised that the deficiencies outlined above are were immediately addressed and a corrective action plan was provided to the auditor soon after the onsite was completed. The corrective action plan implemented states,

- A member of the Student Services department will use a Student Case file audit tool to document a file review of new intake forms within 72 hours including those demonstrating compliance with PREA standards. The staff responsible for this audit is the facility's Clinical Supervisor.
- Student Services department will conduct quarterly peer reviews of student files to assure Vulnerability Reassessment of youth within 6-month of their previous Vulnerability Assessment. Staff responsible for this quarterly review process is the Clinical supervisor and case managers.

In order to demonstrate how the DePaul Academy has fully implemented the corrective action plan outlined above, the auditor was provided samples of completed Vulnerability Assessments and corresponding Case File Audit forms for the students admitted into the program since the onsite and up to when the final report was completed, which were confirmed to have been completed within 72 hours of each student being admitted into the facility. Furthermore, completed periodic 6-month re-assessments samples were provided to successfully demonstrate compliance with the periodic risk re-assessment requirements of this PREA standard.

Additionally, out of the 10 initial risk screenings examined by the auditor, it was determined that one of the ten indicated that a student had experienced prior sexual victimization and abusiveness, in which verification documentation was provided that proved that the student was offered and refused a meeting with a medical and mental health professional the next day after the screening was completed (as required by PREA standard 115.381).

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. 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><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Vulnerability Assessment Instrument (Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk)</li> <li>- Periodic Risk Reassessments</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed a total of 10 students during the onsite, and each student confirmed they were asked questions that are included on the facility's risk screening form (Vulnerability Assessment). The students explained that the risk screening questions were asked during the initial intake process and asked by a Case Manager. None of the youth indicated any issues of concern with how the Vulnerability Assessment was used in order to determine their housing/room/programming assignments, and no specialized housing for any youth was identified to be used at the DePaul Academy.</li> <li>- The auditor also interviewed the facility's PCM, who shared how the agency's Vulnerability Assessment tool is completed during the intake process for each youth admitted and used to identify any youth who may be susceptible to victimization or abusiveness and the safety protocols that can be implemented to ensure maximum safety. The PCM explained how Student Services will collaborate with Group Living to use the information ascertained from the intake process, including the Vulnerability Assessment, to determine the most appropriate housing, programming, and educational assignments. The PCM confirmed that the facility does not use any specialized housing for youth who identify as LGBTI and protective isolation for a victim of sexual abuse or sexual harassment is not allowed. Furthermore, the PCM indicated that all the student rooms are not able to be locked. For instances involving a youth-on-youth sexual abuse or sexual harassment situation, the PCM explained how the alleged perpetrator would be moved (not the victim unless the victim requested a move) and no contact would be implemented between the youth involved in the situation. Furthermore, it was shared that if a student was found to have engaged in sexual abuse at the DePaul Academy, the youth perpetrator would be discharged from the program (moved to juvenile detention and/or the originating agency). The PCM confirmed that completed Vulnerability Assessments are stored in student files that are kept in the Case Manager's office area. The PCM shared how the program has yet to accept a youth who identifies as transgender or intersex; however, he did describe a situation involving a transgender female youth that was pending placement at the</li> </ul>

DePaul Academy. In this situation, the youth's status was staffed by the management team, and the decision was initially made to accept the youth into the program. However, the youth was ultimately declined acceptance into the program due to new charges related to assaults that occurred at a juvenile detention center while pending placement at the DePaul Academy. The PCM shared how program status risk re-assessments are conducted at least every 6 months, with a Case Manager conducting a Vulnerability Assessment every 180 days a youth is in the program. Furthermore, the PCM indicated that if a transgender youth was admitted into the program, the management team would re-assess the youth's status in the program more frequently than the 180 re-assessment timeframe, with the youth's own view with respect to his or her own safety given serious consideration during each screening process. The PCM also explained how he manages the facility's student survey process, which is a survey that all the students complete every quarter that allows the students to express their own perception of safety while at the DePaul Academy and other relevant factors related to the programming effectiveness and supervision. The PCM advised that the survey responses are reviewed every quarter by the management team and ensures youth have the opportunity to share any issues or concerns that may have.

- The auditor interviewed a Case Manager during the onsite, who confirmed that the Vulnerability Assessment is the agency's risk screening tool that is completed within a few hours after each youth being admitted into the facility to reduce the risk of sexual abuse by or upon a resident by assessing for vulnerabilities and potential aggressive behavior. The CM identified several questions that are from the agency's Vulnerability Assessment form and demonstrated how the tool is completed in the Case Manager's office when a youth is first admitted into the program. The CM also described how the Vulnerability Assessments are conducted in order to make the safest and most appropriate room, housing (hall), programming, and educational assignments with the goal to ensure the safety of each youth admitted into the program. Furthermore, the Vulnerability Assessment was explained to be used periodically, at each youth's 6 month mark, to reassess their status in the program. The CM confirmed that isolation for a PREA related situation is not utilized at the DePaul Academy, with the youth's room doors not able to be locked by staff, and no specialized housing is utilized for youth who identify as LGBTI. The CM interviewed described how he has never been made aware of a transgender or intersex student being admitted into the program; however, if such a situation were to occur in the future, the management team would meet to discuss the situation on a case-by-case basis to determine the most appropriate steps to take to ensure the youth is safe and feels safe while in the program. The CM confirmed that all student's views with respect to their own safety are most definitely given serious consideration during the intake process, as well as throughout their stay in the program.

- The auditor interviewed two MHP's and one medical professional from the facility, and each professional confirmed they are able to provide their professional services to all students in the DePaul Academy without restrictions. One MHP elaborated further and explained how youth that are displaying negative behavior usually

require and are provided more frequent mental health services to help to reduce the likelihood of continued disruptive behavior. Furthermore, the three professionals interviewed all indicated to the auditor that they have never been made aware of a youth who identified as transgender or intersex; however, if such a youth was admitted, they would each be involved in the staffing process to ensure the appropriate safety nets are implemented and the youth is checked on regularly. It was also confirmed by the three professionals that all youth are seen by a medical and mental health staff within 24 hours of being admitted into the program, and all youth are provided individual, group, and family counseling sessions on a weekly basis while at the DePaul Academy.

- The auditor also interviewed the DePaul Academy's Program Director (PD), who confirmed that the facility does not use isolation, and all the youth's rooms are not able to be locked by staff.

**Site Review Observations:**

During the onsite, the auditor did not observe any specialized housing being used, with the three Halls (housing units) in operation housing only male youth. Furthermore, the auditor did not observe any youth who identified as LGBTI during the onsite, and the auditor confirmed that the facility only has one shower stall in operation on each housing unit.

**Explanation of Determination:**

**115.342**

**(a-i):**

The auditor analyzed the agency's PREA Policy and confirmed that the requirements set forth by this PREA standard are included therein, on pages 25 and 26. Additionally, the PCM noted in the PAQ that there have been no instances of a student at the DePaul Academy being secluded or isolated in any way, and that the program does not use any form of student isolation or specialized housing.

Furthermore, the PCM clarified in an Issue Log response that the DePaul Academy's Case Managers reassess each student in the program every 6 months, at a minimum, with periodic reassessments provided for a sample of students that proved that the reassessments are conducted by the Case Manager using the agency's Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk screening tool. Even though it was determined that the facility has not accepted a transgender/intersex student into the facility since the last PREA audit was completed, the six month risk re-assessment frequency was implemented to ensure all students, including those who identify as transgender/intersex, are reassessed at least twice each year to review any threats to safety experienced by the resident.

In order to demonstrate compliance with this PREA standard, the auditor was provided completed initial and periodic risk screening verification documents for the last 10 students admitted into the DePaul Academy. Upon the auditor's review, it

	<p>was determined that the DePaul Academy has institutionalized a compliant practice of completing the required initial risk screenings and use all information obtained from this screening tool and subsequently to make housing, bed, program, and education for students with the goal of keeping all residents safe and free from sexual abuse. Furthermore, out of the 10 initial risk screenings examined by the auditor, it was determined that one of the ten indicated that a student had experienced prior sexual victimization and abusiveness, in which verification documentation was provided that proved that the student was offered and refused a meeting with a medical and mental health professional the next day after the screening was completed.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Acknowledgement of Zero Tolerance Policy</li> <li>- Student Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")</li> <li>- Student Handbook</li> <li>- PREA Comprehensive Educational Video</li> <li>- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>- Student Grievance form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor asked each of the ten students interviewed an open-ended question about their understanding of PREA, and each student adequately provided the auditor with their own knowledge related to PREA, such as what PREA stands for, the multiple ways to report (private to staff, hotline, grievance, anonymously through grievance or hotline, etc.), student rights, grievance process, hotline</li> </ul>

process, how to stay safe, the importance of refusing favors of any kind, etc. Furthermore, each of the 10 students confirmed they were provided a Student Handbook during the intake process, and some students still had their Handbook (in their rooms) while others explained they discarded it. However, each student confirmed they have access to a Student Handbook on the Hall (living area) and PREA information is posted throughout the facility with instructions on the different ways for a youth to make a PREA. All the youth were familiar with the option they have to make a report to an outside entity (Family Justice Center and Indiana Department of Child Services- DCH), with the instructions explained to them during the intake process, included in the PREA educational video, and available throughout the facility on posters. The youth advised that if they wanted to call the hotline, they ask staff and are able to make the call from one of the facility's phones in a private area. Furthermore, all the students described how they can make an anonymous report by not having to provide their name on a grievance or when calling the reporting hotlines. Lastly, all the students confirmed they have frequent access to pens, pencils, paper, grievances, etc., and they are able to submit a grievance, letter, note, etc. directly to staff, administration, or place in one of the secure grievance boxes.

- The 12 random staff interviewed explained the multiple methods available for students and staff to make a PREA report, which included telling an adult they trust at the facility, calling one of the 24 hour reporting hotline numbers, submitting a grievance or "Speak To" form, writing the report down on a piece of paper, sending mail, reporting directly to their parent/guardian/attorney/Probation Officer, etc. Each staff also described how if a youth requests to make a call to one of the 24/7 reporting hotlines, they would be walked to an area where they can make the call privately, with staffing only providing visual supervision for the youth's safety. The PCM also confirmed this process, with demonstrating how both outside reporting hotlines can be called from the facility's phone system. All the staff interviewed confirmed that youth do not have to give their name when submitting a grievance or when calling one of the hotlines to make a PREA report, and anyone can call the hotlines numbers to make a PREA report (including staff or visitors). The staff confirmed in their interviews that they are mandatory reporters and are required to accept reports of sexual abuse and sexually harassment made verbally, in writing, anonymously and from third parties, with describing the response protocols required for each reporting situation. The staff indicated that all verbal reports are required to be documented as soon as possible on a facility incident report and submitted to their immediate supervisor or the PCM. Lastly, all the random staff interviewed were asked an open-ended question on how they would respond to a hypothetical situation regarding their immediate supervisor not taking a PREA report seriously upon being notified. Each staff advised that if their immediate supervisor neglects his/her supervisory duties upon being notified of a PREA allegation, they would immediately go up the chain of command until the matter is taken seriously and the appropriate steps are taken to ensure the victim's safety and the allegation is fully investigated.

**Site Review Observations:**

During the onsite, the auditor confirmed that PREA signage is available to all students and staff and Student Handbooks are available on the housing units. The signs are available in English and Spanish and include, at a minimum, the agency's zero tolerance policy, right to report, description of the multiple ways for a student to make a PREA report, first responder duties and staff/volunteer/contractor/third party reporting requirements, reporting and victim support services' information, and the auditor's onsite notice. The auditor also observed multiple lock boxes throughout the facility, which included the student grievance boxes, third party reporting boxes, and sick call boxes. It was confirmed that students are able to make a private and confidential PREA report, including an anonymous report, in a private setting that allows for staff to visually monitor the youth but not hear what is being said when one of the two available hotline reporting entities are contacted.

The auditor also conducted two successful test calls during the onsite, one that was to the Family Justice Center's reporting hotline and the other call was to the Indiana DCS hotline reporting number. The auditor confirmed that the Indiana DCS hotline have interpreting services available to allow for a youth who is limited English proficient to make a report. Furthermore, throughout the onsite phase of the audit, the auditor observed each of the PREA related signs that were posted at the facility, and the signs were posted in areas frequently visited by students and staff, included clear and easily read reporting instructions and pertinent PREA related information, described how students can contact the Family Justice Center for victim advocacy services, and the language was age appropriate and printed using text large enough to be seen from far distances. The auditor also confirmed that the PREA information included on each of the posters was accurate to the applicable current practice, and signs were located in areas that were near the applicable secure boxes and student phones.

**Explanation of Determination:**

**115.351**

**(a-e):**

The auditor reviewed the agency's PREA Policy and confirmed that the requirements of this PREA standard are included therein, on page 20 and 27. Additionally, the auditor was provided the program's Student Handbook, PREA Brochure, PREA posters, and a link to the agency's PREA video that is provided to all youth within 10 days of admission. Upon the auditor's review of the proof documents provided, it was determined that the DePaul Academy has incorporated the required PREA education material into the documents that are provided to each student upon admission and within 10 days of being admitted into the facility. For example, the PREA Brochure that is provided to each student upon admission includes, at a minimum, the zero-tolerance policy of the agency and how to report incidents or suspicions of sexual abuse or sexual harassment. The methods documented on this brochure for reporting include contact numbers and addresses for the PREA Compliance Manager, the ROP PREA Coordinator, the local Rape Crisis Center & Advocate (SOS Family Justice Center), and the DCS Hotline. Additionally, PREA posters are posted in all common areas of the facility, as verified through the poster

location diagram provided and verified onsite.

The auditor confirmed that students are able to make a PREA report to the Family Justice Center, DCS Hotline, or their parents/guardian (3rd party reporting), in which a student can remain anonymous if so requested. Furthermore, residents are able to report directly and privately to any staff member, contractor, or volunteer who enters the DePaul Academy facility. The facility also has a grievance process that is shared with all students via the facility's Resident Handbook, and this process allows students to place a written grievance, with or without their name, in a secure grievance box. The formal grievance process, as explained by the Resident Handbook, states that grievance forms are located in the residential living area, and staff are required to ensure that a student or family member is not required to transmit a complaint through the staff member who is subject of the complaint. Further, each formal grievance will be classified based on the seriousness of the complaint. The Resident Handbook indicates the secure grievance box is required to be checked at least once daily by the Shift Supervisor, with the appropriate reviewer required to document the date and time of receipt on the grievance. The grievance is then classified as a Category I or II, and an investigation and written response is required to be completed as soon as possible, but no longer than 72-hours after receipt of the grievance. The auditor also reviewed the agency's Grievance Policy (600.402), which includes the grievance procedures as outlined above. Policy 600.402 provides further explanation of the facility's grievance process, as detailed below:

- Upon admission to a Rite of Passage program, students shall be advised of the Rights & Privileges and the Problem Solving/Grievance procedures during the intake process by reviewing and signing the acknowledgment (See Students Rights and Privileges Policy 600.401) and the Student Handbook. The Problem Solving/Grievance procedures shall be clearly posted in the residential living area. Students shall be made aware that their decision to submit a grievance will not result in retaliation in any form or the creation of any barriers to service.
- Students who choose to file a formal grievance shall not be subject to any disciplinary sanctions or adverse action as a result of choosing to file a formal grievance. The Student Formal Grievance Form shall be the required format in which students submit a Formal Grievance. The Grievance Forms are located in areas of the program where students have access to the forms without requiring the assistance of a staff member.
- Staff shall also provide students with a Grievance Form at the earliest time available, upon request. Writing materials shall be made available whenever a student wishes to write a grievance, unless it is believed that a student may harm him/herself or others with the writing instrument and/or pose a safety/security risk.
- Staff shall not give a student a pen/pencil if it is believed that the student may use it as a weapon. In such cases, the student may be given another type of writing tool such as a crayon or the staff member may assist the student by filling out the written grievance in the student's words.

- Staff members shall provide assistance to students when it is believed that a student shall be unable to adequately complete the form. Students may also ask for assistance from another advocate (including another student, if such assistance does not create a safety/security risk).
- Completed Grievance Forms shall be placed by the student in the secure Grievance Box located in the designated area. It is the student's responsibility to place the grievance in the secure box. In the event that a student turns in the grievance to a staff member, the staff shall place the unread grievance in the secure box.
- Third parties, including fellow students, staff, family members, attorneys, and outside advocates shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of students.
- The Program Director shall appoint an impartial person to collect and respond to all grievances, and this designated person shall collect all grievances in a timely manner not to exceed 24 hours, including weekends and holidays.
- If the grievance is of a sensitive or emergent nature, the Grievance Form may be sealed in an envelope, addressed to the Program Director and placed into the Grievance box. Sensitive and Emergency Grievances shall be classified as Category II.
- If a grievance is an allegation of child abuse, the complaint shall be reported to the appropriate authorities (see Policy 100.407 Child Abuse Reporting) that have authorization to conduct an alleged abuse investigation or the proper law enforcement agency immediately.
- If the grievance is an allegation of sexual abuse, sexual harassment, or sexual contact, the Program Director or designee take steps to separate the alleged victim and perpetrator immediately, and shall notify the PREA Coordinator (See Safe Environmental Standards Policy). Appropriate law enforcement and social services agencies will be notified.

Furthermore, as per the Resident Handbook, students are also able to send as many letters as they wish to those individuals approved on the youth's contact list, which includes writing a PREA report. Per the Resident Handbook, students are provided materials, postage, and time to send and receive letters daily. Further, for those not on the contact list such as, official correspondence received by or sent to persons in the Juvenile Court System (Probation Officers, Public Defenders, States Attorney, etc.) will be forwarded to the Therapeutic Manager for distribution to the student. ROP does not restrict the mailing or receiving of letters to and from those on the contact list and does not read the contents of letters written by or received by a student at the DePaul Academy, with specific exceptions as noted in the Handbook.

The auditor discussed the outside reporting option that students have to contact the SOS Family Justice Center with the facility's PCM, who advised that contact information for the SOS Family Justice Center is located in the student brochure as well as on informational posters located throughout the building, including living

units, common areas, and treatment office. Staff will walk with a student to a private office/room with a window that would provide visual supervision. Staff will dial the phone number to the center and confirm that someone answers. Staff will then back out of the room and allow the student to speak with the advocate in private while supervising through the window.

Additionally, in order to demonstrate how a student in the DePaul Academy was able to make a PREA report through the facility's student grievance process, the auditor was provided a student grievance form that was completed by a student in the DePaul Academy in calendar year 2023. It was reported in this grievance that another student allegedly committed an act of student consensual sexual misconduct. The allegation did not reach the level of sexual abuse or sexual harassment, as per the facility's follow-up response verification documents provided; however, the situation was taken seriously by the facility, promptly investigated internally by a specially trained PREA internal investigator (investigation began within 3 hours of the report discovered by the facility), and found to have occurred (substantiated).

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.352	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>- ROP Policy 100.407 (Acknowledgment and Reporting of Child Abuse)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the PCM while onsite, and he confirmed that grievances alleging sexual abuse/assault are referred to local law enforcement for a criminal investigation to be conducted, as well as reported to the Indiana Department of Child Services (DCS).</li> </ul> <p><b>Site Review Observations:</b></p>

During the onsite, the auditor selected a random sample of student grievances submitted from calendar year 2023, in which none of the grievances analyzed included any situation involving sexual abuse or sexual harassment. Furthermore, through the interviews with all the staff at the facility, it was confirmed that any report related to sexual abuse at the DePaul Academy is reported to the South Bend Police Department and Indiana DCS for a criminal investigation to be conducted as applicable to the situation.

**Explanation of Determination:**

**115.352**

**(a-g):**

The auditor reviewed the agency's PREA Policy and confirmed that all the necessary requirements of this PREA standard are included therein, on pages 28 and 29. However, upon reviewing the agency's policies related to mandatory reporting protocols, it was determined that any grievance alleging sexual abuse is required to be reported to the appropriate authorities that have authorization to conduct an alleged abuse investigation or the proper law enforcement agency immediately. Therefore, as confirmed through the auditor's review of the FAQ dated July 19th, 2022, for this PREA standard, the DePaul Academy is not required to adhere to the grievance elements of this PREA standard in practice. The auditor confirmed that the following procedures are included in the agency's Grievance Policy (600.402) on page 3:

- If a grievance is an allegation of child abuse, the complaint shall be reported to the appropriate authorities (see Policy 100.407 Child Abuse Reporting) that have authorization to conduct an alleged abuse investigation or the proper law enforcement agency immediately.
- If the grievance is an allegation of sexual abuse, sexual harassment, or sexual contact, the Program Director or designee take steps to separate the alleged victim and perpetrator immediately, and shall notify the PREA Coordinator (See Safe Environmental Standards Policy). **Appropriate law enforcement and social services agencies will be notified.**

Furthermore, the PCM confirmed in an Issue Log response that local law enforcement is always contacted if the allegation made on a student grievance is criminal in nature (i.e., sexual abuse/sexual assault). The PCM also provided the auditor the agency's Policy on Acknowledgment and Reporting of Child Abuse, which outlines the following requirements for reporting sexual abuse at the DePaul Academy:

- Procedures for reporting suspected child abuse or neglect pursuant to Indiana Child Protective Services (CPS) requires reporting child abuse or neglect under the Indiana Code, Chapter 5, Sections 31-33-5-1, 5-2, 5-3 and 5-4 in the following manner:

	<ul style="list-style-type: none"> <li>◦ Under Indiana law, any individual who has a reason to believe a child is a victim of abuse {including sexual abuse} or neglect has the duty to make a report; therefore, each citizen of Indiana is considered a “mandated reporter.” While reporting child abuse and neglect is everyone’s responsibility, Indiana law requires individuals in certain occupations to do so. These professional reporters are staff members in a medical or other public or private institution, school, facility, or agency. These reporters are legally obligated by their profession to report alleged child abuse or neglect.</li> <li>◦ In the event of imminent danger, immediately separate the child from his/her aggressor first, and then call local law enforcement. Law enforcement agents will call the Hotline especially in cases of emergency. To ensure law enforcement officials have the highest priority, they have an access code which routes their calls to the front of the call sequence. Call 911 if a child appears to need immediate medical attention or is in a life-threatening situation. Indiana state law requires DCS to protect the identity of those reporting abuse or neglect allegations. DCS keeps the name and contact information of all report sources confidential. While DCS accepts child abuse and neglect allegations from persons who wish to remain anonymous, DCS encourages individuals to provide contact information to Intake Specialists.</li> </ul> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Letter from the PC to a representative from the Family Justice Center</li> <li>- Pending MOU with the SOS Family Justice Center</li> </ul>

- SES Brochure ("A Student Guide to Rights, Protections, and Reporting of Sexual Abuse")
- PREA Poster ("Know Your Rights")
- Student Handbook
- SOS Family Justice Center Website {S-O-S of the Family Justice Center — Family Justice Center of St. Joseph County (fjcsjc.org)}

**Interviews:**

- The auditor called the 24/7 S-O-S Crisis Hotline operated by the Family Justice Center in St. Joseph County to assess the services provided to juveniles at the DePaul Academy, and the confirmed through a conversation with a Crisis Hotline Operation that the hotline is operational 24/7, provides each caller a confidentiality warning, accepts reports made about sexual abuse or sexual harassment, and has the ability to transfer a youth to a **victim advocate** upon request.
- All the students interviewed by the auditor confirmed they are aware of the Family Justice Center posters that are on the walls throughout the DePaul Academy, and all youth stated that they have access to a Student Handbook. The students reported that they have never called Family Justice Center or have had the need to call; however, each student described how they would be provided the call in a private area of the facility, with staff able to visual see them but not hear.
- The PCM reported to the auditor that the DePaul Academy does not detain residents solely for immigration purposes, in which this was also verified by the auditor through the onsite phase of the audit.

**Site Review Observations:**

During the onsite, the auditor confirmed that the facility posts signs throughout the program that includes how students can contact the S.O.S. Family Justice Center in South Bend, Indiana to report a PREA allegation and/or to speak with a victim advocate from the Family Justice Center for emotional support services related to sexual abuse. These signs include the organization's toll-free 24/7 phone number and physical address. The auditor also made a successful test call to the Family Justice Center and confirmed that victim advocacy services are available to students at the DePaul Academy. Furthermore, the students are able to speak with a victim advocate from the Family Justice Center privately and confidentially either by phone or in-person.

**Explanation of Determination:**

**115.353**

**(a-d):**

The auditor reviewed the agency's PREA Policy and confirmed that all the necessary reporting requirements of this PREA standard are included therein, on page 30. The

auditor also was provided several documents that are posted at the facility and provided to all students who are admitted to the facility's program. Each of these documents includes multiple methods for students and staff to make a PREA report and how students are able to access outside victim advocates for emotional support services related to sexual abuse, which is the local Rape Crisis Center & Advocate (SOS Family Justice Center). In addition, the facility also posts Spanish PREA posters that include the agency's zero tolerance policy, how to report sexual abuse and sexual harassment, and hotline numbers for the DCS Hotline and SOS Family Justice Center. The auditor reviewed the children's advocacy organization's (S-O-S Family Justice Center) website, which provides the following relevant information to help demonstrate compliance with this PREA standard:

- The 24-Hour Crisis Line is for victims of sexual assault, domestic violence, and stalking. (574) 289-HELP (4357)
- S-O-S volunteer Advocates inform survivors of their medical options regarding treatment, evidence collection, sexually transmitted disease/ testing (including HIV/AIDS) and follow up care. Advocates can be present\* and provide support for emergency room exams at both area hospitals. Saint Joseph Regional Medical Center has 20+ sexual assault forensic examiners specially trained in treating victims of domestic violence, sexual assault, strangulation, child sexual and physical abuse and neglect, and elder and dependent adult abuse and neglect.
- S-O-S offers several free, age-specific programs to local schools, addressing sexual abuse, rape, sexual harassment, teen dating violence, and domestic violence.

The auditor was provided pictures of one of the agency's PREA posters titled, "Know Your Rights/Report Sexual Assault/Break the Silence/Help is Available." The PREA signage is posted throughout the facility, as verified by the auditor during the onsite, and includes the S.O.S. Family Support Center's address and telephone number and the agency's zero tolerance policy. The forms are posted in English and Spanish and pictures of the posted forms were provided to the auditor prior to the onsite.

It is important to note that the DePaul Academy has made documented efforts to collaborate with the local children's advocacy center (S-O-S Family Support Services); however, a signed MOU has yet to be executed at this time. The PC provided the auditor with a letter that was recently sent to a representative from the S-O-S Family Justice Center, requesting that the two agencies collaborate in the form of entering into a memorandum of understanding outlining the request of services of sexual assault on campus, as well as providing emotional support services to students. The pending MOU was also provided and includes a provision for the Family Justice Center to provide victim assistance and counseling services that are essential for the DePaul Academy to comply with the PREA. Furthermore, as noted above, the auditor was able to speak with a representative from the Family Justice Center; however, the Executive Director never returned the auditor's phone call or email request to follow up on the status of the MOU.

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Third Party Reporting Forms</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor observed secure third party reporting boxes that were mounted throughout the facility, with third party forms nearby in English and Spanish. The third party boxes allow for any individual to make a third party report for a student, with these boxes and grievances boxes checked daily by the PCM or designee. Furthermore, the DePaul Academy also had PREA signs throughout the facility described how any individual can make a PREA third party report on behalf of a student to the Indiana Department of Child Services hotline; Family Justice Center hotline; Family Resource Center number; or directly to a staff, volunteer, contractor, or medical or mental health staff.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.354</b></p> <p><b>(a):</b></p> <p>The auditor reviewed the agency's PREA Policy and confirmed that all the necessary reporting requirements of this PREA standard are included therein, on page 31, which states:</p> <ul style="list-style-type: none"> <li>• Programs {DePaul Academy} will display a poster in the lobby/reception/visiting areas (and any other area deemed appropriate) outlining to third parties how to report an incident of sexual abuse or harassment in regards to a student within the program.</li> <li>• Programs will have third party reporting forms available upon request from the program receptionist.</li> </ul>

- Any reports of sexual abuse or harassment from a third party should be immediately referred to the Program Director/ Manager.

The auditor also was provided English and Spanish Third-Party Reporting Forms that are available on the facility's website. Each of these documents include instructions for any individual outside the DePaul Academy to make a PREA report on behalf of a student or on their own. The website's PREA page includes the following information related to third party reporting:

- Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student (§115.354). Third-party reporting forms are available at the front desk of our programs or can be downloaded here. If you suspect sexual abuse you may also call Rite of Passage at (775) 267-9411 to report it or report it to the Sheriff or Police Department where the allegations occurred. All reports are taken seriously and investigated.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.361	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Policy 100.407 (Child Abuse Reporting Policy)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed 12 randomly selected staff while onsite, and each staff confirmed that they have been trained on the agency's policy to immediately report 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; 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. Furthermore, the staff described the</li> </ul>

reporting process (i.e., reporting to immediate supervisor and PCM, reporting to law enforcement for sexual abuse, etc.), and how any information related to sexual abuse is confidential and prohibited from being shared with anyone who does not have a professional reason to be privy to the information. The auditor also interviewed two MHP's and a medical professional who all work full-time at the DePaul Academy, and each professional understood they are mandatory reporters and sufficiently described the reporting process. These professionals confirmed that at the initiation of services they provide each youth a verbal statement of their duty to report and the limitations to confidentiality.

The auditor spoke with the DePaul Academy's PCM and Program Director (PD) during the onsite, who both confirmed in their individual interviews how they are aware of the reporting requirements set forth by this PREA standard, including the requirement to promptly report any allegation of sexual abuse received to the alleged victim's parents or legal guardians. Furthermore, if the alleged victim is under the guardianship of the child welfare system, the victim's caseworker will be promptly notified of the situation. The Case Manager and/or Juvenile Probation Officer will also be notified and assist with ensuring an open line of communication is established throughout the investigation into an allegation or incident of sexual abuse. Lastly, the PD and PCM confirmed that all allegations of sexual abuse and sexual harassment, including third-party reports and anonymous reports are reported to the proper authorities and an internal investigation is promptly initiated by the PCM.

**Explanation of Determination:**

**115.361**

**(a-f):**

According to agency Policy 100.407, Rite of Passage employees, contract workers, volunteers, vendors, interns or any persons providing services in the facility who receive any information, regardless of its source, concerning student abuse, harassment, neglect, mistreatment and/or sexual misconduct, or who have reason to suspect, or who observe an incident of student abuse, harassment, neglect, mistreatment and/or sexual misconduct, are required to immediately report the incident to the Shift Supervisor, Human Resources and the Program Director. Furthermore, it is stated in the agency's PREA Policy that the program {DePaul Academy} shall require all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor confirmed that the remaining elements required by this PREA standard are included in the agency's PREA Policy and trained to all staff during initial PREA training and subsequent training refreshers conducted at least annually (as outlined in section 115.331 of this report).

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Incident Response Flowchart and Checklist</li> </ul> <p><b>Interviews:</b></p> <p>- The auditor interviewed the facility's Program Director, PCM, and 12 randomly selected staff members, and each of these individuals interviewed advised that immediate protective action is required to be taken when a student is subject to a substantial risk of imminent sexual abuse. The auditor asked each of the individuals interviewed a hypothetical question regarding how they would respond to a situation involving a student who informs them about being scared due to being sexually threatened by another student while at the DePaul Academy. Each of the staff described how they would ensure the threatened youth would be kept safe by separating the victim from the alleged perpetrator, learning as much information as possible of the situation, immediately reporting the incident to their immediate supervisor, and communicating the situation with other staff to ensure the youth victim is protected from further incident. Furthermore, the PCM and PD advised that upon learning of a situation involving a youth who is at a substantial risk of imminent sexual abuse, the main priority is to ensure the victim's safety by moving the perpetrator to another location to ensure full separation pending the outcome of the internal investigation. Per the administrators, additional protective measures may be provided depending on the situation and what is learned from the initial internal investigation into the matter. Furthermore, the PD and PCM shared that if it is found that a student has caused another student to be at a substantial risk of sexual abuse, the perpetrator in this situation will be held accountable with disciplinary action imposed and the perpetrator may be unsuccessfully discharged out of the program.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.362</b></p>

**(a):**

According to the agency's PREA Policy on page 34, "when a Rite of Passage program learns that a student is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the student." This Policy also states that the agency's PREA Incident Response Flowchart and Checklist is required to be followed in response to a student being in a situation of a substantial risk of imminent sexual abuse. Furthermore, the PCM noted in the PAQ that there have been no determinations that a resident was subject to a substantial risk of imminent sexual abuse since the last PREA audit. Upon the auditor's review of the verification documents provided for this audit, no documentation suggested that the DePaul Academy experienced a situation involving a student who was found to be at a substantial risk of sexual abuse since the last PREA audit was completed. Additionally, the PCM provided the auditor with two PREA investigative reports that occurred since the last PREA audit, however, the auditor confirmed that each incident did not reach the level of sexual abuse or sexual harassment (assessed as youth-on-youth sexual misconduct). The verification documentation for each of these incidents sufficiently demonstrated to the auditor how the facility took immediate action upon being alerted to the allegations of youth sexual misconduct and prevented the situations from escalating any further. Additionally, for each investigation, the youth's parents/guardians and Probation Officer were notified upon the allegations being received.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.363	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Pre-Audit Questionnaire (PAQ)</li><li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li></ul> <p><b>Explanation of Determination:</b></p> <p><b>115.363</b></p> <p><b>(a-d):</b></p> <p>The auditor confirmed that the agency's PREA Policy includes all the requirements of</p>

this PREA Standard on page 35, as outlined below:

- Rite of Passage will notify the appropriate law enforcement or social services program upon receiving an allegation that a student was sexually abused while confined at another program.
- Rite of Passage will notify the appropriate licensing or regulatory agency upon receiving an allegation that a student was sexually harassed while confined at another program.
- The Program Director/ Manager of the program that received the allegation shall notify the director of the program or appropriate office of the program where the alleged abuse occurred and shall also notify the appropriate law enforcement or social services program.
- Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- The program shall document in the student's case notes that such notification has been provided.
- The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The PCM noted in the PAQ that the facility has received no reports of a youth being abused while at another facility, and this was also confirmed by the PD and PCM during their individual interviews onsite. However, if such a situation were to occur in the future, both administrators described how the facility has policies and procedures in place to ensure the requirements of this PREA standard are adhered to. Additionally, through the auditor's analysis of all the verification documentation provided for this PREA audit, the auditor did not discover any evidence to suggest a student was involved in a sexual abuse situation at the DePaul Academy since the last PREA audit.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)

- Employee PREA Training Verification Documents

**Interviews:**

- The auditor interviewed 12 randomly selected Coach Counselors (CC) while onsite, and each staff sufficiently described the first responder duties that they have been trained on for responding to a sexual abuse situation. The auditor asked each CC a hypothetical question related to how they would respond to a situation where one youth is sexually assaulting another youth in a restroom at the facility. The CC's each described how they would immediately call for staff assistance and separate the victim and abuser; instruct the victim and abuser to not take any action that could destroy physical evidence; preserve and protect the crime scene; contact the PCM, PD, and law enforcement (South Bend PD); and document the incident on an Incident Report. All the CC's shared how their primary responsible for responding to a sexual abuse situation is to first ensure the victim's safety (separate) and then to preserve and protect the crime scene so that specially trained criminal investigator from the South Bend Police Department can arrive on the scene to conduct their criminal investigation.

**Explanation of Determination:**

**115.364**

**(a-b):**

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on page 36, as noted below:

- Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The first staff member to respond to an incident shall be required to:
  - Separate the alleged victim and abuser;
  - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
  - If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- At a minimum, the follow is to be determined in the plan:
  - Assessment of the victim's acute medical needs.
  - Informing the victim of his or her rights under relevant Federal or

	<p style="padding-left: 40px;">State law.</p> <ul style="list-style-type: none"> <li>◦ Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.</li> <li>◦ Offering the presence of a victim advocate or a qualified staff member to be present during the exam.</li> <li>◦ Providing crisis intervention counseling.</li> <li>◦ Interviewing the victim and any witnesses.</li> <li>◦ Collecting evidence.</li> <li>◦ Providing for any special needs the victim may have.</li> </ul> <p>Additionally, the auditor reviewed the PREA training curriculum that is provided to all employees at the DePaul Academy during initial pre-service training and during annually trained PREA refreshers, and it was confirmed that the first responder protocols set forth in this PREA standard are included therein. Further, upon the auditor's review of the PREA training files for 10 of the most recent Coach Counselor hires at the facility, plus three veteran staff, it was confirmed that the first responder PREA training has been trained to all staff and is an institutionalized trained practice for responding to a sexual abuse situation.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Safe Environment Standards Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the DePaul Academy's Program Director (PD), who described the facility's written institutional plan for responding to a sexual abuse situation at the facility. The PD explained how a coordinated action plan, as prescribed by agency policy, would be implemented for any situation involving a student who is alleged to have been involved in a sexual abuse incident. It was further clarified that facility management, medical and mental health units, first</li> </ul>

responders, investigators, the Family Justice Center, and the South Bend Police Department would collaborate to maximize victim safety and the effectiveness of victim services and the entire investigative process.

**Explanation of Determination:**

**115.365**

**(a):**

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on page 36, as noted below:

- Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The first staff member to respond to an incident shall be required to:
  - Separate the alleged victim and abuser;
  - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
  - If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
  - At a minimum, the follow is to be determined in the plan:
    - Assessment of the victim's acute medical needs.
    - Informing the victim of his or her rights under relevant Federal or State law.
    - Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
    - Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
    - Providing crisis intervention counseling.
    - Interviewing the victim and any witnesses.
    - Collecting evidence.
    - Providing for any special needs the victim may have.

Furthermore, the auditor was provided the agency's Coordinated Response Plan document, which includes an entire outline of the coordinated response required to be taken for a PREA related situation at the DePaul Academy. In order to demonstrate how the facility complied with the requirements of this PREA standard in practice, completed Coordinated Response Plan forms were provided for the two PREA situations investigated at the facility since the last PREA audit, which sufficiently demonstrated how facility management implemented a coordinated

	<p>response for each situation in a timely manner. It is important to note that each of these two incidents did <u>not</u> reach the level of sexual abuse or sexual harassment, with being assessed as youth sexual misconduct; however, the documentation successfully demonstrates how the facility took each situation serious and conducted full internal investigations to ensure best sexual safety practices were implemented.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<p><b>115.366</b></p>	<p><b>Preservation of ability to protect residents from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The DePaul Academy's Program Director confirmed that the facility does not allow for any type of collective bargaining agreement or union representation.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.366</b></p> <p><b>(a-b):</b></p> <p>According to the agency's PREA Policy on page 37, the requirements of this PREA Standard are not applicable to Rite of Passage {DePaul Academy} since no collective bargaining agreements exist.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1270 519" style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul> <p data-bbox="280 555 459 591"><b>Interviews:</b></p> <ul data-bbox="280 627 1484 1496" style="list-style-type: none"> <li>- The auditor interviewed the facility's PCM and Program Director (PD), who both confirmed that a sexual abuse situation has not occurred at the facility since the last PREA audit. The administrators shared how if such a situation were to occur in the future, multiple protective measures would be put in place to protect a victim of sexual abuse and sexual harassment, such as investigating the situation to determine the facts, re-evaluating housing and programming assignments, staffing the perpetrator's status in the program for possible discharge from the facility, and holding those strictly accountable for violating any of the facility's retaliation policies and procedures. Further, it was clarified that the PCM would be in charge of ensuring that retaliation monitoring is implemented and provided for at least 90 days following a report of sexual abuse. The PCM described how he would monitor for retaliation by conducting frequent status checks, reviewing behavioral reports, following up with students and staff, meeting with management, and collaborating with other team members to ensure pertinent information is shared. It was shared by the PCM that the assigned Therapeutic Manager, Human Resource Manager, and Program Director all would assist him with the retaliation monitoring to ensure a collaborate effort would be implemented to keep the victim safe and free from retaliation. The PCM also clarified that retaliation monitoring can exceed the minimally required 90 days following the allegation being received, with lasting as long as the victim is at the DePaul Academy if needed to ensure the youth's safety throughout his stay at the facility.</li> </ul> <p data-bbox="280 1532 762 1568"><b>Explanation of Determination:</b></p> <p data-bbox="280 1603 411 1639"><b>115.367</b></p> <p data-bbox="280 1675 363 1711"><b>(a-f):</b></p> <p data-bbox="280 1747 1452 1827">The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on pages 37 and 38, as highlighted below:</p> <ul data-bbox="351 1890 1452 2051" style="list-style-type: none"> <li>• Students, staff, contractors, volunteers or third party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of or participation in an investigation of such.</li> </ul>

- Rite of Passage Policy 600.402 Student Problem Solving and Grievance Procedure protects all students who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The Director of Student Services or designee is charged with monitoring retaliation against students.
- Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff.
- The program shall employ multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abusers from contact with victims, and emotional support services for students or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of students or staff who reported the sexual abuse and of students who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by students or staff, and shall act promptly to remedy any such retaliation. Items the program should monitor include any student disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The program shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- In the case of students, such monitoring shall be included in a Multi Disciplinary Team (MDT) meeting.
- If any other individual who cooperates with an investigation expresses a fear of retaliation, the program shall take appropriate measures to protect that individual against retaliation.
- A program's obligation to monitor shall terminate if the program determines that the allegation is unfounded.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. 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>

**The following is a list of evidence used to determine compliance:**

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)

**Interviews:**

- The auditor interviewed the DePaul Academy's Program Director (PD), who confirmed that the facility does not utilize the practice of isolation for a PREA related matter, and all the youth rooms currently in use are not able to be locked by staff.
- The auditor interviewed two MHP's and one medical professional from the facility, and each professional confirmed they are able to provide their professional services to all students in the DePaul Academy without restrictions. One MHP elaborated further and explained how youth that are displaying negative behavior usually require and are provided more frequent mental health services to help to reduce the likelihood of continued disruptive behavior. Furthermore, the three professionals interviewed all indicated to the auditor that they have never been made aware of a youth who identified as transgender or intersex; however, if such a youth was admitted, they would each be involved in the staffing process to ensure the appropriate safety nets are implemented and the youth is checked on regularly. It was also confirmed by the three professionals that all youth are seen by a medical and mental health staff within 24 hours of being admitted into the program, and all youth are provided individual, group, and family counseling sessions on a weekly basis while at the DePaul Academy.
- The CM confirmed during his interview with the auditor that isolation for a PREA related situation is not utilized at the DePaul Academy, with the student room doors not able to be locked by staff, and no specialized housing is utilized for youth who identify as LGBTI.

**Site Review Observations:**

During the onsite, the auditor did not observe any areas used for isolation or any specialized housing. Furthermore, it was confirmed during the onsite inspection that the student room doors can be opened from the inside; therefore, allowing students to exit their room as needed.

**Explanation of Determination:**

**115.368**

**(a):**

According to the agency's PREA Policy on page 40, any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342. Furthermore, the auditor confirmed that all the standard requirements of this PREA standard are included in the agency's PREA Policy. However, upon speaking with the staff while onsite and conducting the

facility inspection, as well as reviewing the verification documentation provided for this audit, the audit determined that it is not an institutionalized practice to isolate students in rooms for protective or disciplinary action. The DePaul Academy is able to move youth to one of the three housing units (Halls), and a student most likely will be discharged from the program if involved in a PREA incident as the perpetrator.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following is a list of evidence used to determine compliance:**

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- PREA Investigative Verification Documents
- Coordinated Response Plan Documents
- PREA Specialized Investigator Training Verification Documentation

**Interviews:**

- The auditor interviewed the facility's PCM, who has been designated to conduct PREA internal investigations at the DePaul Academy. The PCM sufficiently described the entire administrative investigation process for any report of sexual abuse or sexual harassment, which included sharing how the investigation is immediately started upon notification. He provided an example of being called about an allegation made that required an internal investigation to be conducted while he was off, and the PCM shared that he immediately went into work to begin the investigation process. The PCM also explained how if the situation involved an allegation or incident of sexual abuse, the state's child protective services and local law enforcement (South Bend Police Department) would be immediately contacted to allow for a criminal investigation to begin immediately. The PCM advised he or the Program Director will be the primary point of contact for any criminal investigation. The PCM confirmed that he has completed numerous specialized PREA investigation trainings and sufficiently described the training elements that are required by PREA standard 115.334. For example, the PCM elaborated how he

was trained on how to conduct interviews, how HR will provide the Garrity Warning as appropriate to the situation, the evidence collection process, and the preponderance of evidence burden of proof required to substantiate an allegation of sexual abuse or sexual harassment (51%). It was explained further by the PCM that an internal investigation would not be completed until the disposition is determined, even if the the source of the allegation recants the allegation or the perpetrator is no longer at the facility or employed by the agency. The PCM confirmed that whether criminal charges would be pursued is up to the local prosecutor, and he would never conduct compelled interviews. The PCM clarified that credibility assessments are not practiced when conducting an internal investigation and no truth telling devices are used. Lastly, the PCM shared that all administrative investigations into sexual abuse include an assessment of staff supervision during the incident and whether staff actions or failures contributed to the the abuse, with the investigative process and disposition documented on an investigative report and shared with facility leadership and the agency's PC.

**Explanation of Determination:**

**115.371**

**(a-m):**

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on pages 41 and 42, as noted below:

- Rite of Passage facilities do not conduct criminal investigations. When a Program Director (or designee) conducts his/her own administrative investigation into allegations of sexual abuse and sexual harassment, s/he shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.
- Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
- Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.
- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

- Administrative investigations:
  - Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
  - Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or Rite of Passage shall not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

In addition, the auditor confirmed that the trained internal administrative PREA investigator for at the DePaul Academy is the PCM. The auditor was provided the specialized investigator training verifications for the PCM, as noted in section 115.334 of this report, and it was verified that the South Bend Police Department and Indiana Department of Child Services are the agencies with jurisdiction to conduct criminal investigations into sexual abuse at the DePaul Academy.

The auditor confirmed through conversations with the staff at the DePaul Academy and through analyzing the verification documents provided that the facility has not had a situation involving sexual abuse since the last PREA audit. However, in order to demonstrate compliance with the reporting and investigative elements of this PREA standard, the PCM provided the auditor with verification documents from two PREA investigations conducted at the facility since the last PREA audit. It was concluded that each of these two investigations did not involve sexual abuse or sexual harassment per the PREA definitions, with the incidents being assessed as youth sexual conduct. The Coordinated Response Plan reports and supplemental investigative documents sufficiently demonstrated how the facility took each allegation seriously, promptly conducted the internal investigations, made the necessary notifications, and ensured the victims safety and held the perpetrator accountable for his actions. Furthermore, for each internal investigation, the investigator was the PCM who has received specialized training for conducting such an investigation.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the**

	<b>auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The PCM shared with the auditor how he was trained on how to conduct interviews, how HR will provide the Garrity Warning as appropriate to the situation, the evidence collection process, and the preponderance of evidence burden of proof required to substantiate an allegation of sexual abuse or sexual harassment (51%). The PCM also indicated that there has not been a PREA investigation at the facility since the last PREA audit that involved sexual abuse or sexual harassment.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372</b></p> <p><b>(a):</b></p> <p>According to the agency's PREA Policy on page 43, "the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP Safe Environmental Standards / PREA Post Investigation Student Notification (SES 115.373)
- Coordinated Response Plan form

**Interviews:**

- The auditor interviewed the facility's PD and PCM while onsite, who both expressed in their individual interviews that the facility makes the notifications required by this PREA standard; however, since the last PREA audit no incidents of sexual abuse has occurred at the program and, therefore, no criminal or administrative investigations have occurred. The PD and PCM advised that the agency has a form, the Post Investigation Student Notification, that would be used after completing an internal investigation of sexual abuse at the facility, which includes all the requirements of this PREA standard.

**Explanation of Determination:**

**115.373**

**(a-f):**

The auditor confirmed that all the requirements of this PREA standard are included in the agency's PREA Policy, and according to the agency's PREA Policy on page 44, "Rite of Passage will report the outcomes of internal and external investigations to the student victim." Furthermore, the following procedures are included in this Policy, which outline the reporting requirements set forth in this PREA Standard:

- Following an investigation into a student's allegation of sexual abuse suffered in a program, the program shall inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- If the program did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the student
- Following a student's allegation that a staff member has committed sexual abuse against the student, the program shall subsequently inform the student (unless the program has determined that the allegation is unfounded) whenever:
  - The staff member is no longer posted within the student's unit;
  - The staff member is no longer employed at the program;
  - The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or
  - The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.

- Following a student’s allegation that he or she has been sexually abused by another student, the program shall subsequently inform the alleged victim whenever:
  - The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or
  - The program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program.
- All such notifications or attempted notifications shall be provided to the student in writing on a “Post Allegation Student Notification Response Form” by the Program Director (or designee), and kept in the student file. (see Form in Appendix of Safe Environmental Standards Binder)
- Note: Obligation to report outcomes to the student shall terminate if the student is released from the program.

As confirmed by the auditor through the documentation review and interviews conducted onsite, the DePaul Academy has not experienced a situation involving sexual abuse of a student since the last PREA audit. However, even though the facility has not experienced such a situation, the PCM provided the auditor with the agency's "Post Investigation Student Notification" form, which includes sections for the administrator to complete to document all the notification requirements of this PREA standard. For example, the form includes sections to complete for the date of notification, nature of allegation, allegation category, whether the victim received written/verbal/third party notice, who and what agency conducted the investigation/s, date investigation began and concluded, finding of the investigation, applicable sanction imposed, if the suspect was removed from the student's unit, staff suspect employment status, whether the suspect was indicted or convicted, student signature receiving the notice, date and time student signed, and administrative staff involved (name, signature, and date reviewed). In addition to the Post Investigation Student Notification form, the auditor was also provided the agency's Coordinated Response Plan document, which also includes important notifications and details of the initial response to the allegation/incident and investigative procedures conducted.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following is a list of evidence used to determine compliance:**

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- PREA Investigative Reports

**Interviews:**

- The auditor asked the PCM and Program Director (PD) how a staff member, contractor, and volunteer would be held accountable for their actions for any violations of the agency's PREA Policy, in which each administrator shared in their individual interviews that the alleged perpetrator in this type of situation would be immediately placed on administrative leave and/or restricted access into the facility until the investigation is completed. Furthermore, if the violation was found to be true for a violation of sexual abuse, the presumptive outcome would be immediate termination of employment or services and law enforcement would be updated of this information. The PCM and PD explained how if the PREA violation does not reach the level of sexual abuse, the disciplinary action would be assessed on a case-by-case basis and the PD would make the ultimate decision on the most appropriate plan of action and level of discipline to impose (up to termination). The PCM elaborated further and provided the auditor with information related to a demotion of a staff member for violating procedures related to providing interactive supervision over the students, which is explained in more detail below.

**Explanation of Determination:**

**115.376**

**(a-d):**

The auditor confirmed that each element of this PREA standard is included in the agency's PREA Policy, and according to this Policy on page 45, "staff shall be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies." Further included on page 45 of this Policy are the following procedures for the disciplinary measures staff are subject to:

- Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- Disciplinary sanctions for violations of program policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and social services agencies.

	<p>Furthermore, the PCM noted in the PAQ that there has not been a situation involving sexual abuse or sexual harassment of a student at the DePaul Academy since the last PREA audit; therefore, no specific sexual abuse or sexual harassment related discipline has been imposed during this audit review period. However, the PCM did provide the auditor with verification documentation related to a situation involving a student-on-student consensual sexual misconduct situation that occurred in calendar year 2022. This incident involved two students voluntarily going into the same restroom and engaging in youth sexual misconduct, with the staff member supervising the youth disciplined (demoted) for violating the agency's interactive supervision policy. The auditor was provided the demotion form and the internal investigation documents for this incident, which adequately demonstrated how the facility promptly conducted the internal investigation and held the staff member involved accountable.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor asked the PCM and Program Director (PD) how a staff member, contractor, and volunteer would be held accountable for their actions for any violations of the agency's PREA Policy, in which each administrator shared in their individual interviews that the alleged perpetrator in this type of situation would be immediately placed on administrative leave and/or restricted access into the facility until the investigation is completed. Furthermore, if the violation was found to be true for a violation of sexual abuse, the presumptive outcome would be immediate termination of employment or services and law enforcement would be updated of this information. The PCM and PD explained how if the PREA violation does not reach the level of sexual abuse, the disciplinary action would be assessed on a case-by-case basis and the PD would make the ultimate decision on the most appropriate plan of action and level of discipline to impose (up to termination).</li> </ul>

	<p><b>Explanation of Determination:</b></p> <p><b>115.377</b></p> <p><b>(a-b):</b></p> <p>According to the agency's PREA Policy on page 46, "Volunteers and contractors found to have participated in activity {sexual abuse/sexual harassment} in this policy will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program. Further, this Policy also clarifies that the program shall take appropriate remedial measures and prohibit further contact with students and be denied access to any program.</p> <p>Furthermore, the PCM noted in the PAQ and in person during the onsite that there has not been a sexual abuse or sexual harassment situation at the DePaul Academy since the last PREA audit; however, if such a situation were to occur in the future, the facility has institutionalized policies and procedures in place to ensure the requirements of this PREA standard are adhered to in practice.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Investigative Reports</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the DePaul Academy's Program Director (PD), who confirmed that the facility does not utilize the practice of isolation for a PREA related matter, and all the youth rooms currently in use are not able to be locked by staff.</li> <li>- The auditor interviewed two MHP's and one medical professional from the facility, and each professional confirmed they are able to provide their professional services to all students in the DePaul Academy without restrictions. One MHP elaborated</li> </ul>

further and explained how youth that are displaying negative behavior usually require and are provided more frequent mental health services to help to reduce the likelihood of continued disruptive behavior. Furthermore, the three professionals interviewed all indicated to the auditor that they have never been made aware of a youth who identified as transgender or intersex; however, if such a youth was admitted, they would each be involved in the staffing process to ensure the appropriate safety nets are implemented and the youth is checked on regularly. It was also confirmed by the three professionals that all youth are seen by a medical and mental health staff within 24 hours of being admitted into the program, and all youth are provided individual, group, and family counseling sessions on a weekly basis while at the DePaul Academy.

- The CM confirmed during his interview with the auditor that isolation for a PREA related situation is not utilized at the DePaul Academy, with the student room doors not able to be locked by staff, and no specialized housing is utilized for youth who identify as LGBTI.

**Site Review Observations:**

During the onsite, the auditor did not observe any areas used for isolation or any specialized housing. Furthermore, it was confirmed during the onsite inspection that the student room doors can be opened from the inside; therefore, allowing students to exit their room as needed.

**Explanation of Determination:**

**115.378**

**(a-g):**

The auditor reviewed the agency's PREA Policy and the Policy includes all the requirements of this PREA Standard on page 47, as outlined below:

- Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process.
- A student will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse.
- Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the student's disciplinary history, and the sanctions imposed for comparable offenses by other students with similar histories. In the event a disciplinary sanction results in the isolation of a student, programs shall not deny the student daily large- muscle exercise or access to any legally required educational programming or special education services. Students in isolation shall receive daily visits

	<p>from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.</p> <ul style="list-style-type: none"> <li>• The disciplinary process shall consider whether a student’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</li> <li>• If the program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the program shall conduct an MDT meeting to consider whether to offer the offending student 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 to access to general programming or education.</li> <li>• The program will discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</li> <li>• For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</li> </ul> <p>Furthermore, as noted throughout this report, the auditor reviewed the two most recent PREA investigations that occurred at the DePaul Academy since the last PREA audit, and each situation did not reach the level of sexual abuse or sexual harassment of a student at the facility. This review of verification documentation provided the auditor with sufficient evidence to determine that the facility does not use any level of isolation as a means of disciplinary action or protective isolation.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Student Services Offered Acknowledgement</li> </ul>

**Interviews:**

- The auditor interviewed one student while onsite who was identified by the PCM as experiencing prior sexual victimization as noted on his Vulnerability Risk Assessment. This youth confirmed that he met with a medical and a therapist when he was admitted into the DePaul Academy and meets with his assigned therapist on a weekly basis. Furthermore, the auditor asked each of the nine other students interviewed if they have met with their assigned therapist on a weekly basis since being at the facility, and all the students responded in the affirmative, as well as indicated that in addition to the weekly one-on-one counseling sessions, the students also receive frequent group and family counseling sessions as part of their individual treatment plan while at the DePaul Academy.

- The auditor interviewed a Case Manager (CM) who conduct the facility's Vulnerability Assessment as part of the intake process, and the CM confirmed the practice of completing the Vulnerability Assessment for each youth admitted and sharing this screening with the therapeutic and medical departments. Additionally, the CM explained how all new intakes are pre-scheduled for arrival to the facility, since the program is a post-adjudicated residential treatment model and, therefore, able to schedule the new intakes for normal business hours (8-4) Monday thru Friday. The CM further elaborated on how all students are seen by a member of the therapeutic department (who is a licensed therapist) and a medical professional within 24 hours of being at the facility- with normal operating procedure being described as medical and mental health staff meeting with newly admitted students within a few hours of arriving at the facility.

- The auditor also interviewed two of the facilities fulltime licensed therapist and one of the fulltime medical professionals while onsite. Each of the professionals indicated in their individual interviews that the CM provides each students completed Vulnerability Assessment, and they conduct one-on-one individual meetings with each newly admitted student as part of the initial intake process on the same day as arriving at the DePaul Academy. The MHP's also shared that in addition to the initial meeting conducted with each student accepted into the program, the student's assigned counselor also conducts weekly individual counseling sessions on a weekly basis, as well as group and family sessions every other week.

**Site Review Observations:**

During the onsite, the auditor observed the physical storage area for student files and confirmed that the files are stored in a secure area within the facility- in the Case Manager's Office. Throughout the time the auditor was onsite, the auditor did not observe any issues of concern to note about the storage practices of sensitive PREA information.

**Explanation of Determination:****115.381**

**(a-d):**

According to the agency's PREA Policy on page 48, "Rite of Passage programs will screen for prior sexual victimization or perpetration and provide mental health services." Furthermore, the auditor confirmed that the requirements of this PREA Standard are included in their PREA Policy, as outlined below:

- If the screening pursuant to PREA Standard 115.341 indicates that a student has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
- If the screening pursuant to PREA Standard 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.
- Medical and mental health practitioners shall obtain informed consent from students before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the student is under the age of 18.
- Programs will conduct a mental health evaluation of all known student on student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners (115.383).

In order to demonstrate compliance with this PREA standard, the auditor was provided completed initial and periodic risk screening verification documents for the last 10 students admitted into the DePaul Academy. Upon the auditor's review, it was determined that the DePaul Academy has institutionalized a compliant practice of completing the required initial risk screenings pursuant to the requirements as set forth by this PREA standard. Furthermore, out of the 10 initial risk screenings examined by the auditor, it was determined that one of the ten indicated that a student had experienced prior sexual victimization and abusiveness, in which verification documentation was provided that proved that the student was offered and refused a meeting with a medical and mental health professional the next day after the screening was completed. Furthermore, through the compliance verification documentation review and the interviews conducted onsite with staff and students, it was confirmed that all students are seen by a medical AND mental health professional upon being admitted into the DePaul Academy, as a part of the intake process when they arrive at the facility. In addition, all students are assigned

	<p>a therapist, who provides weekly individual counseling sessions and frequent group and family sessions throughout their stay at the DePaul Academy. These group and family sessions are provided at least twice per month and the frequency depends on family transportation means. Due to the DePaul Academy successfully demonstrating how each youth admitted into the program is seen by a medical and mental health professional on the same day as being admitted into the facility, the auditor determined the facility substantially exceeds the required elements of this PREA standard in practice.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.</b></p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Services Offered Acknowledgement form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The PCM advised that there has not been a situation involving a student who has experienced a sexual abuse situation that would require the requirements prescribed by this PREA standard since the last PREA audit; however, if such a situation were to occur, a student victim would be transported to the Family Justice Center (FJC) as soon as possible to ensure a forensic interview and victim services can be provided. Furthermore, the PCM explained how the local hospital has 20 plus SANE/SAFE nurse examiners available to conduct a forensic medical examination and provide emergency medical services as deemed medically appropriate to the situation. In addition to the victim advocacy services provided by the FJC, the PCM confirmed that the DePaul Academy has fulltime medical and mental health professionals available to assist the victim while in the program, as well as contracts with a physician and psychiatrist.</li> <li>- The auditor interviewed two MHP's and one medical professional while onsite, and each of the professionals explained how they are able to provide crisis and emergency services applicable to their scope of professional services. If additional services are needed, 911 will be contacted, and the youth will be transported to the</li> </ul>

local hospital. In addition to the local hospital, the MHP's and medical professional advised that the Family Justice Center is also available to provide victim services on an as needed basis. The professionals also shared how a physician and psychiatrist are available to all students on an as needed basis for any medical or psychiatric need. Lastly, it was confirmed by each MHP and the one medical professional interviewed that the victim services required by this PREA standard would be provided either at the local hospital by a SANE/SAFE nurse, at the Family Justice Center, and/or at the facility by a licensed medical and/or mental health professional.

**Explanation of Determination:**

**115.382**

**(a-d):**

Per the agency's PREA Policy on page 49, "student victims will have access to emergency medical and mental health services." The auditor confirmed that this Policy includes the requirements of this PREA Standard on page 49, as outlined below:

- Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362 and shall immediately notify the appropriate medical and mental health practitioners.
- Student victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- A written MOU will be established by site PREA Compliance Manager for outside services for emergency and mental health services.

The facility also uploaded in the OAS the agency's Student Services Offered Acknowledgement form, which is used to ensure the following services are provided to a victim of sexual abuse:

- I have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence. Services Accepted \_\_\_\_ Services Declined \_

	<ul style="list-style-type: none"> <li>• If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive and a medical exam is important so proper services can be provided. Services Accepted ___ Services Declined ____</li> <li>• I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today. Services Accepted ___ Services Declined ____</li> <li>• This form is signed by the student, Therapeutic Manager, and SES Compliance Manager, as well as dated by each. The auditor was also provided the facility's "14 Day Mental Health Tracker" log sheet, which is used to document the follow-up mental health care provided.</li> </ul> <p>Note: No verification documentation related to the actual practices of responding to a sexual abuse incident and providing assess to emergency medical and mental health services was provided due to the facility not having a sexual abuse incident or allegation received since the last PREA audit.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Services Offered Acknowledgement form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The PCM advised that there has not been a situation involving a student who has experienced a sexual abuse situation that would require the requirements</li> </ul>

prescribed by this PREA standard since the last PREA audit; however, if such a situation were to occur, a student victim would be transported to the Family Justice Center (FJC) as soon as possible to ensure a forensic interview and victim services can be provided. Furthermore, the PCM explained how the local hospital has 20 plus SANE/SAFE nurse examiners available to conduct a forensic medical examination and provide emergency medical services as deemed medically appropriate to the situation. In addition to the victim advocacy services provided by the FJC, the PCM confirmed that the DePaul Academy has fulltime medical and mental health professionals available to assist the victim while in the program, as well as contracts with a physician and psychiatrist.

- The auditor interviewed two MHP's and one medical professional while onsite, and each of the professionals explained how they are able to provide crisis and emergency services applicable to their scope of professional services. If additional services are needed, 911 will be contacted, and the youth will be transported to the local hospital. In addition to the local hospital, the MHP's and medical professional advised that the Family Justice Center is also available to provide victim services on an as needed basis. The professionals also shared how a physician and psychiatrist are available to all students on an as needed basis for any medical or psychiatric need, and if a licensed sex offender treatment provider is necessary, one can be contracted on an as needed basis. Lastly, it was confirmed by each MHP and the one medical professional interviewed that the victim services required by this PREA standard would be provided either at the local hospital by a SANE/SAFE nurse, at the Family Justice Center, and/or at the facility by a licensed medical and/or mental health professional.

**Site Review Observations:**

During the onsite, the auditor confirmed that the DePaul Academy is an all boys facility, with no female students accepted.

**Explanation of Determination:**

**115.383**

**(a-h):**

According to the agency's PREA Policy on page 50, "Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused." Further, as confirmed by the auditor, the facility includes the requirements of this PREA Standard on page 50, as highlighted below:

- Ongoing medical and mental health care will be available for sexual abuse victims and abusers.
- The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.
- The evaluation and treatment of such victims shall include, as appropriate,

follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the program.

- The program shall provide such victims with medical and mental health services consistent with the community level of care.
- Student victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.
- If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services. Program Director will notify parent/guardian of test results in accordance with state and local laws.
- Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- The program shall attempt to conduct a mental health evaluation of all known student-on- student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility also uploaded the agency's Student Services Offered Acknowledgement form, which is used to ensure the following services are provided to a victim of sexual abuse:

- I have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence. Services Accepted \_\_\_ Services Declined \_\_\_
- If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive and a medical exam is important so proper services can be provided. Services Accepted \_\_\_ Services Declined \_\_\_\_\_
- I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today. Services Accepted \_\_\_ Services Declined \_\_\_\_\_

This form is signed by the student, Therapeutic Manager, and SES Compliance

	<p>Manager, as well as dated by each. The auditor was also provided the facility's "14 Day Mental Health Tracker" log sheet, which is used to document the follow-up mental health care provided.</p> <p>Note: No verification documentation related to the actual practices of responding to a sexual abuse incident and providing ongoing medical and mental health services was provided due to the facility not having a sexual abuse incident or allegation received since the last PREA audit. However, the auditor determined that the facility has institutionalized a compliant policy and practice for ensuring the follow-up mental and medical care required by this PREA standard is provided to a victim and perpetrator of sexual abuse.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Coordinated Response Plan forms</li> <li>- ROP SES/PREA Administrative &amp; Response Review forms</li> <li>- ROP Post-SES/PREA Investigation Recommendation &amp; Implementation forms</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor discussed the requirements of this PREA standard with the facility's PCM and Program Director (PD), who both would be involved in the facility's response to a sexual abuse situation that occurs at the DePaul Academy. Both administrators expressed how a sexual abuse incident review would be conducted within 30 days of the completion of an internal investigation into an allegation or incident of sexual abuse at the facility. The administrators shared who would be involved in such a review process and the steps involved in conducting the incident review with the team assembled, which included the elements required by this PREA standard. Furthermore, both administrators indicated that a ROP form would be used to document what was discussed during the incident review meeting, which is</li> </ul>

then required to be shared with the leadership team to ensure the necessary corrective action steps are effectively implemented, as applicable the situation. As noted throughout this report, the administrators advised they are unaware of a sexual abuse situation since the last PREA audit that would require a sexual abuse incident review; however, as previously noted, both administrators sufficiently described the details involved for conducting a sexual abuse incident review.

**Explanation of Determination:**

**115.386**

**(a-e):**

The auditor confirmed that the facility includes the requirements of this PREA standard on page 51 of their PREA Policy, as outlined below:

- A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.
- Complete ROP Form- Safe Environment Standards Administrative and Response Review
- Such review shall be completed within 30 days of the conclusion of the investigation.
- The RIIP shall report findings to site upper-level management.
- The RIIP will submit completed SES Administrative and Response Review to the Executive Director and the CEO within 30 days of the conclusion of the investigation.
- The site management team and RIIP shall:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the program;
  - Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (b)(1)-(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director.

Through reviewing the agency's PREA Policy and the supplemental proof documents

provided throughout audit process and in conducting the interviews onsite, the auditor determined that the DePaul Academy has not experienced a sexual abuse situation since the last PREA audit and, therefore, did not have any applicable verification documentation to provide to demonstrate how the requirements of this PREA standard were adhered to in practice in response to a sexual abuse incident. However, the auditor was provided sufficient evidence to confirm that the facility has the capability to complete a Sexual Abuse Incident Review pursuant to the requirements set forth by this PREA standard if such a situation were to occur in the future. For example, the auditor was provided PREA investigative files for two PREA internal investigations that were conducted at the facility since the last PREA audit that were determined to did not reach the level of sexual abuse or sexual harassment (founded as youth-on-youth sexual misconduct). These two investigative files included ROP Environmental Standards Coordinated Response Plan documents, PREA Administrative & Response Review forms, and PREA Investigation Recommendation & Implementation forms. Each form helped the facility sufficiently demonstrate how in each PREA incident found to be youth sexual misconduct, the DePaul Academy's leadership took the appropriate steps to ensure each situation was handled internally as a serious PREA incident and the requirements set forth in the PREA standards for sexual abuse situations were adhered to, which exceeds the minimum requirements of the applicable PREA standards, as determined by the auditor. Specific to the requirements of this PREA standard, the PREA Administrative & Response Review form and the PREA Investigation Recommendation & Implementation forms detail how the facility's leadership met to discuss and assess the elements required by this PREA standard for conducting a sexual abuse incident review.

Due to the fact the facility conducted the sexual abuse incident reviews for each of the two PREA situations that occurred at the DePaul Academy since the last PREA audit, which did not meet the criteria required to be an allegation/incident of sexual abuse, the auditor determined that the facility substantially exceeded the requirements of this PREA standard in practice.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency exceeds the required elements of this standard and no corrective action is required.**

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- DePaul Academy Website
- 2022 PREA Annual Report (for DePaul Academy)
- Final PREA Report (2020)

**Explanation of Determination:**

**115.387**

**(a-f):**

The auditor confirmed that the required elements of this PREA Standard are included in the facility's PREA Policy on page 52, as outlined below:

- Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control.
- Each site PREA Compliance Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- Data collected by site PREA Compliance Managers shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- Each RIIP shall aggregate the incident-based sexual abuse data at least annually.
- Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Furthermore, as noted in section 115.312 of this report, the DePaul Academy and ROP does not contract for the confinement of its residents. Therefore, provision (e) of this PREA Standard does not apply to the facility. The PCM also noted in the PAQ that the Department of Justice (DOJ) has not requested any PREA related data since the facility's last PREA audit; however, the PCM did upload a DOJ form, "Survey of Sexual Victimization," that the facility has access to if such data is ever requested in the future.

The auditor found on the DePaul Academy's website a publication related to recent PREA data from calendar years 2022 and 2021. The data and PREA related information included on the facility's website were without any personal identifiers and included accurate, uniformed data for each PREA type allegation received at the program. The auditor confirmed that the incident-based data published included, at a minimum, the data necessary to answer the questions from the most recent version of the DOJ Survey of Sexual Violence. Furthermore, through the PREA investigative file review, the auditor determined that the facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- DePaul Academy Website</li> <li>- 2022 PREA Annual Report (for DePaul Academy)</li> <li>- Final PREA Report (2020)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor discussed the requirements of this PREA standard with the agency's PREA Coordinator (PC) and the facility's PCM and PD, who all sufficiently expressed the procedures in place for collecting and analyzing the PREA data necessary to comply with the requirements of this PREA standard. For example, the PC shared how she meets with the PCM of the DePaul Academy to review the PREA data on a monthly basis, as well as is involved in the formal annual review process for completing the facility's Annual PREA Report. The administrators described how the data is reviewed to identify problem areas (blind spots, supervision problems, training inadequacies, etc.) and to take the necessary corrective action to improve sexual safety practices at the DePaul Academy. It was further explained how the Annual PREA Report is shared with ROP leadership and posted on the facility's website and the ROP website after approved by ROP leadership, with sensitive information redacted such as students names or other personal identifiers.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.388</b></p> <p><b>(a-d):</b></p> <p>According to the facility's PREA Policy on page 53:</p>

- Rite of Passage shall review data collected and aggregated pursuant to PREA Standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Data reviewed shall include the following:
  - Identifying problem areas;
  - Taking corrective action on an ongoing basis; and
  - Preparing an annual report of its findings and corrective actions for each program, as well as the organization as a whole.
- Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the organization’s progress in addressing sexual abuse.
- The organization’s report shall be approved by the CEO and made readily available to the public through its website or, if it does not have one, through other means.
- The organization may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a program, but must indicate the nature of the material redacted.

The auditor found on the DePaul Academy's website a publication related to recent PREA data from calendar years 2022 and 2021, which is the facility's 2022 PREA Annual Report. The data and PREA related information included on the facility's website were without any personal identifiers and included accurate, uniformed data for each PREA type allegation received at the program, as well as how the data was used to improve the effectiveness of the facility's sexual abuse prevention, detection, and responses practices, policies, and training. The auditor confirmed that the annual report sufficiently demonstrated how the facility's leadership met to identify problem areas, take applicable corrective action, and document the annual PREA data review process. Furthermore, the auditor determined that the facility maintains, reviews, and collects and analysis the PREA data from the current and previous years, with the comparison of data detailed on the Annual PREA Report.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> </ul>

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)

- DePaul Academy's Website

**Interviews:**

- The auditor confirmed with the PC, PCM, and PD during their individualized interviews that the PREA investigative reports and sensitive PREA data is securely retained either on a secure electronic file system or in secured filing drawers, with the authorized administrators in control of the appropriate safeguards to ensure the data is not released to any unauthorized individual at the facility or to the public.

**Site Review Observations:**

During the onsite, the auditor did not observe any PREA data storage issues of concern to note. For example, throughout the onsite phase of the audit, no PREA investigative reports or other PREA data collected pursuant to PREA standard 115.387 was out in the open or secured in an area that was open to the public or available to staff who did not have authorized access.

**Explanation of Determination:**

**115.389**

**(a-d):**

The auditor confirmed that all the requirements set forth in this PREA Standard are included in the facility's PREA Policy on page 54, as outlined below:

- Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.
- Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.
- The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.
- The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.
- Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.
- The organization shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Furthermore, as noted in section 115.312 of this report, the DePaul Academy and ROP does not contract for the confinement of its residents. Therefore, provision (b) of this PREA Standard does not apply. In addition, the auditor confirmed that the

	<p>PREA information that is made publicly available on the facility's website does not include any personal identifiers or any information that may pose a threat to student safety.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Explanation of Determination:</b></p> <p><b>115.401:</b></p> <p>This audit report has been completed during the fourth PREA audit cycle. Additionally, the auditor was provided full access to all areas of the facility during the onsite, was able to privately interview all individuals selected, and was provided all the proof documentation requested. There are no issues of non-compliance to document for the requirements associated with this PREA Standard. Furthermore, the auditor was provided pictures of the PREA Auditor Notices that were posted on bright paper throughout all frequently visited areas of the facility, both inside and outside- in the public lobby. The pictures were posted at least six (6) weeks prior to the scheduled onsite, and the auditor did not receive any correspondence from the facility. During the onsite, the auditor confirmed that all the postings were still posted throughout the facility and all residents interviewed confirmed being aware of the notices.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Explanation of Determination:</b>

**115.403:**

The auditor advised the PC that the Final Report is required to be posted on the agency's website within 30 days of receipt and it was confirmed that past audit final reports are posted on the facility's website.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

<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.)	yes
<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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<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	yes

	functions of the facility? (N/A for non-secure facilities )	
<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	yes

	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?	
<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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<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</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</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	yes

	employees?	
	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.)	na
<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 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.)	yes
<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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes
<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
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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	yes

	making facility and housing placement decisions and programming assignments?	
<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?	no
<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	yes

	entity or office that is not part of the agency?	
	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.)	na
	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.)	na
<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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
<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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<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.)	na
<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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<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	yes

	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?	
<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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
<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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: 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?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<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?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</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?	yes
<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	yes

	does not provide a basis for terminating an investigation?	
<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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<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	yes

	cooperates with any investigation arising out of the incident?	
<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	na

	the confinement of its residents.)	
<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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<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