

PREA AUDIT REPORT **INTERIM** **FINAL**

JUVENILE FACILITIES

Date of report: September 25, 2015

Auditor Information			
Auditor name: William J. Benjamin			
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Email: wbenjami@aol.com			
Telephone number: 518-466-5319			
Date of facility visit: August 25, 26, and 27, 2015			
Facility Information			
Facility name: Hillcrest Academy			
Facility physical address: 246 Bonham Rd, Cincinnati, OH 45215			
Facility mailing address: <i>(if different from above)</i> Same			
Facility telephone number: Click here to enter text.			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Dr. William Bruinsma			
Number of staff assigned to the facility in the last 12 months: 62			
Designed facility capacity: 96			
Current population of facility: 59			
Facility security levels/inmate custody levels: Staff Secure/Childrens Residential Center			
Age range of the population: 13-18 Years Old			
Name of PREA Compliance Manager: Mario Roberts		Title: Case Manager Specialist	
Email address: mario.roberts@rop.com		Telephone number: 513-552-1301	
Agency Information			
Name of agency: Rite of Passage, Inc			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 2360 Businesss Parkway, Suite A, Minden, NV 89423			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: 775-267-9411			
Agency Chief Executive Officer			
Name: Dr. William Bruinsma		Title: Executive Director	
Email address: william.bruinsma@rop.com		Telephone number: 574-339-4419	
Agency-Wide PREA Coordinator			
Name: Nathan Allen		Title: Regional Improvement Coordinator	
Email address: nathan.allen@rop.com		Telephone number: 513-552-1222	

AUDIT FINDINGS

NARRATIVE

The Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA auditor from Benjamin Correctional Consulting, LLC to conduct a PREA compliance audit of the Hillcrest Academy (HCA) located in Cincinnati, Ohio. A pre-audit technical assist visit site was conducted at HCA on May 11-15, 2015. The purpose of the technical assist was to train the regional PREA Coordinators, identify and address problem areas, review and edit ROP's PREA related policies and procedures and help ROP and HCA prepare for PREA Audits. The audit notification was posted in all common and living areas on June 17, 2015.

Mr. Benjamin, after receiving and reviewing the pre-audit questionnaire and other facility documents, conducted the on-site PREA compliance audit from August 25-27, 2015. An entrance interview was conducted with Executive Director Dr. William Bruinsma, Program Director Daniel Aning, PREA Coordinator Nat Allen, PREA Manager Mario Roberts, Director of Group Living Tim Gleason, HR Director Erica Powers, Director of Student Services Joe Kurtz, Clinic Director Gene Harris, School Principle Larry Ballew, and Psychology Trainer Eric Miller.

The on-site PREA compliance audit included a two hour complete facility tour, formal interviews of the Executive Director, Program Director, PREA Coordinator, PREA Manager, HR staff, Medical and Mental Health staff, and 12 other random staff. Throughout the audit, informal interviews of both residents and staff were conducted. A complete and thorough review all supportive policies, procedures, case files, and other related supporting documentation was conducted with the PREA Coordinator and PREA Manager. Daily out briefs were conducted with Executive Director Bruinsma and PREA Coordinator Allen.

A total of 10 residents at the program were interviewed. Ages ranged from 13 to 17 years. There were no residents at HCA at the time of the audit that had previously made an allegation of abuse or who identified as LGBTI. All residents interviewed had extensive knowledge of the right to be free from sexual abuse, assault or harassment. All residents were aware of the 241-KIDS hotline for reporting abuse, although none have ever had the need to use it. All residents acknowledged being screened upon admission and receiving information during admission and orientation on their right to be free from sexual abuse and harassment. All residents knew multiple ways to report abuse and felt very confident that any complaint they made would be properly addressed. All residents stated they felt safe at the facility.

A formal exit interview was conducted August 27, 2015 with Executive Director Dr. William Bruinsma, Program Director Daniel Aning, PREA Coordinator Nat Allen, PREA Manager Mario Roberts, Director of Group Living Tim Gleason, HR Director Erica Powers, Director of Student Services Joe Kurtz, Clinic Director Gene Harris, School Principle Larry Ballew, and Psychology Trainer Eric Miller.

It should be noted that the facilities and grounds were exceptionally clean and very well maintained, A major effort was made to minimize blind spots and improve staff ability to supervise residents. All staff displayed a high level of professionalism and knowledge of the PREA requirements and their roles. All residents interviewed were found to be well aware of PREA and stated that they felt safe at HCA and staff generally cared about their well-being and safety.

DESCRIPTION OF FACILITY CHARACTERISTICS

Hillcrest Academy is a 96-bed residential treatment program licensed in 2012 by the Ohio Department of Job and Family Services and operated by the Rite of Passage, Inc. in partnership with the Hamilton County Juvenile Court and Probation Department. Hillcrest Academy serves male youths between the ages of 12 to 18 with a history of delinquent behaviors, mild mental health issues, and special needs. The population at the time of the audit was 59 residents and the average length of stay is 7.4 months.

Hillcrest Academy's program features include: Strengths-based approach with many educational, vocational, athletic and community service opportunities; Safe Crisis Management System (JKM & Associates) which emphasizes positive reinforcement, de-escalation and behavioral interventions without the use of exclusion; Four to one student to staff ratio; Highly trained, experienced staff to connect with delinquent students; and Cognitive behavioral curricula including Aggression Replacement Training (ART) and Thinking for a Change (T4C).

Hillcrest Academy is set on a 70-acre campus with 23 total buildings which includes 12 cottages, a gymnasium, a swimming pool, athletic fields, chapel, dining facility, administration and security buildings, and on-site, non-public charter school. Eight of the cottages are currently configured for use as living units. Five of the living units consist of single occupancy rooms and the other three living units are configured with double occupancy rooms. In addition to bedrooms, each cottage includes a common bathroom with two individual showers, dayroom, reading room, and staff office.

The school at Hillcrest Academy is chartered by the Ohio Department of Education (ODE). The year-round school provides middle and high school level instruction as well as special education services provided by highly qualified ODE licensed teachers. The school has small class sizes, technology in every classroom, a Special Education Department with licensed Special Education teachers, an Intervention Specialist, a contracted Educational Psychologist, and a Credit recovery program.

Treatment Services are guided by an intake assessment process utilizing emotional and ability tests. The Ohio Youth Assessment System (OYAS) develops the Service Plans for each student. Services include: Treatment Plan with goals and corresponding services; Group Therapy including Positive Skill Development groups, Aggression Replacement Training, Thinking for a Change, substance abuse treatment and trauma therapy; Individual and family counseling; Partnerships with Wright State University's School of Professional Psychology and Xavier University's Department of Psychology, which allow doctoral-level practicum students to provide group, family and individual therapy, and conduct comprehensive psychological assessments; Partnership with the University of Cincinnati for treatment interventions, program element evaluation, and staff training; and Psychological and psychiatric interventions (medication management) when necessary.

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

Hillcrest Academy strives to rebuild the relationships youth have with their community by connecting them to resources and providing community service opportunities. In turn, youth are viewed as a resource to their community and develop a sense of social responsibility and competency. Activities include football, basketball, and track and field interscholastic competition through the Ohio High School Athletic Association, career technical education, and community service projects.

SUMMARY OF AUDIT FINDINGS

On August 25-27, 2015, a three day PREA compliance audit was completed at the Hillcrest Academy (HCA) located in Cincinnati, Ohio. The results indicate:

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Hillcrest Academy (HCA) and Rite of Passage’s (ROP) Safe Environment Standards mandate a zero tolerance policy against all forms of sexual abuse and sexual harassment. Rite of Passage prohibits all sexual activity between or with any student(s) under their care and supervision. No staff may work at an ROP program before completing PREA training. The policy indicates how it will implement the zero tolerance approach to preventing, detecting, and responding to sexual abuse and harassment. The policy also contains definitions of sexual abuse and harassment and sanctions for participating in prohibited behaviors.

HCA has a full time PREA Coordinator assigned to and working at the facility (under the title Regional Improvement Imbedded Coordinator – RIIP), and a PREA Manager (under the title PREA Site Compliance Manager). Both were interviewed and state that they have sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards.

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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

The auditor recommended that HCA enhance the supervision of the double rooms by adding a vision panel to each solid wood door.

Standard 115.315 Limits to cross-gender viewing and searches

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

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Compliance with this standard was determined by the following:

HCA Policy prohibits cross gender searches of residents by staff. Resident interviews confirmed pat-down and step searches are conducted by staff of the same gender. The auditor recommended that the facility consider relocating the current resident search area from the security building to the administration building so that it is in a less remote location.

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

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

HCA policy states residents are not to be used as interpreters. The facility has a bilingual Spanish/English speaking staff member and an interpreter is also available through the court. Residents with disabilities (e.g., residents who are deaf or have difficulty hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Standard 115.317 Hiring and promotion decisions

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

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

Compliance with this standard was determined by the following:

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

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

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

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

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

ROP shall also impose upon staff a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless

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

A review of staff files revealed that all employees had documented criminal background checks within the past five years. The auditor recommended that HR maintain a master list of all staff, their background check status, and the date of the background check.

Standard 115.318 Upgrades to facilities and technologies

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

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

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

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

HCA has a very good video monitoring system in place and the ROP is able to request physical plant modifications as needed to enhance resident supervision.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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All resident victims of sexual abuse have access to forensic medical examination. Sexual Assault Forensic

Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) personnel services are available from a local Rape Crisis Center. HCA/ROP programs will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations.

HCA has documented and attempted to enter into an MOU with both the Springfield Town Police and CHMC Sexual Assault Center (SAC). SAC provides victim advocacy and crisis intervention services. Both agencies have not signed the MOU as of yet but continue to provide such services.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

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

HCA has documented and attempted to enter into an MOU with the Springfield Town Police (STPD) for both administrative and criminal investigations of sexual assault and abuse allegations. At the time of the audit the STPD had not signed the MOU, but continues to provide such services.

Allegations of abuse are also investigated via a (241-KIDS) hot line number. The 241-KIDS is operated by the Children’s Services Division of Hamilton County Job and Family Services (HCJFS). HCJFS has the statutory responsibility to receive and respond to reports of child abuse and neglect in Hamilton County. Specially trained caseworkers staff the hotline. Their questions are designed to collect the necessary information to make an initial determination of suspected abuse or neglect.

The facility’s website includes its investigative responsibilities and also hyperlinks to the STPD website for their information.

Standard 115.331 Employee training

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

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.

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

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

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

HCA provides each staff with refresher training every six months to ensure that all staff knows the program's current sexual abuse and sexual harassment policies and procedures.

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

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

HCA exceeds the standard by provided employee training to all staff every six months.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Compliance with this standard was determined by the following:

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

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

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

Standard 115.333 Resident education

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

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Compliance with this standard was determined by the following:

During the intake process, residents receive the ROP Safe Environment Standards brochure "A Student Guide to Rights, Protections, and Reporting of Sexual Abuse" that explains the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

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

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

Residents receive education upon transfer to a different program to the extent that the policies and procedures of the resident's new program differs from those of the previous program.

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

The program maintains documentation of resident participation in these education sessions in the resident's Case Management file.

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

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

Standard 115.334 Specialized training: Investigations

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

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HCA/ROP administrative investigations are conducted by personnel who have received training in conducting such investigations in confinement settings, in addition to the general training provided to all employees pursuant to *PREA Standard 115.331*.

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

Standard 115.335 Specialized training: Medical and mental health care

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

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

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

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

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

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

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

HCA/ROP 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 residents' detriment by staff or other residents.

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

Standard 115.342 Use of screening information

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

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

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

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

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

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

Standard 115.351 Resident reporting

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

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

The residents have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This *could* include (but is not limited to) the following: Student Grievance Form, Student Statement Form, Medical Request Form, Student One-on-One Request Form, the Grievance Procedure, and direct verbal reporting to any staff member.

Residents can also call the hotline number (241-KIDS). The phones are accessible through staff in living units. The residents have frequent calls home, are allowed visits at the facility every weekend, and residents also may be allowed home visits. All random staff and resident interviews confirm that they know they can report in writing, verbally, anonymously, and through third parties.

Standard 115.352 Exhaustion of administrative remedies

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

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

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

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

The program ensures that:

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint. The program shall issue a final program decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The program may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The program will notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

A third party, including fellow resident, staff members, family members, attorneys, and outside advocates, is permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

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

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

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

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

Standard 115.353 Resident access to outside confidential support services

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

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

HCA policy "Prevention of Students (Residents) Sexual Assault/Rape" covers the components of this standard. No grievances were filed last year that alleged sexual abuse or misconduct. It was clear from interviews that preventing sexual assault in this facility is a responsibility that the staff at HCA take extremely seriously.

Standard 115.354 Third-party reporting

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

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

Compliance with this standard was determined by the following:

Information is made available through posters posted throughout the facilities with the toll-free hotline number and other reporting options. This information is also included in the PREA Orientation and the resident PREA education video.

Standard 115.361 Staff and agency reporting duties

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

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

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

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

Standard 115.362 Agency protection duties

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

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

HCA policy "Prevention of Resident Sexual Assault and Abuse" meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another bedroom and/or unit or transferred to another facility. There has not been residents placed in this status within the last twelve months. This was also verified through interviews with random staff.

Standard 115.363 Reporting to other confinement facilities

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

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

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

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

Standard 115.364 Staff first responder duties

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

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

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

Standard 115.365 Coordinated response

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

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

HCA has a written coordinated action plan for response to an incident of sexual abuse. The written plan to coordinate actions specifies which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions.

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

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

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

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

Standard 115.367 Agency protection against retaliation

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

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

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

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

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

The program shall employ multiple protection measures, such as housing changes or transfers for residents victims or abusers, removal of alleged staff or residents abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual

abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the program should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

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

Standard 115.368 Post-allegation protective custody

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

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

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

Standard 115.371 Criminal and administrative agency investigations

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

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

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

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

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

Standard 115.373 Reporting to residents

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

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

HCA/ROP reports the outcomes of internal and external investigations to the resident victim. Following an investigation into a resident's allegation of sexual abuse suffered in a program, the program will inform the resident 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 resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the program shall subsequently inform the resident (unless the program has determined that the allegation is unfounded) whenever:

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

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

- (1) The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or
- (2) 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 are provided to the resident in writing on a "Post Allegation Student Notification Response Form" by the Program Director (or designee), and kept in the resident's Case Management file.

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

Standard 115.376 Disciplinary sanctions for staff

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

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

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

Standard 115.377 Corrective action for contractors and volunteers

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

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

Volunteers and contractors found to have participated in sexual activity will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any resident and be denied access to any program. HCA/ROP will take appropriate remedial measures and prohibit further contact with residents and be denied access to any program.

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

Standard 115.378 Disciplinary sanctions for residents

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

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

HCA/ROP promotes a safe environment with established rules that are designed to protect the residents and staff. Residents shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process documented in ROP Policy 600.121- Code of Conduct.

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

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

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

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

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

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

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

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

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

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

If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the facility will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

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

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

HCA will conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners.

Standard 115.382 Access to emergency medical and mental health services

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

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

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

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

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

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

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

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

Resident victims of sexual abuse while in the program are offered tests for sexually transmitted infections as medically appropriate. The Program Director will notify parent/guardian of test results in accordance with state and local laws. The treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

Standard 115.386 Sexual abuse incident reviews

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

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

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

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:

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

Standard 115.387 Data collection

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

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

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

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

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

The regional Improvement PREA Coordinators 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.

Standard 115.388 Data review for corrective action

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

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

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

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

Standard 115.389 Data storage, publication, and destruction

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

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

William J. Benjamin

September 25, 2015

Auditor Signature

Date