

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report:** December 15, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> William J. Benjamin			
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<b>Email:</b> wbenjami@aol.com			
<b>Telephone number:</b> 518-466-5319			
<b>Date of facility visit:</b> November 30 – December 2, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Uta Halee Academy			
<b>Facility physical address:</b> 10625 Calhoun Road, Omaha, Nebraska 68112			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same			
<b>Facility telephone number:</b> 402-905-9600			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Kristi Lesley - Program Director			
<b>Number of staff assigned to the facility in the last 12 months:</b> 60			
<b>Designed facility capacity:</b> 48			
<b>Current population of facility:</b> 41			
<b>Facility security levels/inmate custody levels:</b> Staff Secure/Childrens Residential Center			
<b>Age range of the population:</b> 13-19 years old			
<b>Name of PREA Compliance Manager:</b> Steven Beard		<b>Title:</b> Shift Supervisor	
<b>Email address:</b> steven.beard@rop.com		<b>Telephone number:</b> 402-905-9630	
<b>Agency Information</b>			
<b>Name of agency:</b> Rite of Passage, Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 2360 Businesss Parkway, Suite A, Minden, NV 89423			
<b>Mailing address:</b> <i>(if different from above)</i> Same			
<b>Telephone number:</b> 775-267-9411			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> J. Ski Browmana		<b>Title:</b> Chief Executive Director	
<b>Email address:</b> S.Browman@rop.com		<b>Telephone number:</b> 775-267-9411	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Nathan Allen		<b>Title:</b> Regional Improvement PREA Coordinator	
<b>Email address:</b> nathan.allen@rop.com		<b>Telephone number:</b> 513-552-1222	

## AUDIT FINDINGS

### NARRATIVE

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 Uta Halee Academy (UHA) located in Omaha, Nebraska. A pre-audit technical assist visit site was conducted for ROP on May 11-15, 2015 at their Hillcrest Academy in Cincinnati, Ohio. The purpose of the technical assist was to train the regional PREA Coordinators, identify and address potential problem areas, review and edit ROP's PREA related policies and procedures, and help ROP prepare for future PREA Audits. The UHA audit notification was posted in all common and living areas on September 25, 2015.

Mr. Benjamin, after receiving and reviewing the pre-audit questionnaire and other facility documents on November 25, 2015 and conducted the onsite PREA compliance audit from November 30 – December 2, 2015. An entrance interview was conducted on November 30, 2015 with Regional Director Michael Cantrell, Program Director Kristi Lesley, Regional Improvement PREA Coordinator Nathan Allen, RN Cheryl Blacketer, Human Resources Manager Tarino Russell, and Shift Supervisor/PREA Compliance Manager Steven Beard.

The onsite PREA compliance audit included a three hour complete facility tour, formal interviews of Regional Director Michael Cantrell, Program Director Kristi Lesley, Regional Improvement PREA Coordinator Nathan Allen, RN Cheryl Blacketer, Human Resources Manager Tarino Russell, Shift Supervisor/PREA Compliance Manager Steven Beard, and ten (10) other UHA randomly selected staff. Throughout the audit, informal interviews of both residents and staff were conducted to verify facility compliance with the PREA standards. A complete and thorough review of all supporting documents, agency and facility Policies and Procedures, residents' case files, and other related supporting documentation was conducted with the Regional Improvement PREA Coordinator and PREA Compliance Manager. Daily out briefs were conducted with the Regional Director, the PREA Compliance Manager, and the Regional Improvement PREA Coordinator.

A total of ten (10) female residents were interviewed, with ages ranging from 15 to 18 years old, that were selected at random from various living units and programs. At the time of the audit, there were no residents that had previously made an allegation of abuse or were found to have conducted abuse. All residents interviewed had extensive knowledge of their rights to be free from sexual abuse and/or sexual harassment. All residents were aware of the state's abuse hotline and the SAFE hotline number for reporting abuse, although none had ever needed to use it. All residents acknowledged they were screened upon admission, received PREA information during admission, and received orientation on their right to be free from sexual abuse and harassment as well as the facility's "Zero Tolerance" policy on engaging in either. All residents knew the multiple ways to report abuse and felt very confident that any report they made would be properly addressed by the facility.

A formal exit interview was conducted on December 2, 2015 with Regional Director Michael Cantrell, Program Director Kristi Lesley, Regional Improvement PREA Coordinator Nathan Allen, RN Cheryl Blacketer, Human Resources Manager Tarino Russell, Shift Supervisor Daniel Miller, and Shift Supervisor/PREA Compliance Manager Steven Beard. It should be noted that the UHA grounds were exceptionally well maintained and very clean. A major effort was made by the facility prior to the audit 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 in the PREA process. All residents interviewed, both formal and informal, were found to be well aware of their rights granted from PREA. They stated that they felt safe at Uta Halee Academy and staff cared about their well-being and safety.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Uta Halee Academy, opened in December 2013, is a 48-bed residential treatment program licensed by the Nebraska Department of Juvenile Services and is owned and operated by Rite of Passage, Inc. Uta Halee Academy is on a 27-acre campus and includes a modern fitness center, four (4) living units (cottages), a school, a health clinic, and a great hall, all situated in a remote wooded therapeutic setting. The cottages house 11-12 residents in individual rooms, with one or two double occupancy rooms, and individual bathrooms with showers. The population at the time of the audit was 41 residents and the average length of stay is 7 months. ROP and UTA refer to their residents as “students”.

Uta Halee Academy is a child caring residential school serving female youths between the ages of 13 to 19 with a history of risk and delinquent behaviors, mild mental health issues, and special needs that were referred by child welfare agencies, juvenile courts and private sources. The Uta Halee Academy program offers a least restrictive academic model with a campus-like milieu that promotes diverse social and educational interactions essential to the competency development of students.

Therapeutic and Case Management Services has each student assigned to a Masters level therapist who provides individual counseling in a prescriptive treatment plan and provides comprehensive case management services. All students participate in core groups and have the option to attend specialized groups based on individual needs. Each student also has access to psychiatric services and treatment by a licensed medical practitioner.

Additional Uta Halee Academy features include: gender-specific and culturally competent services; cognitive behavioral approach within a normalized academic environment; on-site year-round Rule 18 school with emphasis on academic credit recovery and remediation as well as special education services; low student to staff ratio; individualized treatment plans; and access to mental health and substance abuse services. The school education program is designed to meet the individual needs of each student. Due to a highly individualized form of instruction, many students are successfully moved into the regular education program which is the least restrictive environment. The Career & Technical Education (CTE) curriculum is structured in a modular fashion to allow for open enrollment with students exiting and entering throughout the year. Currently two CTE pathways ranging from beginner to advanced are offered: Computer Technology and Culinary Arts.

The Uta Halee Academy recreation program is designed to promote healthy, positive lifestyle choices and supports each student’s health and wellness plan. The students may participate in competitive sports both during and after school. They are also introduced to leisure activities such as knitting, book clubs, recreation centers, and art workshops. Other activities include weight training, Zumba, Yoga, and Mind/Body Life Skills. Students are also given the opportunity to participate in many off-site activities.

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

## **SUMMARY OF AUDIT FINDINGS**

On November 30 – December 2, 2015, a three day PREA compliance audit was completed at the Uta Halee Academy (UHA) located in Omaha, Nebraska. The results indicate:

Number of standards exceeded: 2

Number of standards met: 38

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.**

UTA Halee Academy (UTA) and Rite of Passage’s (ROP) Safe Environment Standards policy mandates a zero tolerance 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.

ROP has a full time PREA Coordinator whose title is a Regional Improvement PREA Coordinator, who oversees UTA’s PREA activity. UTA has an onsite PREA Manager, working under the title PREA Site Compliance Manager, who manages the facility’s PREA program and functions. Both the PREA Coordinator and PREA Manager were interviewed and stated they have sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards.

Interviews with staff and residents 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 – ROP/UTA 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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UTA's staffing plan was reviewed and found to be in compliance with this standard and the facility did not deviate from its staffing plan during the past 12 months. The facility maintains a 1:6 staff to resident ratio during waking hours and a minimum of 1:12 staff ratio during sleeping hours which will meet the minimum staff ratio standard that will go into effect on October 1, 2017.

Supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded on a shift supervisor unannounced form and are maintained in a binder. Interviews of shift supervisors and staff confirmed this practice.

#### **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:

UTA policy prohibits cross gender searches of residents by staff. Resident interviews confirmed there were no pat-down searches by staff of different gender.

Staff and resident interviews indicated that residents shower and change their cloths in private bathrooms or their single occupancy bedrooms without being viewed by staff.

#### **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.**

ROP/UTA policy states residents are not to be used as interpreters for other residents. The facility has PREA literature in both English and Spanish and, as needed, access to language interpreters from resources outside the facility. 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 ROP/UTA'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)

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ROP policy requires UTA, before a new staff person who may have contact with residents is hired, to conduct a criminal background record check; consult any child abuse registry maintained by the State or locality in which the staff would work; and check the state sexual abuse registry.

In regards to contractors, the UTA maintains a file of the contract staff's criminal background record check and they consult the state child abuse registries before any contractor would have contact with residents. The facility also conducts the same complete background check for volunteers.

A review of UTA personnel files revealed that all employees, contractors, and volunteers had documented complete background checks within the past five (5) years. UTA exceeds the PREA standard by conducting complete background checks on every employee and volunteer every two (2) years, a requirement of state licensing standards.

### **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)

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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.

UTA has a relatively new video monitoring system in place that provides enhanced monitoring. ROP is able to make physical plant modifications as needed to enhance resident supervision. Recommendations were made during the audit to add a camera to the back side of the activity room and to consider relocating the wall and door frame that separates the waiting room from the medical unit so that the exam room is completely within the medical unit.

### **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, the Methodist Hospital Center. UTA Program Director will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations.

ROP/UTA has entered into an MOU with Methodist Hospital Center for SAFE/SANE program and crisis intervention services. The Methodist Hospital Center contact number is 402-354-8899.

### **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 the Douglas County Sheriff Office who has 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.

UTA has documented and attempted to enter into an MOU with the Douglas County Sheriff Office for criminal investigations of sexual assault and abuse allegations. The sheriff's office had responded to the MOU request stating they would conduct criminal investigations into sexual misconduct and abuse as required.

Allegations of abuse are also investigated by the State of Nebraska Child Protective Services via a 800-652-1999 hot line number. The State of Nebraska Child Protective Services has the statutory responsibility to receive and respond to reports of child abuse and neglect in Nebraska. 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 a hyperlink to the Douglas County Sheriff's Office website for their information. The Douglas County Sheriff Office number is 402-444-5802.

### **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)

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ROP/UTA 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. ROP zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities of 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.

ROP/UTA provides each staff with refresher training every six months to ensure that all staff know its 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 the employee's file.

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

ROP/UTA exceeds the standard by providing employee training to all staff every six (6) 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)

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Compliance with this standard was determined by the following:

UTA 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, UTA 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. The residents also receive and sign ROP’s Safe Environment Standards form “Student Acknowledgment of Zero Tolerance”. The signed acknowledgment form is maintained in the resident’s Case Management file.

Within 5 days of intake, residents receive an Orientation Program which provides comprehensive age-appropriate education to residents regarding their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and ROP/SOA policies and procedures for reporting such incidents.

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

ROP/UTA maintains documentation of resident participation in these educational 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.

ROP has developed an outstanding PREA educational video that is played during the UTA Orientation Program.

### **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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Compliance with this standard was determined by the following:

- (a) In addition to the general training provided to all employees pursuant to *PREA Standard 115.331*, ROP ensures that, to the extent the agency itself conducts sexual abuse administrative investigations, its investigators have received training for 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 gathering the criteria and evidence required to substantiate a case for administrative action or law enforcement referral.
- (d) ROP Human Resources and/or the Site Trainer maintain documentation that ROP/UTA 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 UTA have been trained in:

- (a) How to detect and assess signs of sexual abuse and sexual harassment;
- (b) How to preserve physical evidence of sexual abuse;
- (c) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

UTA maintains 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 UTA and periodically throughout his stay, the Case Managers (CM) completes the "Vulnerability Assessment Instrument" with the resident, summarizes it, and documents it in case notes. Information includes:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance, 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 the 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/ reviews all documentation collected during the intake process and revises 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.

ROP/UTA implement appropriate controls within the program on disseminating responses to questions asked pursuant to this standard to ensure 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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ROP/UTA 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 housing, bed, or other assignments based solely on such identification or status, nor shall UTA consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or 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, on a case-by-case basis the program shall consider 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. 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 by using the same private bathrooms as the 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.**

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:

- (a) Student Grievance Form,
- (b) Student Statement Form,
- (c) Medical Request Form,
- (d) Student One-on-One Request Form,
- (e) the Grievance Procedure,
- (f) direct verbal reporting to any staff member, and
- (g) calling the abuse hotline number.

Phones are accessible through staff in living units. UTA residents have weekly calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits.

All UTA 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.**

ROP/UTA 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. ROP/UTA may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. ROP/UTA 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 ROP/UTA's ability to defend against a lawsuit filed by a resident on the grounds 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. ROP/UTA 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) ROP/UTA 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. ROP/UTA 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 residents, 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, ROP/UTA 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, ROP/UTA 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.

ROP/UTA has established 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, ROP/UTA 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 ROP/UTA decision within 5 calendar days.

The initial response and final decision shall document the ROP/UTA's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. ROP/UTA may discipline a resident for filing a grievance related to alleged sexual abuse only where the grievance 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.**

Compliance with this standard was determined by the following:

ROP/UTA policy states that residents have access to victim advocacy services for emotional support related to sexual abuse. The policy also provides residents with confidential access to their attorney, parole officer, other legal representation, and parents or legal guardians.

Resident written materials and posters provide contact information for these services. UTA has a MOU with the Methodist Hospital Center to provide emotional support related to sexual abuse.

#### **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:

ROP PREA Policy SES #115.354 requires the facility to accept all verbal, written, and anonymous reports from any source, including third parties. Notice of how to report allegations are posted in the lobby and other areas of UTA 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.**

ROP/UTA employees are trained to immediately report 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 mandatory 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.**

ROP/UTA policy “Prevention of Resident Sexual Assault and Abuse” meets the components of this standard. The policy states that if a resident was at risk of sexual victimization, they could temporarily be placed in another bedroom and/or living unit and the shift supervisor shall take other immediate appropriate actions to protect the resident. No UTA residents have been placed in this status within the last twelve months. This was verified through interviews with randomly selected 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.**

ROP 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. This policy was confirmed by an interview with the UTA Program Director.

UTA received no allegations that a resident was sexually abused while confined at another facility during the past three (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.**

ROP PREA policy SES #115.364 includes all of the components of this standard. All UTA 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.**

ROP/UTA has a written action plan (PREA Incident Response Follow Chart & Checklist) for responding to an incident of sexual abuse. The written plan coordinate actions, specifies which entities within UTA are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The PREA Incident Response Follow Chart & Checklist is very comprehensive.

### **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.**

ROP/UTA is not a collective bargaining agency. Nothing in ROP/UTA policies inhibits the facility’s ability to protect residents from contact with 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.**

ROP/UTA 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 an act.

ROP/UTA 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 Director shall employ multiple protection measures, such as housing assignment changes or transfers for residents that may be a victim or an abuser, removal of alleged staff 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 Director shall monitor the conduct and treatment of residents or staff who reported the sexual abuse as well as residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. The Program Director shall act promptly to remedy any such retaliation. Items the Program Director should monitor include any resident disciplinary reports, housing or program changes, negative performance reviews, or reassignment of staff.

The Program Director shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall be reviewed in Multi-Disciplinary Team (MDT) meetings.

### **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.**

ROP/UTA policy states that a resident may be placed in alternate housing for their 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.**

ROP/UTA does not conduct criminal investigations. When the 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 appear to be criminal shall be reported to local law enforcement for action and investigation. Substantiated allegations that appear to be criminal will be referred for prosecution.

There were no substantiated allegations made by UTA residents 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.**

ROP/UTA 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. This policy was verified by interview with the Program Director.

### **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.**

ROP/UTA reports the outcome of internal and external investigations to the resident victim. Following an investigation into a resident’s allegation of sexual abuse suffered in UTA, the Program Director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the Program Director 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 Director 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 Director learns that the staff member has been indicted on a charge related to sexual abuse within the program; or
- (4) The Program Director learns that the staff member has been convicted on a charge related to sexual abuse within

UTA.

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

- (1) The Program Director learns that the alleged abuser has been indicted on a charge related to sexual abuse within the UTA; or
- (2) The Program Director learns that the alleged abuser has been convicted on a charge related to sexual abuse within the UTA.

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 are 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 UTA Program.*

### **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 two (2) year reporting period (note that the facility opened in December 2013). The policy for imposing disciplinary sanctions is in place and interviews with the ROP Regional Director and UTA Program Director confirm 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 with residents will be reported to law enforcement and social services agencies. ROP/UTA will take appropriate remedial measures, prohibit volunteers and contractors from any further contact with residents, and deny them access to any program.

There have been no incidents involving contractors and volunteers requiring corrective action during the past two (2) year reporting period (note that the facility opened in December 2013).

### 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.**

ROP/UTA 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 as documented in ROP Policy 600.121 - Code of Conduct.

A UTA 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 their behavior when determining what type of sanction, if any, should be imposed.

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

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.**

ROP/UTA 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 the 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.

UTA 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.**

UTA 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. This was verified by interviews with Medical staff and the Program Director.

#### **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.**

ROP/UTA offers 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.

While in the program, resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The Program Director will notify the 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.

ROP/UTA, 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.**

ROP/UTA policy is that the Regional Improvement PREA Coordinator 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 (SES) Administrative and Response Review Form.

The Regional Improvement PREA Coordinator will submit a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of the investigation.

The site management team and Regional Improvement PREA Coordinator 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 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.**

ROP/UTA 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.

The UTA 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 the UTA PREA Compliance Managers 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.

The Regional Improvement PREA Coordinators aggregate the incident-based sexual abuse data at least annually.

The Business Department shall provide all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30, upon DOJ’s request.

#### **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.**

On an ongoing basis, ROP/UTA reviews collected data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The Regional Improvement PREA Coordinator shall cause corrective action for any problem areas identified during the review and prepare an annual report of any findings and corrective actions taken for the facility.

Such reports include a comparison of the current year’s data and corrective actions with those from prior years as well as an assessment of the agency’s progress in addressing sexual abuse. The facility’s report is approved by the Program Director and will be posted on the facility’s website at [www.utahalee.com](http://www.utahalee.com).

#### **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.**

By policy, ROP will make all aggregated sexual abuse data from UTA readily available to the public through its website beginning in January 2016, and annually thereafter. Before making aggregated sexual abuse data publicly available, ROP/UTA will remove all personal identifiers. From the facility’s opening in December 2013 until the time of the audit, UTA has had no sexual abuse data to report.

Sexual abuse data collected pursuant to § 115.387 has been and will continue to be maintained by ROP/UTA 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

December 15, 2015

Auditor Signature

Date