

FINAL AUDITOR'S SUMMARY REPORT



Name of Facility: Rite of Passage: J. Walter Wood Jr. Treatment Center Program			
Physical Address: 851 Sprott Drive, Montgomery, AL 36117			
Date report submitted: November 8, 2017			
Auditor information			
Name: Sharon Pette, MSC			
Email: sharon@rapidesi.com			
Telephone number: (B) 212-677-5093 or (C) 503-910-9873			
Date of facility visit: October 2, 3, and 4, 2017			
Facility Information			
Facility Mailing Address: SAME AS ABOVE			
Telephone Number: 334-676-5272			
The Facility is:	Military	County	Federal
	Private for profit	Municipal	State: Contracted by State of Alabama
Facility Type:	Community Residential - Juvenile Justice		
Name of PREA Compliance Manager: Carol Cantrell		Title: Compliance Coordinator	
Email Address: carol.cantrell@rop.com			334-676-5274
Agency Information			
Name of Agency: Rite of Passage			
Governing Authority: Rite of Passage (contracted by the State of Alabama, Department of Youth Services)			
Physical Address: 851 Sprott Drive, Montgomery, AL 36117			
Mailing Address: Same as above			
Telephone Number: 334-676-5273 – Program Director, Sabrina London			
Agency Chief Executive Officer/ Designee			
Name: Michael Cantrell		Title:	Regional Director
Email Address: Michael.cantrell@rop.com		Telephone Number:	402-905-9640
Agency Wide PREA Coordinator			
Name: Nathan Allen		Title:	Regional Improvement Coordinator
Email Address: Nathan.allen@rop.com		Telephone Number:	513-552-1222

PROGRAM AND FACILITY DESCRIPTION

The J. Walter Wood Jr. (JWW) Treatment Center is operated by a private for profit agency, the Rite of Passage. The State of Alabama Department of Youth Services (AL DYS) contracts with the Rite of Passage to provide residential treatment services to juvenile justice youth.

The J. Walter Wood Treatment Center is located in Montgomery, Alabama. The JWW facility is a secure residential program located in a rural community setting and opened in November 2015. The program serves females between the ages of 13 and 18 years who have a history of risk and delinquent behaviors and mild mental health issues. The program uses evidence-based practices and positive skill development, combined with a supportive therapeutic approach, to help youth reform their lives. Programming includes individual counseling sessions with Masters level therapists, trauma-informed treatment groups, and psychiatric services as needed. Youth are referred by the State of Alabama DYS and are in the custody of the State. The program is licensed to serve 24 youth, although at the time of the on-site audit there were 23 youth in the program. The average length of stay is between 6 and 12 months.

The JWW facility is comprised of three buildings: A main administrative building and two “cottages” or housing units. Although the facility is enclosed by a perimeter fence, the facility offers a campus-like setting with various sitting areas, individual courtyards, a volleyball court and well maintained landscaping. The main administration building includes staff offices, a conference room, a waiting area for visitors, the medical clinic, three classrooms, and a library. There are two pass-through areas that can only be accessed by staff using a programmed key card. The first pass-through area allows access to the hallway in which the medical clinic is located. The second pass-through area provides access to the three education/classroom areas, although at the time of the review only two classrooms were being used for academic instruction. The two classrooms currently being used have an open layout and the teacher’s desks are positioned to monitor all youth, including having full view of computer screens. During school hours, each class has twelve youth per teacher and two staff are present in each classroom. The third classroom or “science lab” is used to conduct individual counseling sessions between youth and therapist.

The youth residences or “cottages” are accessed by walking through each of the pass-through areas into a large fenced courtyard. There are two residential cottages: “East” and “West.” The cottages were designed specifically for the juvenile justice population and therefore, the physical layout supports effective supervision of youth. Each cottage has an open layout that includes six individual bedrooms on either side of the rectangular unit (a total of 12 rooms per cottage). There are two separate showers with four toilets on each unit. Each shower is a single unit with a solid door that can be locked from the outside. Each cottage is equipped with a laundry unit that is locked at all times. Awake/night staff are responsible for doing laundry during the week and youth do their laundry on the weekends. There are surveillance cameras in the laundry room, although youth are closely supervised during this time. There are also two staff offices on each unit located on the opposite ends of the cottage that are used for individual counseling sessions and family visitation. An open dining area is located at the front of each cottage. There is no kitchen on site and all meals are transported into the facility.

SUMMARY OF AUDIT FINDINGS

This PREA audit conducted in October 2017 is the second PREA audit for the JWW Treatment Center. The initial audit was conducted in April 2016 and the facility achieved 100% compliance with federal PREA standards at that time. There is strong evidence that Rite of Passage agency and the JWW Treatment Center have a solid infrastructure that supports effective organizational functioning and promotes youth safety. Numerous policies and legal documents exist that support the agency's dedication to zero tolerance and effective crisis response. This includes the agency's Safe Environmental Standards (SES) which specifically addresses each PREA standard. Annual formal training on these standards is mandatory for all staff. The SES provides valuable information about how to respond to incidents of sexual abuse, the agency's grievance process, required youth supervision, and other important PREA related information.

The Rite of Passage infrastructure includes a high level manager, the Regional Improvement Imbedded PREA (RIIP) Coordinator who is responsible for ensuring agency compliance with all state and federal regulations. The JWW facility has a full time Facility Compliance Manager who manages the JWW PREA program and its functions. In addition, the infrastructure includes an incident review system that requires agency leadership to review all critical incidents in order to determine contributing factors and requiring plans to mitigate future risk of sexual abuse and assault. This level of review ensures agency leaders are connected to program operations; that issues are addressed immediately and appropriately; and feedback and guidance is provided to programs to prevent future incidents. This process is embedded throughout agency policies.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with several top leaders in the Rite of Passage organization reveal the Rite of Passage is fully committed to keeping youth safe and free from sexual abuse, assault, and harassment. An interview with the Rite of Passage's Regional Director, Mr. Michael Cantrell, verified the agency's commitment to keeping youth safe. Mr. Cantrell explained that he takes the standards seriously and that he has authorized all facility improvements that enhanced the safety of residents, including installing additional cameras to address blind spots and providing staff with additional training. Other agency leaders, including the Regional Imbedded Improvement PREA Coordinator (RIIP), Mr. Nathan Allen, shared similar perspectives on the importance of closely aligning agency and program practices with PREA standards.

Information gathered from program staff and youth provides substantial evidence that there is strong leadership at the JWW Treatment Center. The Program Director, Ms. Sabrina London has worked at the program since it opened in 2015. She has extensive professional experience in social services and working with at-risk youth. She is professional and well respected by staff. Interviews revealed that Ms. London is committed to keeping youth safe and that she is passionate about helping youth make positive changes in their lives. In addition, observations and interviews confirmed that Ms. London supports staff through regular team meetings and frequent visits to the residential cottages to talk with staff and youth. She is dedicated to identifying ways to improve program operations and services, for the purpose of enhancing the lives of youth. Similarly, staff and youth interviews verified that the JWW Therapeutic Managers, PREA Compliance Manager, and direct care managers are experienced, skilled, and possess a genuine passion for the work they do. This exceptional leadership throughout the program is a recipe for program success.

As previously mentioned, the Rite of Passage (ROP) has numerous policies, formal trainings, and procedures that ensure all ROP facilities across the nation are aligned with federal PREA expectations. During the on-site visit conducted on October 2, 3, and 4, 2017 the auditor readily observed and verified through interviews that the JWW program had operationalized the PREA standards. For example, the program has several zero tolerance posters in Spanish and English which display the phone numbers for two different hotline numbers; has well documented unannounced rounds conducted by the PREA Compliance Manager, Ms. Carol Cantrell, and Shift Supervisors; and has a comprehensive PREA training program for all staff that is provided on an annual basis, to name a few. All JWW program leadership demonstrate a deep understanding of the federal requirements and have successfully managed to put these principles into practice at the JWW program. These fully embedded practices increase the safety of youth in custody and mitigate the risk for sexual abuse and sexual assault.

During the onsite audit, youth interviews confirmed that all youth understand their right to be free from abuse and harassment; understood how to make a report if they were being abused; and stated they felt staff genuinely cared about their safety and well-being. When several youth were asked the question, “What kinds of things can you get away with here at this program?” all youth responded similarly – that youth are under constant and close supervision. One youth summarized this by saying, *“I feel safe here...We can’t get away with anything...this is one of the safest facilities”* and another youth stated, *“<We> don’t have a lot of PREA stuff because staff are on it!”* Youth confirmed that they are always with staff and are not alone with other residents in their bedrooms. All youth reported that they felt safe in the program and that JWW staff have helped them change their lives for the better.

Consistent with expectations outlined in the “PREA Auditor Handbook” (August 2017), the auditor conducted interviews with specialized youth populations. During the onsite visit, the auditor interviewed two youth who identified as lesbian, two youth who identified as bisexual, two youth who disclosed at intake to have a history of sexual victimization, and one youth who was low cognitive functioning who also identified as bisexual. There were no youth with physical disabilities or English as a Second Language (ESL) residing at the JWW Treatment Center at the time of the onsite review.

The dedication exhibited by the Rite of Passage agency leadership and the JWW program leadership has resulted in the **JWW Treatment Center achieving full compliance with federal DOJ PREA standards** during this second PREA audit. The onsite audit process and subsequent conversations with the program leadership, has allowed the auditor to conclude that the program infrastructure is solid and supports all PREA standards. The auditor applauds ROP and the JWW for its hard work in developing the measures to ensure youth are safe.

Since the JWW facility achieved 100% compliance at the end of the on-site audit, the program did not enter the six-month corrective action period. The following chart reflects the number of measures in compliance with the federal PREA standards. The dedication and hard work put forth by JWW leadership staff has allowed JWW program to “Exceed” expectations on five PREA standards.

Category	Initial and Final Report Total
Number of Standards Exceeded	5
Number of Standards Met	35
Number of Standards Not Met	0
Number of Standards N/A	1
Percent of Compliance with PREA Standards	100%

It is important to note that the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in this report is not an “all inclusive” list of the evidence needed to sufficiently meet PREA standards. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed by the JWW Treatment Center are consistent with agency policies and federal PREA expectations.

AUDIT PROCESS OVERVIEW

The Rite of Passage contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) in April 2017 to conduct the government mandated audit. The purpose of this audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The PREA audit conducted in October 2017 is the second PREA audit conducted on the J. Walter Wood Treatment Center.

Six weeks in advance of the on-site audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor’s contact information. More specifically, notification fliers were posted in the common areas of the two resident cottages, in the medical clinic, in the hallways, and in the educational classrooms. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Within one month of the on-site review, the JWW Facility PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. A comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials was conducted prior to the on-site visit.

The on-site portion of the audit spanned a three-day period: October 2nd, 3rd, and 4th, 2017. During the on-site review the auditor conducted an extensive facility tour which included visual inspection of the administration and youth residence buildings, as well as inspection of the enclosed grounds and courtyards. During the tour, the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with

the Facility PREA Compliance Manager (Ms. Carol Cantrell) and the Agency PREA Coordinator Program (Mr. Nathan Allen). Due to a medical emergency, the Program Director (Ms. Sabrina London) was unable to accompany the group during the facility tour.

While on-site, the auditor conducted interviews with facility managers, agency leadership, staff, and youth. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting staff to be interviewed (i.e. specialized staff, random staff, youth, etc.). Over the three-day program visit and through several phone interviews, a total of 36 interviews were conducted. More specifically, the audit process included:

- Two interviews with Rite of Passage agency leadership – i.e. Regional Director and Regional Imbedded Improvement PREA Coordinator (RIIP)
- One interview with the JWW Treatment Center Program Director
- One interview with the Director of Student Services
- One interview with the Facility PREA Compliance Manager who is also the individual responsible for personnel and PREA investigations
- Interviews with two mental health clinicians/Therapeutic Managers
- One interview with the Clinical Intern (volunteer)
- Two interviews with Shift Supervisors who oversee direct care staff
- Eight interviews with direct care staff (across all shifts)
- One interview with the Registered Nurse (RN)
- One interview with the school teacher
- 15 interviews with youth (total population at the time of the onsite review was 23)
 - 1 youth who identified as lesbian
 - 2 youth who identified as bisexual
 - 1 youth who disclosed a prior sexual victimization at intake
 - 1 youth who was low cognitive functioning
 - 10 random youth interviews
- One interview with SANE Coordinator from the local community advocacy organization, Lighthouse Counseling Center

In addition, the audit process included reviewing 25 youth files. These files represent 15 youth currently in the program (n=15; N=23) and 10 youth discharged from JWW program in the past 12 months (n=10; N=18). There were eight reports of sexual abuse or sexual harassment in the past 12-months, seven of which were youth-on-youth abusive sexual contact allegations. There was one allegation that involved a staff member having sexual relations with a student although this allegation was not substantiated. The auditor reviewed five of the eight completed investigation reports (three of the investigations were in progress/pending and therefore could not be reviewed). The auditor also reviewed a random sample of grievances from the grievance log, which tracks all youth grievances. It was determined that the program responds appropriately to youth grievances and in a timely manner.

As part of the file review process the auditor also reviewed a random sample of training records for current staff, contracted employees, and interns/volunteers. Files were selected randomly by the auditor using a list of current employees. In addition, four files of staff who resigned or were

terminated from ROP in the past 12 months were examined. A total of 30 files were reviewed during the onsite audit:

- 16 current staff files (N=27)
- 5 contractor files (N=6)
- 5 volunteer and intern files (N=5)
- 4 files of terminated/resigned staff

During the file review, the auditor also reviewed staff and contractor records to determine whether the requisite criminal background checks were conducted consistent with PREA standards.

Throughout the audit review process as well as during the debriefing meeting held on the final day of the onsite audit, agency and program leadership were made aware of additional PREA requirements and next steps. The conversation included, but was not limited to, explaining the federal requirement that the final PREA audit report must be made publically available. The one-hour debriefing was held to summarize and discuss preliminary audit findings with the JWW PREA Facility Compliance Manager and the Rite of Passage Agency PREA Coordinator. The auditor provided feedback regarding JWW Treatment Center’s strengths and areas for improvement.

As previously mentioned, at the time of the onsite visit all management staff expressed a sincere commitment to achieve compliance with all PREA standards. This commitment was further evidenced by the program making minor revisions in the days following the onsite visit and submitting documents verifying compliance to the auditor. At the time of this report, the auditor confidently concludes the JWW program has fully memorialized the PREA standards into practice and is **100% compliant with the federal PREA mandate.**

It is important to note that although the State of Alabama Department of Youth Services (AL DYS) contracts with the Rite of Passage to provide residential treatment services to youth at the JWW Treatment Center, for the purposes of this report the “agency” is considered Rite of Passage. This ensures consistency in the interpretation and application of the PREA standards.

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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- 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)

The Rite of Passage has an agency policy that sets forth clear expectations of zero tolerance for all forms of sexual abuse and sexual harassment. The agency’s Policy 600.600 titled, “Prison Rape Elimination Act (PREA) Policy Statement” clearly states, *“All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact or any sexual act regardless of age, sexual orientation and sexual identification.... Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse.*

All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.” This policy provides specific definitions for gender non-conforming, intersex resident, sexual abuse, sexual harassment, unsubstantiated allegation, and other related terms.

In addition to the policy statement referenced above, the zero tolerance expectation is further supported and operationalized by the ROP Safe Environmental Standards (SES). This 55-page document explains and addresses each of the 41 PREA standards. All staff participate in a four-hour training on these standards/expectations upon hire. Staff must complete the required SES training prior to having direct contact with youth. Interviews with JWW staff support the facility-wide understanding of the zero-tolerance policy. Additional information gathered during the onsite review verified the zero tolerance “tone” which permeates the facility. Supportive evidence includes zero tolerance posters in English and Spanish posted throughout the facility; pamphlets from the local advocacy agency made available on both residential living units; and youth testimonials during onsite interviews. The Rite of Passage prohibits all sexual activity between or with any student(s) under their care and supervision.

The ROP has a full time PREA Coordinator whose title is Regional Imbedded Improvement PREA Coordinator (RIIP) and who is assigned to the southern region of the United States. The RIIP, Mr. Nathan Allen, is responsible for overseeing all state and federal compliance activities for ROP programs located in the southern and Heartland regions. The RIIP job duties include assisting programs in achieving full compliance with PREA standards through technical support site visits and conference calls. The RIIP job description clearly outlines PREA related expectations:

- *“Responsible for development, implementation, and oversight of agency compliance;*
- *Maintains a data base on all PREA incidents within the company that complies with auditing standards;*
- *Identifies and assists in PREA training for ROP employees”*

The JWW facility has an onsite PREA Facility Compliance Manager who manages the facility’s program, functions, and compliance related to these federal standards. The PREA Compliance Manager expectations are clearly outlined in a formal job description. The position description states this individual *“Conducts internal monitoring, auditing and periodic risk assessments to ensure all employees are trained and aware of all licensing, state, and federal regulations including PREA.”* The auditor applauds ROP for its commitment to upholding PREA standards by setting forth clear expectations via job descriptions.

Interviews with the Agency PREA Coordinator and JWW PREA Compliance Manager verified these individuals have sufficient time and authority to coordinate the facility’s PREA compliance efforts. These two positions appear on the agency and facility organizational charts.

Agency policies clearly support the provisions in the standard and coupled with the fact that PREA responsibilities are imbedded in the RIIP and the JWW PREA Facility Compliance Manager’s job description, the auditor confidently concludes the facility “Exceeds Expectations” on this PREA standard.

Evidence Supporting Compliance Determination:

- Agency policy 600.600 “Prison Rape Elimination Act Policy Statement”
- ROP Safe Environmental Standards 115.311
- Agency PREA Coordinator job description
- JWW Facility PREA Compliance Manager job description
- ROP agency organizational chart
- JWW facility organizational chart
- Staff interviews – Agency PREA Coordinator and PREA Facility Compliance Manager

§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)
- N/A - The facility does not contract with private agencies for the confinement of residents

The JWW Treatment Center does not contract with private entities for the confinement of youth. Although the State of Alabama Department of Youth Services contracts with the Rite of Passage to provide residential treatment services for JWW youth, for the purposes of this report the Rite of Passage is considered the “agency.” Therefore, this standard is N/A.

§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)

At the time of the onsite audit, the JWW program had a total of 23 youth in the facility – 11 youth residing in one unit and 12 youth in the other living unit. Currently, the JWW program has two staff on each unit during the daytime (ratio is 1:6 per cottage) and one staff per unit during sleeping hours (ratio is 1:12). In addition, there is a Shift Supervisor who floats between the units during the day. At night there is a Team Leader who floats between the cottages every 30 minutes throughout the shift. The program exceeds the ROP policy and federal staffing ratio which require a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during sleeping hours. Interviews revealed that the JWW program does not deviate from its staffing pattern. In the event a staff member calls in sick, the staff on duty is required to stay until relief staff arrive on site.

Youth and staff interviews and auditor observations verified JWW is exceeding federal expectations for youth to staff ratios. Youth reported they are never left alone with other youth and are not able to “get away with” being in another resident’s room because the level of staff supervision is too strict. In addition, the program is equipped with an extensive surveillance system comprised of 72 cameras strategically placed throughout the facility, as well as the outside courtyard areas. The facility tour during the onsite audit revealed appropriate placement of

surveillance cameras. Since the facility's first PREA audit in April 2016, the Program Director expanded access to live camera feed to include additional managers and placed two additional monitors on each residential living unit to further enhance supervision. Staff are now able to view all areas of the facility (particularly at night) through the 72 camera views. The auditor applauds the program for its efforts to better ensure the safety of youth and staff.

During the facility tour, there were two potential blind spots noted – one in the classroom that is not currently being used and another on the East unit (not a full view of the unit entrance). Program staff are aware that if the classroom is used for individual counseling sessions, the therapist and youth must sit at the table which is in plain view of the camera. The auditor verified the current location of the table and chair in this classroom can be seen by the camera.

As described earlier in the “Program and Facility Description” section of this audit report, the physical layout of the residential cottages allows for close supervision. The living units are rectangular shaped, with six individual bedrooms on either side of the unit. The two individual bathrooms equipped with showers have doors that lock from the outside. These are both located at one end of the rectangular living area. Staff are trained to position themselves strategically to ensure all youth in the central day area and in the bedrooms can be closely monitored. The auditor concludes that the high staff to youth supervision ratio, the facility layout, and supporting agency policies, supports compliance with this standard.

As previously mentioned, youth interviews revealed that youth feel safe in the JWW program, in part because of close and constant staff supervision. One youth summarized this by saying, *“I feel safe here... We can't get away with anything... this is one of the safest facilities”* and another youth stated, *“<We> don't have a lot of PREA stuff because staff are on it!”* Youth confirmed that they are always with staff and that youth are never alone with other residents in their bedrooms.

Rite of Passage has a formal policy requiring the previously stated staff-to-youth ratios, an annual review of the facility's staffing plan, and high-level managers conducting unannounced rounds. These specific requirements are found in the ROP SES and address the provisions in this standard. The JWW facility conducts annual reviews of its staffing plan and documents the discussion on a standard ROP form. The most recent annual staffing review took place on June 28th, 2017 and included the Program Director, the PREA Facility Compliance Manager, the Director of Student Services, a therapist, a Shift Supervisor, and other facility managers. Review of the summary report from the annual staffing plan discussion revealed that key topics were addressed including a review of staffing ratios; decision to add a second Night Coach position to ensure ratios are maintained during the morning wake-up hours; reminder that two classrooms have blind spots in front of the teachers closet; whether cameras were functioning properly; and discussion of recent completed investigations. The auditor applauds the program for taking the annual review seriously and engaging staff in a comprehensive review and discussion of the factors that contribute to keeping youth safe and free from sexual abuse and assault.

During the onsite review, the auditor reviewed logs indicating that unannounced rounds are conducted by Shift Supervisors daily and by the PREA Compliance Manager between one and three times per month. These rounds cover all shifts and appear to be in a “random” pattern, which prevents staff from predicting when these check-ins will occur. These onsite facility logs used to

track the PREA Compliance Manager rounds are titled “Quarterly Vulnerability Assessments” and are submitted to the agency’s RIIP on a quarterly basis. In addition, each of the JWW managers is required to conduct a site visit on rotating weekends when they are the “Administrator on Duty.” These site visits serve as another mechanism ensuring youth and staff safety. During these visits a comprehensive quality control checklist is used to closely examine all facility areas. This includes the common areas (i.e. furniture, cleanliness, wall postings, etc.), bathrooms, staff offices, student bedrooms and all other areas of the facility. The auditor commends the PREA Compliance Manager and facility leadership for its commitment to youth and staff safety.

Following the site visit and prior to issuing this audit findings report, the JWW facility made some adjustments to further enhance supervision of youth. The facility posted a position for a Senior Coach Counselor to serve as a floater for the third shift. In addition, they hired several additional direct care staff to reduce the amount of mandatory post incidents that occur when staff call out sick. The program also recently enhanced the Daily Inspection Form to include line items for ensuring all doors are locked in the both dorm units and classrooms. The form now requires the Shift Supervisors to indicate whether all shower, bathroom, conference room, laundry, staff office, teacher closets, and library doors are locked. The auditor applauds the program for its attention to detail and for setting clear expectations for staff, particularly those individuals responsible for conducting unannounced rounds.

Due to the fact that JWW has exceeded the required staffing ratios, conducts unannounced rounds daily, has a 72- camera surveillance system, and has thorough discussion during its annual staffing plan review meeting, the auditor concludes that the JWW facility has “exceeded expectations” on this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards policy 115.313 requiring unannounced rounds
- “Annual Review of Staffing Assignment and Video Monitoring” meeting minutes dated June 28, 2017
- Unannounced rounds log book
- Sample of completed Quarterly Vulnerability Assessments within the past nine months
- JWW staffing plan
- Staff interviews
- Youth interviews

§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)

The JWW program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The Rite of Passage has a policy within the Safe Environmental Standards that specifically prohibits physical searches of any kind. The program

does however, conduct self-searches twice per day in which youth are asked to take off their shoes, turn their pockets inside out, lean forward and pull the middle portion of their brassiere forward. The youth remain fully clothed at all times and there is no physical contact between youth and staff. Only JWW female staff give directives to youth during these self-searches.

If staff suspect contraband and determine a strip search is necessary, youth would be taken to the medical clinic and this search would be conducted in private by a licensed medical practitioner (i.e. physician or Registered Nurse). The Rite of Passage policy clearly states that if a strip search occurs this must be documented in the youth's medical file. To date there have been no strip searches conducted at the JWW facility. All staff are formally trained on the agency policy during the ROP Safe Environmental Standards (SES) training and on facility procedures during the JWW in-service trainings upon hire. Review of training records indicate all current staff have been trained on SES. Youth and staff interviews verified this policy is closely followed (i.e. the program does not conduct any pat frisk, strip searches, or cross-gender self-searches). It was also confirmed that youth would never be examined for the sole purpose of determining genital status.

Each of the living units are equipped with several individual bathrooms with doors that lock from the outside. This affords youth privacy when showering and toileting. To better ensure the youth privacy, male staff are trained to announce when they arrive on the residential cottage. Staff and youth interviews confirmed that male staff routinely announce, "*male on the unit*" or "*male on cottage*" to ensure the girls are aware a member of the opposite sex is entering the living quarters. ROP SES policy require men to announce themselves. In addition, observations while onsite verified male staff announce themselves routinely when entering the living areas.

Youth residing in the JWW program have privacy when using the bathroom and when changing their clothes. The facility is designed with two solo showers on each cottage, allowing youth to shower individually with the door closed. Youth are required to change clothes in the bathroom or in their bedrooms. The doors must be completely closed and youth are not permitted to come out of their rooms unless they are fully clothed. Youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.315
- ROP SES training slides "Cross-gender staff considerations" and "Prohibition of cross-gender searches"
- Staff training records demonstrating completion of annual SES training
- Staff interviews
- Youth interviews

§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)

The agency takes appropriate steps to ensure that residents with disabilities (i.e. residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Although the JWW program has not had a resident with a disability or who is limited English proficient to date and therefore, has not had to access these services, program leadership articulated the process they would go through to obtain the necessary translation services. Currently, the JWW program uses the language line via www.language.com . The agency offers translation services in a variety of forms including Spanish and American Sign Language. The JWW program also has the option of using Deep South Language Services, which is used by the State of Alabama DYS (the youth's DYS case manager would arrange for these services).

Program and agency leadership as well as direct care staff verified they do not allow residents to interpret for other youth. Prohibiting residents to interpret for one another has been memorialized in agency policy in SES 115.316, "Students with disabilities and students who are limited English proficient". The auditor concludes that JWW leadership guarantees all clinical and physical needs of youth are met while in the program, including providing special accommodations as needed.

On the day the youth arrives to the program, the JWW PREA Compliance Manager meets with youth to review written program materials. Among the information provided is the resident handbook which describes the program rules and youth rights. In addition, PREA related information is provided within ten days of arrival. Two pamphlets published by the State of Alabama Department of Youth Services (AL DYS) provide information about sexual abuse and sexual assault, including details of how to report abuse and preserve evidence. These pamphlets are also available in Spanish at the JWW facility. The PREA Facility Compliance Manager assumes the responsibility for ensuring all JWW youth understand the zero tolerance policy. Interviews reveal that in the event a youth with a disability or special needs was placed at JWW, she would contact one of the two interpretive service agencies prior to a youth arriving at the JWW program. This would ensure all PREA related materials were translated and youth informed of the program's zero-tolerance policy within the ten-day timeframe.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.316 requiring access to equal services for all youth with disabilities and prohibiting resident interpreters
- ROP Vulnerability Assessment (Spanish version)
- AL DYS PREA brochure (Spanish version)
- ROP Student Rights and Privileges brochure (Spanish version)
- ROP SES training slides "Vulnerable Populations (Limited English Proficiency, Limited Language, Hearing Impaired, Developmentally Disabled, Mentally Ill, Previously Victimized, Gender Non-Conforming"
- Staff training records demonstrating completion of annual SES training
- Staff interviews

§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)

The JWW Treatment Center does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The JWW program also does not hire or promote any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. This practice is governed by the Rite of Passage policy (115.317 “Hiring requirements and promotion decisions”) and SES requirements, which mirror the requirements listed in the provisions of this PREA standard.

The State of Alabama contracting regulations dictate background checks must be conducted prior to an individual being hired to work in a social service agency. In addition, the Rite of Passage JWW facility has “Policy 100.209 - Background Record Clearance” which requires all employees, volunteers, interns, and independent contractors to complete and pass several state and federal background checks prior to having any direct contact with youth. This policy requires fingerprint-based background checks at the state and national levels and includes the child abuse/neglect registry. Review of JWW personnel files (N=30) revealed that JWW staff, contractors, volunteers, and interns have received criminal background checks prior to working with youth. ROP Policy 100.209 also requires staff to attest on an annual basis that they have not been arrested or convicted of any crimes. Interviews with the PREA Facility Compliance Manager who oversees JWW personnel functions, verified that incidents of substantiated sexual abuse and/or sexual harassment are considered when determining whether to hire or promote individuals.

The ROP employee application has a specific section related to PREA disclosures. The application requires staff to disclose any convictions of sexual abuse in a confinement facility or in the community. In addition, the application clearly states, “*Material omissions regarding such misconduct, or the provision of material false information, shall be grounds for termination of employment and or volunteer/contractor services.*” Recently, the standard ROP employee application was enhanced to include questions about sexual harassment, to better meet provisions in this standard. The application now asks: 1) *Have you ever had a substantiated sexual abuse or harassment complaint filed against you?* and 2) *Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?* While onsite the auditor verified that two new employees hired just prior to the onsite visit had completed this revised form.

Rite of Passage policy requires facilities to conduct background checks a minimum of every five years, consistent with federal PREA expectations. Since the program opened in November 2015, the program has not been required to do a second round of criminal background checks on its employees. However, review of personnel files verified that all new staff, contractors, volunteers, and interns have been subject to a criminal background check prior to working with youth.

Interviews with agency and facility leadership revealed that Alabama state law prohibits leadership from disclosing substantiated allegations of any kind related to its former employees. Future employers calling for information about a former JWW employee are permitted to ask three questions: Did the person work at this program; when was the last day they worked; and would you hire this person again?

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.317
- JWW facility policy 100.209 “Background Record Clearance”
- PREA Attestation Form embedded in the employee application
- Completed JWW “Employment Questionnaires”
- Personnel file reviews (current and terminated staff, contractors, and volunteers) to determine if all staff, contractors, and volunteers have been cleared on criminal background checks
- Interview with PREA Compliance Manager who is also responsible for human resources functions
- Interview with the JWW Director of Student Services

§115.318 – Upgrades to facilities and technology

- 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)

Review of minutes from the annual staffing plan review held on June 28, 2017 provided evidence that the facility considers youth safety when making decisions regarding modifications to the facility. As previously mentioned, the discussion that transpired during this meeting (and which was documented on an official ROP form) included the need to fix a camera that was broken in Time Out Room #1 and acquire two new monitors to be placed on each of the resident living units. The program has a total of 72 cameras. As additional evidence verifying the facility’s commitment to youth safety, the Program Director reported that they recently upgraded the radios to provide clearer communication between staff. The program also ordered additional radios for the teachers and therapists, so they too can communicate regularly with the Coach Counselors. The auditor applauds the JWW program for its dedication to protecting residents from potential harm.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.318
- “Annual Review of Staffing Assignment and Video Monitoring” meeting minutes dated June 28, 2017
- “Acquisition and Renovation Meeting Form” dated 6/28/2017
- Staff interviews
- Facility tour

§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)

The JWW Treatment Center program leadership, in conjunction with the designated ROP RIIP, is responsible for conducting administrative/personnel investigations related to any violations of agency policies, including ethical misconduct. The Montgomery Sherriff Department is responsible for conducting criminal investigations for sexual abuse or misconduct. All required provisions in this PREA standard are supported in ROP Policy 115.321.

Although the JWW facility is not responsible for conducting criminal investigations, the agency SES ensures all ROP programs follow a uniform protocol for responding to and investigating allegations of sexual abuse. The policy mandates, *“The program shall offer all students who experience sexual abuse access to forensic medical examinations whether on-site or at an outside program, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners informed on the protocols listed above. The program shall document its efforts to provide SAFEs or SANEs medical practitioners and place in the student’s medical file.”* The agency policy also requires that a victim advocate from a local rape crisis center be made available to the youth to support them through the SANE examination process and to provide follow-up services as needed.

The JWW program has entered into a Memorandum of Understanding with Lighthouse Counseling Center (effective March 2016). This local organization provides free crisis counseling and advocacy services 24 hours a day, seven days a week for youth and adults who have been victims of abuse. The MOU with JWW facility states that ROP will pay up to \$800 for the SANE exam, although Lighthouse Counseling provides these services free of charge. Two years ago, the program expanded its services to include services to assist youth who have been sexually abused or assaulted. In addition to mental health crisis services, the program is now equipped to provide forensic examinations to sexual abuse and assault victims at its onsite clinic in Montgomery. The program employs seven certified SANEs who are solely responsible for conducting these types of exams. A phone interview with the SANE Coordinator for the Lighthouse organization indicates SANE nurses follow the protocol published by the U.S. Department of Justice’s Office on Violence Against Women (“A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”). During the onsite interview the SANE Coordinator explained that she is responsible for checking whether SANE certifications and insurance policies are up to date on a quarterly basis. Additionally, SANE nurses must demonstrate competency through quarterly skills trainings. The SANE Coordinator verified that Lighthouse Counseling would allow the youth advocate to sit with the victim through the SANE exam, if requested.

The JWW coordinated response plan includes contacting the Lighthouse Counseling Center in the event there is an allegation of sexual abuse or assault. Although the JWW facility employs a Registered Nurse, she is not a qualified Sexual Assault Nurse Examiner (SANE) and therefore, in the event of alleged abuse she would not conduct these examinations and all youth would be taken to Lighthouse Counseling Center. Interviews revealed all staff understand the response protocol, including preserving physical evidence and offering youth advocacy services. More information about Lighthouse Counseling Center can be found at www.lighthousehelp.com.

The JWW facility has an MOU with the Montgomery Sheriff's Office executed in March 2016. The MOU states that the Sheriff's office will respond to reports of sexual abuse and/or harassment; will provide victim services to students reporting sexual abuse; and will ensure its law enforcement officers are qualified to perform their duties, etc. The MOU also states that these services will be provided to the JWW residents at no cost to the youth or ROP.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.321
- www.lighthousehelp.com
- Lighthouse SANE Coordinator interview (also provides advocacy services)
- MOU between ROP and Lighthouse Counseling Inc.
- Interview with PREA Facility Compliance Manager

§115.322 – Policies to ensure referrals of allegations for investigations
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- 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)

The Rite of Passage has a SES Policy 115.322 ensuring administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The policy clearly states that sexual abuse or sexual harassment allegations will be referred to the legal authority responsible for conducting 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 JWW Program Director and the ROP Corporate Director of Human Resources.

As previously stated, the JWW facility has an MOU with the Montgomery Sheriff's Office. The MOU states that the Sheriff's office will respond to reports of sexual abuse and/or harassment; will provide victim services to students reporting sexual abuse; and will ensure its law enforcement officers are qualified to perform their duties. The MOU also states that these services will be provided to the JWW residents at no cost to the youth or ROP.

In the event a youth alleges sexual abuse, staff members are required to contact their supervisor and the Montgomery Sheriff's Department. The program is also required to contact the State of Alabama DYS to alert them to the allegations. The AL DYS has the statutory responsibility to receive and respond to reports of child abuse and neglect in Alabama. Although the Montgomery Sheriff's Department would lead the investigation for allegations of sexual abuse, they would work

cooperatively with DYS to ensure a seamless investigation. The JWW facility's website (www.jwalterwoodjrtc.com) states all allegations of sexual abuse or sexual harassment will be referred for investigation to the Montgomery Sheriff's Department.

Sexual harassment allegations that do not appear to be criminal in nature (i.e. between residents) are investigated by the JWW Program Director and the Facility PREA Compliance Manager. These individuals received a four-hour formal training on how to conduct proper administrative investigations. Shortly following the site visit, the Facility PREA Compliance Manager completed a refresher training through the National Institute of Corrections (NIC). Interviews revealed investigators understand their responsibilities and the process for conducting personnel investigations.

During the onsite audit, the auditor conducted an in-depth review of the grievance log book and reviewed five investigation reports (and supporting documentation) to verify all grievances/incidents are investigated. The grievance log book houses all written and verbal grievances submitted by program youth and the program's response to the grievance. The Director of Student Services is responsible for documenting the program's response to each incident and discussing the outcome with the youth who filed the grievance. Review of the log book and interviews with youth allowed the auditor to conclude program responses to grievances are fair and appropriate. Similarly, investigation reports verified all allegations are investigated. Since the Montgomery Sheriff's Office is responsible for investigating allegations of sexual abuse, the PREA Compliance Manager submitted an email to the auditor demonstrating her due diligence in staying abreast of the status of these investigations.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.322 (www.riteofpassage.com)
- Grievance log book
- Email dated 10/23/2017 from PREA Facility Compliance Manager following up with local law enforcement on the status of an investigation
- www.jwalterwoodjrtc.com
- Review of investigation reports (N=5)
- Interviews with the PREA Facility Compliance Manager and the JWW Program Director

§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)

The ROP Safe Environmental Standards (SES) require all staff to participate in a four-hour training on SES prior to working directly with youth. This training includes over 80 Power Point slides and addresses all required areas under the federal PREA standards. *Some* of the topics covered include:

- ROP zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill staff responsibilities of sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment;
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- Relevant laws regarding the applicable age of consent

Review of the training materials (i.e. lesson plan, PowerPoint slides, etc.) indicate this training is extremely comprehensive and clearly explains all concepts related to PREA. The training includes all topics detailed in provision (a) of this standard including specific slides on working with special populations including females, youth who are low cognitive functioning, LGBTQI youth, etc.

During pre-service training staff are required to take a written knowledge test (15 questions) to ensure they fully understand the PREA concepts. Staff must score a minimum of 90% “pass” the test. Once staff pass the exam, they are required to sign a paper form indicating they understand the JWW program’s zero tolerance policy. This completed form is stored in staff personnel records. During the onsite visit, review of staff files revealed that all staff have received the pre-service SES training and all files had completed signature forms. Interviews verified that all staff have completed the SES training and they understand their reporting responsibilities and other information directed by federal PREA standards.

In addition to the pre-service training, all staff are required by ROP policy to take a “refresher” training (a shortened version of the SES training) every six months. The auditor reviewed a random sample of 16 personnel files (N =27) to verify that all staff had completed the SES training within the past 12 months. All files reviewed had the required signed zero-tolerance acknowledgement form.

The auditor applauds ROP for recognizing the importance of such training and for ensuring all staff fully understand and are committed to upholding the zero-tolerance policy and the spirit of the PREA standards. The in-depth training received during pre-service training, coupled with the required knowledge test and the six-month refresher training, has allowed the auditor to conclude the JWW facility “exceeds” the minimal requirement on this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.331
- ROP SES staff training Power Point slides
- ROP SES staff training detailed lesson plan
- ROP SES staff training curriculum outline

- “ROP SES/PREA Competency Based Knowledge Assessment”
- ROP “Zero Tolerance Acknowledgement” form
- Staff interviews (i.e. direct care staff)
- Personnel file reviews verifying signed zero-tolerance acknowledgment forms
- Staff training records
- Interview with PREA Compliance Manager

<p>§115.332 – Volunteer and contractor training</p>
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- ✓ 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)

ROP SES Policy 115.332 states that all volunteers and contractors will be trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The training is 1 ½ hours in length and covers most of topics covered in the staff training described in standard 115.331 (i.e. zero-tolerance, signs of abuse, how to report, professional communication with youth, mandated reporting, etc.). This training is consistent with the level of interaction these individuals have with youth based on their role.

The JWW program contracts with five contractors: Two Licensed Practical Nurses (LPN), two psychiatrists, and a medical doctor. During the onsite review, the auditor reviewed personnel files for five contractors and five volunteers/interns to verify they had completed training. Zero-tolerance acknowledgment forms were present in all files. In addition, the auditor reviewed the extensive PowerPoint presentation and lesson plan used to train contractors and volunteers. Contractors and volunteers are required to complete the training prior to working with youth and again on an annual basis. An interview with the clinical intern verified she had received the SES training prior to working with youth and that she understands her responsibilities as a mandated reporter and how to report sexual abuse and/or sexual harassment. The auditor concludes that the training provided to volunteers and contractors is comprehensive and is required on an annual basis, which exceeds federal PREA standards.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.332
- ROP SES Independent Contractor/Volunteer training Power Point slides
- ROP SES Independent Contractor/Volunteer training detailed lesson plan
- “Outside Agency Medical/Mental Health Personnel PREA/SES Acknowledgment” form
- Interview with Clinical Intern
- Personnel file reviews verifying signed zero-tolerance acknowledgment forms
- Interview with PREA Compliance Manager

§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)

The Rite of Passage has an agency policy that ensures residents receive PREA information. The JWW program provides several avenues by which youth receive zero tolerance materials. On the day a youth arrives to the program, the PREA Compliance Manager reviews several literature pamphlets with youth. These include: 1) *“ROP Safe Environmental Standards: A Student Guide to Rights, Protections, and Reporting of Sexual Abuse;”* 2) *State of Alabama DYS “What You Should Know About Sexual Abuse and Assault;”* and 3) *State of Alabama DYS, “Checking in for Your Safety.”* These pamphlets are also available in Spanish. These pamphlets include information about the facility’s zero tolerance policy, how to report sexual abuse or sexual harassment, that all allegations will be investigated, and other important PREA information. Once this information is reviewed with youth at intake, youth are required to sign the *“ROP SES Student Acknowledgement of Zero Tolerance Policy”* form acknowledging they understand the program’s zero tolerance for sexual abuse and/or sexual harassment.

To ensure youth understand the information received at intake, the ROP has developed a form titled, *“Juvenile Confirmation of Receipt of PREA”* which includes 17 statements related to PREA information received. The PREA Compliance Manager or intake worker reviews each of these statements with the youth and the youth is required to initial by each statement to indicate she understands the statement. In addition, youth are required to take a *“SES/PREA Student Knowledge Assessment”* to further demonstrate their understanding of their rights. This knowledge assessment consists of 14 multiple choice and true/false questions about PREA topics (i.e. What is sexual abuse? Is it legal for staff to have sexual contact with a resident? How can you protect yourself from sexual abuse?). The auditor applauds the program for implementing several mechanisms to ensure JWW youth have a deep understanding of their rights and how to keep themselves safe.

During the onsite file review, the auditor verified JWW youth had received the PREA education materials by randomly sampling files for current and discharged residents. A total of 25 youth files were reviewed. All youth received the written materials and signed the PREA acknowledgement form on the day they arrived or the following day. There was only one youth who did not receive the training within the ten-day timeframe (he received it two weeks after arriving to the program). The auditor believes this was an anomaly - a rare issue with documentation - as all youth interviewed verified they were provided these materials the day they arrived at the program. All youth were well informed of their rights and how to report abuse.

To supplement the written education materials and to account for various learning styles, the JWW program adopted a video about zero tolerance and sexual harassment. The video is a Rite of Passage video that has been adapted from a free video created by the Office of Justice and the Idaho State Police. The video addresses zero tolerance, definitions of sexual abuse and harassment, avenues to report abuse, steps to take if abused, what the investigation process looks like,

retaliation, and other critical information as it relates to PREA. Within ten days of intake, all youth view this video and sign a form acknowledging they have watched the video and that they understand the information. These completed forms are housed in the individual youth case files. The video has closed captioning to accommodate deaf and hard of hearing youth. Youth interviews revealed that they are continuously provided training on how to keep themselves safe, mainly by viewing the PREA video in school monthly.

During the audit tour it was noted that there were several zero tolerance posters hanging in all areas throughout the facility. In addition, PREA pamphlets were on display on each residential living unit. All posters and pamphlets were in English and Spanish.

To date, the JWW program has not had any youth who needed translation services or had any need for other accommodations. However, as previously mentioned, the JWW program leadership has two different agencies in Montgomery that would assist with interpreting PREA education materials if needed. As part of the normal intake process, prior to a youth coming to the JWW facility, the Program Director works closely with AL DYS to understand individual youth needs. Therefore, if a youth had special needs, the Program Director and the PREA Compliance Manager would ensure interpreters were available on the day a youth arrived at the program to translate the necessary program information (including PREA education materials).

The auditor applauds the program for having several ways to educate youth on PREA-related topics. Due to the fact that all youth were well informed of their rights and how to report abuse, the fact that all youth reported viewing the education video monthly, the required knowledge test youth must complete and review with a staff member, and the accessibility of PREA literature and posters, leads the auditor to conclude that the JWW facility “exceeds” the expectation on this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy
- Signed ROP Student Additional Education Acknowledgment forms – 1) Student Guide to Rights (written materials) and 2) Student video
- Completed ROP “Juvenile Confirmation of Receipt of PREA” (17 statements)
- Completed ROP “SES/PREA Student Knowledge Assessment” (14 questions and true/false statements)
- “ROP Safe Environmental Standards: A Student Guide to Rights, Protections, and Reporting of Sexual Abuse”
- State of Alabama DYS “What You Should Know About Sexual Abuse and Assault”
- State of Alabama DYS “Checking in for Your Safety.”
- Youth file reviews (n=25)
- Youth interviews (n=15)
- Interview with PREA Compliance Manager
- Review of ROP PREA youth education video
- Facility tour verifying posters throughout the facility
- PREA youth education training roster – Topic “Lighthouse Counseling”

§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)

The Rite of Passage policy 115.334 upholds that staff responsible for leading administrative investigations will receive specialized training in conducting these investigations in confinement settings. The policy also states that specialized training will include techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence preservation, and gathering the criteria and evidence for substantiating administrative action or prompting a law enforcement referral. The ROP Human Resources and/or the Site Trainer are required to maintain documentation verifying the appropriate individuals have completed this specialized administrative investigation training. On an annual basis, investigators are required to participate in a refresher course – modules 2, 6, 7, 8, and 9 of the National Institute of Corrections (NIC), “Specialized Training - Investigating Sexual Abuse in Confinement Settings.”

The JWW Program Director and PREA Compliance Manager are responsible for conducting administrative investigations in the JWW program. Review of training records indicate these individuals successfully completed the specialized training provided by ROP in early 2016. The PREA Compliance Manager also completed a refresher training through National Institute of Corrections (NIC) in September 2017. A certificate of completion was submitted to the auditor for verification.

Review of the training lesson plan and corresponding materials indicate the training provided by ROP is very comprehensive. The training includes 164 individual Power Point slides and spans eight-hours. Some of the training topics cover include, but are not limited to:

- How to interact effectively with youth who have experienced trauma
- Evidence collection
- Essential interviewing techniques and what to avoid
- Preponderance of evidence threshold
- Process for notifying the victim of the outcome of the investigation
- Required elements of the investigation summary report (i.e. location, factual observations, victims affect, etc.)
- Building relationships and collaborating with law enforcement

Interviews with investigators support that these individuals are knowledgeable about the administrative investigation process. This is further supported by reviewing investigation reports. To ensure that investigators adhere to ROP expectations when writing investigation reports, the agency has developed a Specialized Investigations tip sheet. This document provides information about what should be included in the report, sources of evidence needed, credibility assessments, specifying which policies were violated, etc. The auditor applauds the agency for providing this level of direction for investigators.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.334
- Training records demonstrating investigators have completed specialized training
- Interview with the PREA Compliance Manager and the JWW Program Director who are responsible for conducting these investigations
- ROP Curriculum “Specialized Training for Administrative Investigators”
- National Institute of Corrections (NIC) “Specialized Training - Investigating Sexual Abuse in Confinement Settings”
- Training certificate verifying completion of the NIC “PREA: Investigating Sexual Abuse in a Confinement Setting”
- ROP “Administration Investigation Reports Tip Sheet”

§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)

As previously mentioned, the ROP Safe Environmental Standards (SES) require all mental health and medical staff to participate in a 2 ½ hour specialized staff training prior to working directly with youth. This comprehensive training addresses all required areas under the federal PREA standards including, but not limited to:

- (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.

All nurses, mental health practitioners, and medical physicians working in the JWW program hold current licenses in their respective areas of expertise. Interviews revealed these individuals have a firm understanding of 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 harassment; and to whom allegations or suspicions of sexual abuse and sexual harassment should be reported. The JWW Registered Nurse and the two Masters level mental health clinicians have completed this training. Certificates of completion and training roster for the ROP training titled, “Specialized Training Medical and Mental Health Practitioners” were submitted to the auditor to verify training completion. In addition, examples of signed acknowledgment forms attesting these specialized staff understand how to report, were submitted to the auditor as further evidence of compliance.

Although the JWW facility employs a Registered Nurse, she is not a qualified Sexual Assault Nurse Examiner (SANE) and therefore, in the event of alleged abuse she would not conduct these examinations. The victim would be taken to the local advocacy center, Lighthouse Counseling

Center, located in Montgomery. This local organization provides crisis counseling services, advocacy services, and forensic evaluations of sexual abuse and assault victims. The program employs seven certified SANEs who are solely responsible for conducting these types of exams. As previously mentioned, an interview with the SANE Coordinator for the Lighthouse organization indicated the protocol followed by the SANE nurses is consistent with their certification and with U.S. Department of Justice expectations. The auditor confirmed that SANES employed by Lighthouse have up-to-date certifications by reviewing copies of the official SANE certificates. Copies of SANE certificates are secured in a locked cabinet in the JWW Facility Compliance Manager's office.

Staff interviews revealed all staff understand the response protocol, including preserving physical evidence and offering youth advocacy services, to include a SANE exam.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.335
- ROP Curriculum, "Specialized Training for Medical and Mental Health Personnel"
- ROP "Outside Agency Medical/Mental Health Personnel PREA/SES Acknowledgment" form
- Interviews with Registered Nurse
- Interview with Clinicians/Therapeutic Managers
- Training records and certificates
- SANE certificates

§115.341 – Obtaining information from residents
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- 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)

All JWW youth are assessed for risk the day they arrive to the program. Therapeutic Managers review various information sources to determine level of risk. Among these documents are court and legal documents, psychological evaluations, previous treatment reports, Individual Education Plans (IEP), and medical records, to name a few. As part of the intake process and within 24 hours of the youth arriving, the JWW Therapeutic Managers conduct an assessment to evaluate a youth's risk to be victimized or to perpetrate sexual assault using a standardized and objective assessment. The program uses an instrument adopted from the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections. This tool addresses all required areas put forth in provision (c) of this PREA standard (i.e. prior sexual victimization or abusiveness, gender nonconforming behavior, physical size and stature, etc.)

During the onsite audit, the auditor verified the adoption of this assessment practice by reviewing completed vulnerability tools for a random sample of current and discharged youth (within the past 12 months). All youth had completed vulnerability assessments and 92% of youth were assessed within 72 hours. The auditor believes this practice of assessing youth the day they arrive

is fully embedded in the program and the two cases in which youth were assessed outside of the 72-hour window were anomalies. The rationale for this conclusion is there is an overwhelming amount of evidence (i.e. youth had other assessments, clinical notes indicating youth see therapists the day they arrive to the program, etc.) indicating that youth are assessed immediately via the intake process. To better ensure all youth are assessed in the requisite time frame, the Facility PREA Compliance Manager implemented additional controls following the onsite audit. More specifically, rows were added to the existing “Intake Compliance Check Sheet” requiring staff to place their initials verifying the vulnerability assessment was completed and that it was completed within 72 hours. All therapists were made aware of these revisions and began using the revised form one week following the onsite visit.

The JWW program ensures the vulnerability risk information is protected by storing these completed vulnerability assessments in the youth’s confidential case file. Youth case files are housed in a locked cabinet located in the administrative portion of the building in a room that is always locked. File access is limited to the one Therapeutic Manager and the PREA Compliance Manager (these are the only individuals who have a key to the cabinet). The auditor confirmed this practice is in place through observations made during the facility tour and information obtained from staff interviews.

The Rite of Passage has a policy dictating these vulnerability assessments be completed in all of its facilities. The policy requires these assessments be completed within 24 hours, which exceeds the 72-hour timeframe required by the federal PREA standards. The auditor applauds JWW and ROP for recognizing the value of gathering this information as soon as possible.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.341
- Youth file reviews confirming completed vulnerability risk assessment (N=25)
- PREA youth education and vulnerability assessment Excel tracking spreadsheet (maintained by the PREA Compliance Manager)
- Interviews with therapists who conduct vulnerability risk assessments (N=2)
- PREA Compliance Manager interview
- Intake Compliance Check Sheet
- Facility tour

§115.342 – Placement of residents in housing, bed, program, education, and work assignments
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- 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)

Documentation review and interviews with the Program Director, Therapeutic Managers (TMs), and PREA Compliance Manager, confirmed that the program considers all factors when determining in which bedroom youth are placed. As previously described, during the intake process important information related to risk, youth disabilities, sexual orientation, etc. is gathered

by reviewing referral information and by conducting the vulnerability risk tool. This information is used to determine the course of treatment. Staff interviews verified that this assessment information is used to determine in which bedroom a youth may reside. For example, the program would not place a youth who was high risk for victimization in a bedroom close to another youth who was high risk for violence perpetration. Both TMs explained they would make sure these youth rooms were on opposite sides of the residential living unit or on opposite living units. The program has developed a placement map for each cottage which indicates the risk level score of the youth and the bed assignment. Review of this map allowed the auditor to conclude the program is effectively using vulnerability risk information to place youth and ensure youth safety. Following the onsite visit, the program revised the map to separate out risk for victimization and/or risk for perpetration, in lieu of a total vulnerability score. This map was submitted to the auditor for verification.

ROP policy 115.342 prohibits placing LGBTQI youth on a particular housing unit because of their sexual orientation. The auditor confirmed this from observations during the facility tour. Interviews indicated that Therapeutic Managers are aware that transgender and intersex residents must be reassessed a minimum of twice per year, although the program employs a practice of assessing all JWW youth every six months and/or following a PREA allegation. Program practices allow all residents to shower separately and therefore, transgender and intersex residents are never required to shower with other residents. Onsite interviews with youth who identify as lesbian or bisexual confirmed that LGBTQI youth were asked during the intake process about their perception of their safety.

The JWW program uses isolation (called “Time Out” rooms) as a last resort to manage youth behaviors. The program uses the “Timeout Room Check Sheet” to ensure that youth are visited daily by a clinician. The therapist is required to indicate the time of the visit, write comments pertaining to the youth’s emotional and physical state, and initial indicating they saw and spoke with the youth. The form clearly states, *“Youth are to receive one hour of muscle exercise and have access to some form of educational material.”* In addition, the form has over 40 checkboxes from which the therapist must choose regarding the status of the youth. Some examples include, “Returned from Recreation,” “Refused Recreation,” and “Provided Schoolwork.” This practice is supported by ROP policy 115.342 which dictates that while on restriction, *“programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.”* Interviews with youth who have been placed in isolation reported time spent in isolation ranged from one day to one week. They verified that the nurse and clinician make daily visits and that youth come out to exercise each day.

Interviews with staff and youth and observations revealed that the JWW facility adheres to agency policy and this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.342
- Placement/bed assignment maps (original and revised copy)

- PREA youth education and vulnerability assessment Excel tracking spreadsheet (maintained by the PREA Compliance Manager)
- JWW Time Out Room Check Sheet
- Interviews with therapists (N=2)
- Youth case file reviews (N=25)
- Interviews with youth who have been in isolation
- Interviews with youth who identify as LBGTQI
- Facility tour

<p>§115.351 – Resident reporting</p>

- 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)

The JWW program has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation. These include, but are not limited to:

- Making a verbal report to a staff member, family member, lawyer, etc.
- Calling the Alabama DYS hotline number found on pamphlets and posters located throughout the facility
- Calling the Lighthouse Counseling Center
- Submitting a written student grievance form (there are grievance boxes located on each living unit)
- Submitting a one-on-one counselor request form
- Submitting a medical request form

The student grievance procedures in the JWW youth handbook clearly detail the process for launching a grievance and the required program response to the complaint. While onsite the auditor selected a random sample of grievances to review (N=20) to determine if the program responds appropriately to youth grievances and in a timely manner. All non-PREA grievances reviewed were addressed within 72 hours and most were addressed within 48 hours. Allegations of sexual abuse and/or sexual harassment were all responded to within 48 hours. The Director of Student Services is responsible for sharing the resolution to the grievance with the youth verbally and in writing. The youth is required to date and sign the completed grievance form indicating the resolution was discussed. Youth interviews and review of the grievance log book confirmed that JWW leadership responds to grievances appropriately and in a timely manner and that youth are informed of the decision.

All youth interviewed indicated they are fully aware of the many ways (listed above) that they can report sexual abuse or assault and that these reports may be made anonymously. All youth were aware of the two grievance boxes on the unit – one for the JWW program and one for Alabama DYS. The JWW grievance box is checked twice a day Monday through Friday by the Director of Student Services and by the Therapeutic Managers on the weekends. All youth stated they felt comfortable approaching JWW program staff; that staff genuinely care about them; and that staff

are invested in making sure they are safe and free from harm. Youth also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make a phone call to DYS or Lighthouse Counseling Center.

Similarly, all staff explained youth can make anonymous reports; that staff are required to take third party reports; and that if a youth asks to report abuse by calling a hotline number (AL DYS or Lighthouse Counseling Center), staff would provide youth with privacy. In addition, interviews indicated that staff understand their responsibilities as mandated reporters and that they could file a report on behalf of a youth. The ROP third party reporting form is available on the JWW website (<http://jwalterwoodjrtc.com>).

The Rite of Passage has formal policies (see below) supporting the provisions in this standard including accepting third party reports, anonymous reports, and requiring staff to report sexual abuse and sexual harassment allegations immediately to their supervisors.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.351
- ROP Policy 600.402 “Student Grievance Policy”
- ROP “Student Grievance Form”
- JWW Student Handbook
- ROP “Third Party Reporting Form”
- ROP SES training slides on mandated reporting (including anonymous and third-party reports)
- Review of grievance log book
- Youth interviews
- Staff interviews
- Facility tour confirming grievance boxes and grievance forms available
- <http://jwalterwoodjrtc.com>

§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)

The ROP has a SES policy 115.352, ROP “600.402 - Student Grievance Policy” and ROP “600.364 Incident Reporting” policies that addresses each of the provisions in this standard, including but not limited to:

- Prohibiting a time limit on when a student may submit a grievance regarding an allegation of sexual abuse;
- Requiring programs to issue a final decision regarding a PREA related grievance within 90 days (and allowing for a 70-day extension if necessary);
- Allowing third parties to assist youth in filing a grievance;

- Not requiring a student to use any informal grievance process or attempt to resolve the grievance with the staff member if it is PREA related;
- Requiring staff to report all critical incidents including sexual abuse or assault immediately
- Prohibiting discipline for youth who file a grievance related to alleged sexual abuse, unless it was clearly demonstrated that the youth filed the grievance in bad faith.

In further support of agency policies, the student grievance procedures in the JWW Student Handbook clearly state, *“no one is required to informally work with a staff member to resolve the issue if the allegation is around sexual abuse, sexual assault or sexual harassment.”* This information is further highlighted on the Student Grievance Form stating, *“Youth doesn’t have to talk with a staff if it is a PREA related incident.”* This information is also found in the PREA pamphlet provided to students when they arrive to the program. The PREA pamphlet declares, *“you will not be punished for reporting sexual abuse.”*

The JWW student handbook also states, *“emergency grievances pertaining to sexual abuse, sexual assault, or sexual harassment of a youth will receive an initial response from facility leadership (Program Director or Compliance Coordinator) within 48 hours.”* While onsite the auditor reviewed investigation reports (N=5), the grievance log book, and completed Incident Review Committee forms to verify the program is meeting the required timeframes as dictated in this standard. Grievances that alleged sexual abuse or sexual harassment were addressed within 48 hours of receiving the youth’s report. Evidence supports that the program is responding appropriately and immediately to youth concerns.

Youth are allowed to file a grievance at any time while at the JWW program. This understanding was verified through staff and youth interviews who all reported there is no time limit for filing a grievance and that youth were not required to resolve the issue with staff if the issue was PREA related. All youth reported that a family member, a lawyer or an advocate could file a grievance on their behalf.

In addition to the ROP policies that address each of the provisions in this standard, this information is covered in the Safe Environmental Standards (SES) training that all staff are required to complete.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy
- ROP “600.364 Incident Reporting” policy
- SES training slides
- Student Grievance Form
- JWW Student Handbook
- Review of investigation reports
- Review of completed Incident Review Committee forms
- Youth PREA education pamphlet
- Grievance log book review
- Youth interviews

§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)

The JWW program provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for a local advocacy agency, Lighthouse Counseling Center, is provided to youth at intake via a pamphlet that includes PREA related information. In addition, there are several posters hanging throughout the facility providing Lighthouse Counseling contact information. The agency’s Safe Environmental Standards state, “*When students request phone calls of this nature, they will be facilitated by Case Manager or higher position and reasonable privacy measures will be taken, while maintaining visual observation.*” The JWW Student Handbook also includes the previous statement and states, “*You will be provided with reasonable and confidential access to your attorney or other legal representation and reasonable access to parents or legal guardians.*” Staff interviews verified they are aware that youth are entitled to private communications with Lighthouse as well as with their lawyers. Youth interviews confirmed they have privacy when conversing with their lawyers. While no youth reported sexual abuse allegations via the AL DYA hotline number or by calling Lighthouse Counseling, all youth believed staff would give them privacy in the event they wished to make a report via telephone.

As previously mentioned, the JWW program has entered into a Memorandum of Understanding with Lighthouse Counseling Center (effective March 2016). This local organization provides crisis counseling and advocacy services for youth and adults who have been victims of violence. In 2015, the program expanded its services to include services aimed to assist youth who have been sexually abused or assaulted. In addition to mental health crisis services, the program is equipped to provide forensic examinations to sexual abuse victims at its onsite clinic in Montgomery. The program employs seven certified SANEs who are solely responsible for conducting these types of exams. An interview with the Lighthouse SANE Coordinator verified the services they provide and the professional relationship with the JWW facility. Recently, the Director of Lighthouse expressed interest in serving on the JWW Advisory Board. The program is pursuing this interest and has invited her to attend the November Advisory Board meeting.

The JWW coordinated response plan includes contacting the Lighthouse Counseling Center in the event there is an allegation of sexual abuse or sexual assault. If a youth makes an abuse allegation, the youth would be taken to Lighthouse Counseling Center. Staff interviews revealed all staff understand the response protocol, including preserving physical evidence and offering youth advocacy services. More information about Lighthouse Counseling Center can be found at www.lighthousehelp.com.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.353
- Lighthouse Counseling pamphlets/education materials provided to youth
- www.lighthousehelp.com

- Lighthouse SANE Coordinator interview
- Staff interviews
- Youth interviews
- Facility tour

<p>§115.354 – Third-party reporting</p>
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- 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)

As described in other sections of this report, the Rite of Passage has a policy requiring staff to accept third-party reports. This is included in the SES training which all staff are required to complete. In addition, the JWW facility has a webpage (<http://jwalterwoodjrtc.com>) that provides information about the program, the agency’s zero tolerance policies, and the process for 3rd party reporting. The webpage specifically states, “*Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student (§115.354). Third-party reporting forms are available at the front desk of our programs or can be downloaded [here](#). If you suspect sexual abuse you may also call Rite of Passage at (775)267-9411 to report it. All reports are taken seriously and investigated. To report to an agency outside of Rite of Passage contact DYS PREA Coordinator, Robert Latham, at (334) 215-3802 or via email at bobby.latham@dys.com.*” The auditor has reviewed the webpage and all the links are in working order.

In addition, prior to youth coming to the JWW program parents are sent a formal letter and the JWW student handbook. PREA information is sent with this letter along with the ROP Third Party Reporting form and reporting information. The ROP Policy, “Policy 600.402 Student Grievance Policy” also states that third parties, including fellow students, staff members, family members, attorneys, and outside advocates are permitted to file grievances on behalf of JWW students.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.354
- ROP “Policy 600.402 Student Grievance Policy”
- Posters displayed in the reception and family visiting areas
- <http://jwalterwoodjrtc.com>
- ROP Third Party Reporting Form
- Staff interviews

<p>§115.361 – Staff and agency reporting duties</p>
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- 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)

The State of Alabama has a child abuse reporting law that requires a person working in the social services field to report all cases of suspected child abuse or neglect (by calling the Alabama DYS abuse hotline number). In support of this law, the Rite of Passage SES policy 115.361 requires, *“all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation....The program shall also require all staff to comply with any applicable mandatory child abuse reporting laws.”*

In addition, the policy dictates that following an allegation of sexual abuse the Program Director must report the allegation to the appropriate program offices and to the alleged victim’s parents or legal guardians. This SES policy also requires staff to complete a formal written incident report within 24 hours. ROP requires staff to complete the “Internal PREA Notice” form and submit it to the Regional Imbedded Improvement PREA Coordinator within seven days of the incident.

In support of the SES policy, ROP has a “100.407 Child Abuse Reporting Policy” which provides additional directives regarding reporting abuse including the requirement of reporting *suspicion* of abuse. Staff are required to sign a standardized form, “Acknowledgement of Child Abuse Reporting Policy” attesting that they understand and will adhere to this policy.

Review of training records indicate that all JWW staff have been trained on the ROP SES. Staff interviews conducted during the onsite visit revealed all direct care staff, medical staff, and mental health staff understand that they are mandatory reports; that they are not responsible for conducting investigations; that they must report ALL allegations and/or suspected abuse immediately to their supervisor (i.e. verbal, third-party, anonymous, etc.); and that it is their responsibility to protect youth against any retaliation resulting from reporting incidents of sexual abuse, sexual assault, and/or sexual harassment. Youth interviews confirmed that youth understand that staff are mandated reporters

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.361
- ROP “100.407 Child Abuse Reporting Policy”
- ROP SES staff training slide explaining mandatory reporting responsibilities
- ROP “SES Specialized Training for Mental Health and Medical Staff” – slides explaining mandatory reporting responsibilities
- ROP form “Acknowledgement of Child Abuse Reporting Policy”
- ROP “Internal PREA Notice”
- Review of investigation reports and supporting documentation
- Staff interviews
- Youth interviews

§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)

Onsite interviews verified staff understand how to ensure youth safety in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim. Separating the perpetrator and victim is listed on the JWW coordinated response plan as well as on the ROP “Sexual Abuse Incident Checklist.” The “Sexual Abuse Incident Checklist” provides the steps that must be taken when there is a sexual abuse or sexual assault allegation. Staff members are required to initial each step and indicate the date/time the step was completed. Staff interviews confirmed all staff clearly understand the coordinated response plan, including separating the alleged perpetrator and victim and preserving physical evidence (i.e. in the area and on the youth).

JWW leadership and direct care staff reported that if a youth was at imminent risk, youth would be moved to another unit to ensure youth are kept safe from harm. Youth file reviews and investigation reports further confirmed staff understand these responsibilities. There is sufficient evidence supporting that JWW staff respond immediately to all allegations of sexual abuse, assault, and harassment.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.362
- ROP “100.407 Child Abuse Reporting Policy”
- ROP SES staff training slide explaining mandatory reporting responsibilities
- Completed ROP “Sexual Abuse Incident/Allegation Check Sheets”
- JWW Coordinated Response Protocol
- ROP SES training for staff – slides explaining coordinated response protocol
- Review of investigation reports and supporting documents
- Staff interviews

§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)

The JWW program has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility. Interviews with the Program Director indicated that if this were to happen, a report would be made to the appropriate parties, consistent with the JWW program’s coordinated response plan. The Rite of Passage has SES Policy 115.363 that requires the Program Director to notify the appropriate law enforcement agency and any social services agencies. This

notification must be made within 72 hours, which meets the federal PREA standard. The ROP policy also specifies that this notification must be documented in the youth’s case file. An interview with the JWW Program Director, PREA Compliance Manager, and Therapeutic Managers confirmed they understand their responsibilities related to these federal requirements.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.363
- Staff interviews

§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)

As described earlier in this report, the Rite of Passage policy provides specific details on how first responders are required to respond when a youth alleges sexual abuse. This is mapped out in detail during the SES training and supported by the JWW coordinated response flowchart. This flowchart details the specific responsibilities of witnesses/first responder, shift supervisor/Team Leader, nurse, Therapeutic Managers, PREA Compliance Manager, and Program Director. The coordinated response plan also includes a “Sexual Abuse Incident Checklist” which requires staff to initial and provide the date and time they completed each activity. The plan and checklist includes separating the victim and perpetrator and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e. washing, brushing teeth, changing clothes, eating, or using the bathroom). Interviews revealed staff understand their first responder duties, including how to best preserve physical evidence.

There have been no allegations of sexual abuse that involved penetration at the JWW facility. The auditor concludes that in the event a youth disclosed sexual abuse, staff would adhere to agency policy, and therefore is compliant with this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.364
- ROP “Sexual Abuse Incident Checklist”
- ROP “Incident Reporting” policy
- ROP SES staff training slide explaining coordinated response duties
- Staff interviews

§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)

As previously described, the JWW program has a comprehensive coordinated response plan that outlines the responsibilities of all involved parties (see description in standard 115.364 of this audit findings report). All staff have been formally trained on their responsibilities. Onsite interviews verified all staff understand specific steps first responders must take when an allegation of sexual abuse is made and that are aware of the “Sexual Abuse Incident Checklist” which would guide their response activities.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.365
- “JWW Coordinated Response” diagram
- ROP “Sexual Abuse Incident Checklist”
- ROP SES training slides – coordinated response
- Staff interviews

§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)

Alabama is a “right to work” state and therefore, the JWW facility does not have a collective bargaining agreement. Rite of Passage policy allows the removal of staff who are alleged to have sexually abused a resident while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.366
- Staff interviews

§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)

The Rite of Passage has formal policy 115.367 that protects youth against retaliation for filing a grievance or for reporting sexual abuse, sexual assault, and sexual harassment. Agency policy holds the Program Director or designee responsible for monitoring retaliation. At the JWW facility, this “designees” are the PREA Compliance Manager and/or the Therapeutic Managers. Interviews with these individuals provided evidence that they are aware of the PREA standard which requires conducting these check-ins/status assessments every 90 days following the incident. In addition, interviews with youth who had filed a PREA related grievance reported that the TMs frequently checked in with them. Shortly following the onsite visit, the program created a “Retaliation Log”

to ensure therapists are documenting their check-ins with youth who reported abuse (to monitor for retaliation). The form includes the date of the check-in, type of check in (i.e. individual counseling session, Multi-Disciplinary Team (MDT) meeting, etc.), staff signature and youth signature. The auditor applauds the JWW facility for formally tracking these interactions to ensure retaliation is being monitored and documented.

During onsite interviews, youth reported that they can talk with their Therapeutic Manager at any time by filling out a one-on-one counselor request form. Youth confirmed that a request for one-on-one session has never been denied by the JWW program.

The ROP “Policy 600.402 - Student Grievance Policy” clearly outlines agency expectations stating, “*students who choose to file a grievance shall not be subject to any disciplinary sanction or adverse action pertaining to the filing of a grievance.*” As mentioned earlier in this report, interviews with JWW leadership indicate that victims of sexual abuse, harassment, and retaliation will be protected from future harm. This may include one-on-one staff supervision or transfer to another residential living unit. Review of youth case files provided evidence that the JWW has moved youth to another unit to keep the alleged perpetrator separate from the victim.

Youth interviews confirmed that youth who have filed a non-PREA related grievance have not been retaliated against. The auditor applauds the JWW management team for adopting a practice for ensuring youth are safe from retaliation through frequent youth contact.

In the event a staff member makes a report about another staff member’s inappropriate actions, JWW staff are protected from retaliation under the ROP “100.402 - Employee Protection (Whistleblower)” policy. This policy describes that if a report is made in good faith, whether the investigation concluded the allegation was substantiated or unfounded, any individual who retaliates against the person making the report will be subject to formal discipline up to and including termination from employment.

There is sufficient evidence for the auditor to conclude JWW complies with the provisions outlined in this standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.367
- ROP “Policy 600.402 - Student Grievance Policy”
- ROP “Policy 100.402 Employee Protection (Whistleblower)”
- “Retaliation Log” form
- Review of youth case files indicating youth moved to another unit
- Staff interviews
- Youth interviews

§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)

As stated earlier in this audit report, the JWW program only uses isolation as a last resort. Interviews revealed that in the event a youth alleges sexual abuse or assault, neither youth would be placed in isolation. The program's leadership team would meet to discuss how best to ensure youth safety. This may include providing one-on-one staff supervision, switching a youth's room, moving youth to a different residential cottage, or transferring the youth to another program. If the program could not keep youth safe with one of these options and had to resort to placing a youth in isolation, ROP policy clearly states that they must continue to receive educational programming, large daily muscle exercise, and visits from medical and mental health professionals. The auditor reviewed completed Timeout Room Check Sheets verifying clinical and medical staff visit youth a minimum of once per day when youth is placed in isolation. Onsite interviews with youth who were placed in isolation (for non-PREA related offenses) were visited by staff several times a day. The auditor concludes that the JWW program complies with the provisions of this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.368
- "JWW Timeout Room Check Sheet"
- Staff interviews
- Youth interviews

§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)

Agency SES policy 115.371 states ROP facilities do not conduct criminal investigations of sexual abuse or sexual harassment. Local law enforcement, the Montgomery Sheriff's Department, is responsible for conducting criminal investigations. As previously mentioned in this report, the JWW Facility has an established Memorandum of Understanding (MOU) with the Montgomery Sheriff's Department.

The JWW Program Director and PREA Compliance Manager are responsible for conducting administrative investigations. Interviews with JWW leadership revealed that if there is evidence during the course of an administrative investigation that the sexual abuse allegation may be substantiated, the case is referred to legal counsel for possible criminal prosecution. This process is the same whether the alleged sexual abuse has occurred between staff and youth or between two JWW program residents.

The JWW Program Director and PREA Compliance Manager have received specialized training on how to conduct investigations. This training is very comprehensive and addresses all provisions in this standard. The training includes 164 Power Point slides and includes the topics listed under Standard 115.334 of this report (i.e. how to gather direct and circumstantial evidence, preponderance of evidence standard, report writing, etc.). Additionally, in September 2017 the PREA Compliance Manager took a refresher training through National Institute of Corrections. A certificate of completion was submitted to the auditor for verification of compliance.

The language in the ROP policy 115.371 dictates expectations for conducting administrative investigations. The ROP policy upholds:

- All investigations will be timely, thorough, and objective
- Allegations from third party and anonymous reports will be investigated
- Direct and circumstantial evidence will be collected
- Alleged victims, suspected perpetrators and witnesses will be interviewed
- Any prior complaints will also be reviewed involving the suspected perpetrator
- ROP will not terminate an investigation solely because the source of the allegation recants the allegation
- A youth who alleges sexual abuse will not have to undergo a polygraph examination
- Efforts to determine if staff actions or failures to act contributed to the abuse or harassment will be taken.
- Written documentation of the information gathered via the investigation will be maintained at least five years after the employment of the abuser or harasser has ended
- Departure of the alleged abuser or victim from employment or control of the facility or ROP will not provide a basis for terminating an investigation

Interviews with the JWW Program Director and the PREA Compliance Manager indicate they understand the method for conducting investigations of sexual abuse or sexual harassment as well as the specific federal requirements put forth in this PREA standard (i.e. preponderance of evidence standard, thoroughly documenting youth and staff interviews, record retention requirements, prohibiting polygraph testing, referring for criminal prosecution if evidence indicates, etc.). This was confirmed through interviews with PREA Compliance Manager and the JWW Program Director.

During the onsite visit, the auditor reviewed five investigation reports and supporting documents. There were eight allegations in the past 12 months, although three of the investigations were in active status and therefore, could not be reviewed. Four of allegations were youth-to-youth and one allegation was staff-to-youth. The incidents involved mostly youth exposing their genitals to other youth or inappropriate physical boundaries between youth. There was no penetration in any of the incidents. Four of the allegations were unsubstantiated and one was unfounded. Written investigation reports were thorough and contained descriptions of physical, testimonial, and documentary evidence. All investigations began within 48 hours of the abuse report and included review of video surveillance and interviews with witnesses, the alleged perpetrator, and the alleged victim.

The ROP has an established system of documents to assist in guiding the investigation and notification process. In the event an allegation of sexual abuse, sexual assault, or sexual harassment is made, the PREA Compliance Manager or JWW Program Director is required to submit an “Internal Notice of Potential PREA Incident” form to the Regional Imbedded Improvement PREA Coordinator within 48 hours. Review of the five investigation reports and supplemental materials verified each investigation had a completed “Internal Notice of Potential PREA Incident” form.

The ROP has a standardized report template for capturing the necessary information in the investigation report. This template requires the investigator to provide detailed information in the following categories:

- Introduction and summary of allegations
- List of interviews
- Documents reviewed
- Interview synopses
- Definitions and standards used
- Conclusions
- Finding of administrative review (i.e. substantiated, unsubstantiated, or unfounded)

To further assist in guiding the administrative investigation and report writing processes, ROP has also created a “tips” sheet. This document provides important reminders about key points when conducting an investigation. In addition, ROP has created a “Tips for Law Enforcement Regarding Prison Rape Elimination Act” which can be shared with local law enforcement to help them better understand PREA standards and definitions.

The PREA Compliance Manager has created an Excel spreadsheet titled, “PREA Allegation Tracker,” to document the allegations and status of the investigation. In addition, the PREA Compliance Manager uses an “External Contact” form/spreadsheet to document contacts she makes with the Montgomery Sheriff’s department when inquiring about the status of any sexual abuse cases. The auditor confidently concludes that JWW investigators are conducting investigations consistent with PREA expectations.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.371
- NIC Specialized Training for Investigators “PREA: Investigating Sexual Abuse in a Confinement Setting”
- ROP “Specialized Training for Investigators”
- Investigation tips sheet
- PREA Compliance Manager interview
- Program Director interview
- Investigation reports and supporting documents (N=5)
- ROP “Internal Notice of Potential PREA Incident”
- “Memo Regarding Investigation Paperwork”
- “PREA Allegation Tracker” spreadsheet
- “External Contact” form
- Staff interviews

§115.372 – Evidentiary standards 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)

ROP has policy 115.372 which states, “*the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*” In support of this policy and as mentioned earlier in this report, the ROP specialized investigation training includes specific information about the preponderance of evidence standard. Interviews with the JWW Program Director and PREA Compliance Manager verified they use this standard when conducting administrative investigations, particularly those that allege sexual abuse and/or sexual harassment.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.372
- Interview with PREA Compliance Manager
- Interview with JWW Program Director
- ROP “Specialized Training for Investigators”

§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)

The ROP SES policy 115.373 requires notifying the student victim of the investigation outcomes (internal and external) regardless of the outcome (i.e. substantiated, unsubstantiated, or unfounded). Additionally, the policy provides specifications around situations in which a staff member was the perpetrator or another resident was the perpetrator. In situations in which a staff member was the perpetrator, the ROP policy requires the Program Director to inform the youth victim 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 the JWW program. In circumstances in which a JWW resident sexually abused or sexually assaulted another resident, the ROP policy requires the alleged victim be informed when the program learns that the alleged abuser has been indicted OR convicted on a charge related to sexual abuse within the program.

The ROP requires formal written documentation of efforts to notify victims. The agency has developed the “PREA Post Investigation Notification” form which captures the allegations and investigation outcome. The student victim is required to sign and date the document indicating the

results of the investigation has been verbally shared with him/her. The JWW PREA Compliance Manager sends the completed form to the ROP RIIP and stores a copy in a secure cabinet in her office. While onsite, the auditor reviewed five investigation reports and supplemental documents confirming the alleged victim was notified of the outcome of the investigation even when the conclusion was unsubstantiated and unfounded. Each investigation report included a copy of this completed form.

Since the Montgomery Sheriff's Department is responsible for conducting sexual abuse investigations alleged to have occurred at the JWW facility, it is important that the JWW program stay informed of progress with these investigations. The JWW PREA Compliance Manager is responsible for maintaining contact with local law enforcement for status updates and the final investigation outcome. The Compliance Manager uses the ROP "External Communication" form to track communications with the local Sheriff's department. A sample of completed forms as well as email correspondences with the Sheriff's office were reviewed by the auditor during the onsite visit.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.373
- ROP "Post Investigation Notification" form
- ROP "External Communication" form
- Review of investigation reports and supplemental documents
- Interview with PREA Compliance Manager

§115.376 – Disciplinary sanctions for staff
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- 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)

As previously described in this report, the Rite of Passage has several policies supporting zero tolerance. The agency has a SES policy 115.376 and the Child Abuse Reporting policy (100.407) that specifically address staff discipline. The policies states:

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

This agency policy addresses all of the provisions in this federal PREA standard. In the past 12 months there was one allegation that involved a staff member violating ROP policies related to physical boundaries. Review of investigation reports and interviews with the PREA Compliance Manager and JWW Program Director verified that this individual was placed on administrative leave immediately and that a report was made to local law enforcement shortly following the allegation. At the time of the onsite review this investigation was still pending and consequently, the staff member was still on administrative leave. Therefore, agency policies and existing practice support compliance with this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.376
- ROP “Child Abuse Reporting” policy (100.407)
- Review of investigation reports and supplemental documents
- Interview with PREA Compliance Manager
- Interview with Program Director

§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)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and sexual harassment as stated in ROP SES policy 115.377. All contractors and volunteers are required to complete extensive training on the ROP Safe Environmental Standards prior to working with youth. Onsite review of training records verified all contractors and volunteers have been trained on the ROP SES. There have been no volunteers, interns, or contractors working at the JWW program who have violated SES policies related to zero-tolerance to date.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.377
- ROP volunteer and contractor SES training
- Review of training records
- Interview with PREA Compliance Manager

§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)

ROP ensures a safe environment with established rules that are designed to protect residents and staff. The youth resident handbook explains the program rules as well as the consequences for violating specific rules. The Rite of Passage Safe Environmental Standards and the ROP “Code of Conduct” policy (Policy 600.121) provides details of the consistent and fair disciplinary process. The policy clearly states disciplinary sanctions for youth will result from a resident-on-resident sexual abuse only if there is an administrative or criminal finding that the abuse occurred. Residents are not punished for making reports even if the allegation is unsubstantiated or unfounded. Additionally, formal policy explains that youth will be disciplined for having sexual contact with staff only if there is a finding that the staff did not consent to such contact. The policy addresses all other provisions required by this PREA standard.

All youth reported they are prohibited from physically contacting other residents. In the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at the JWW facility (all five investigations concluded allegations were either unsubstantiated or unfounded). Staff interviews revealed that if there was a substantiated allegation of resident-on-resident sexual abuse or sexual assault, the youths involved in the incident would be separated and the perpetrator would be placed on one-on-one staff supervision (not placed in isolation), transferred to another unit, or transferred to another residential program. If either youth remained in the program, the JWW clinical team would convene to develop an individualized treatment plan to address individual youth needs and issues. These youths would likely be required to partake in more intensive treatment sessions (duration and frequency). As part of the treatment planning process, interviews revealed that Therapeutic Managers would consider a variety of factors when developing these plans, including but not limited to, youth’s cognitive functioning/capacity, mental health issues, response to previous treatment modalities, and motivation for sexual offending.

Agency policies, staff interviews, and detailed reviews of youth files, provide sufficient evidence to determine the JWW program complies with provisions put forth in this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.378
- ROP “Code of Conduct” policy 600.121
- Interviews with youth who made allegations of sexual abuse
- Staff interviews

§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)

ROP policy 115.381 requires all youth who are accepted for residential treatment services at the JWW program to be assessed for risk the day they arrive. A number of referral documents are reviewed by the JWW Therapeutic Managers. This extensive review includes court and legal documents, psychological evaluations, previous treatment reports, Individual Education Plans

(IEP), medical records, and other critical documents. Within thirty days of a youth arriving, the Therapeutic Manager reviews all referral documents and completes several assessments to develop individualized treatment plans for youth.

As part of the intake process, on the day a youth arrives, Therapeutic Managers conduct a vulnerability assessment for risk to sexually abuse or be sexually abused while in custody. This formal assessment was adapted from the assessment instrument developed by the Colorado Division of Youth Services Vulnerability Risk Assessment. Review of a random sample of youth files (current and discharged; N=25) indicated that several youths (n=11) disclosed a history of sexual victimization or sexual perpetration. Review of youth files verified that the Therapeutic Manager followed up and met individually with each of these youth within 14 days (as per clinical notes). These individual sessions were well documented in the youth's secure case file, to which only one Therapeutic Manager and the PREA Compliance Manager have access. Both Therapeutic Managers reported they share limited information with direct service staff and only if this information is relevant to ensuring youth safety.

As part of the program intake process youth sign and date a "Clinical Services Consent Form and Release of Information." This form provides information about staff duty to report and asks if they have ever experienced sexual abuse. Specifically, the form states, *"Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Have you experienced prior sexual victimization that you wish to disclose? Yes/No."* All youth case files had this completed consent form.

In support of the program's current practices, the Rite of Passage SES formally addresses each of the provisions in this PREA standard.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.381
- Completed vulnerability forms
- "Clinical Services Consent Form and Release of Information" form
- Facility tour verifying sensitive information is limited to select managers

§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)

The Rite of Passage policy 115.382 ensures victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services. This policy requires victims of abuse be offered timely access to emergency contraception and sexually transmitted infections (STI) prophylaxis. These services are to be provided at no cost to the victim regardless if the victim names the abuser.

The JWW facility has a process in place to ensure the ROP policy is upheld. Interviews with JWW management staff, reveal that victims of recent sexual abuse would be transported to the Lighthouse Counseling Center. Certified Sexual Assault Nurse Examiners (SANEs) would provide the forensic evaluation and provide all other medical services consistent with the provisions in this standard. An interview with the Lighthouse Counseling Center’s SANE Coordinator verified that offering STI testing and emergency contraception are part of the standard Lighthouse protocol. As previously mentioned, the JWW program has a formal MOU with the Lighthouse Counseling Center which further ensures provisions of this standard are successfully met. In addition, the JWW facility has an MOU with the University of Alabama at Birmingham Family Clinic to provide HIV testing, prevention, and education for sexually transmitted infections.

Although there have been no incidents requiring emergency medical or mental health services, interviews with JWW staff verified they understand the program’s coordination protocol, which includes contacting Lighthouse Counseling Center to access emergency medical, mental health, and advocacy services.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.382
- Review of completed “Sexual Abuse Response Checklists”
- Review of select youth files to verify youth offered advocacy and counseling services
- MOU with Lighthouse Counseling Center, Inc.
- Interviews with Therapeutic Managers (N=2)
- Direct care staff interviews

§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)

The Rite of Passage Safe Environmental Standards and corresponding policies support the provisions in this PREA standard. Agency policy 115.383 dictates:

- The program must offer follow-up medical and mental health services and evaluations for victims of sexual abuse for the duration the youth is in the program
- The program must make referrals for continued care if a youth is transferred to or placed in another facility
- Female victims of sexual abuse will be offered pregnancy tests at no cost to the victim. The Program Director will be responsible for notifying the parent/guardian of test results in accordance with state and local laws.
- Student victims of sexual abuse while in the program will be offered tests for sexually transmitted infections at no cost to the victim. The Program Director will be responsible for notifying parent/guardian of test results in accordance with state and local laws.

In addition, the agency policy dictates that if the alleged abuser remains at a ROP program then a mental health evaluation must be completed within 60 days of the alleged sexual abuse incident. Interviews with the JWW Therapeutic Managers confirmed that they are dedicated to the health and well-being of program residents. As part of routine practice, 30 days prior to a youth being released from the JWW program, the Therapeutic Managers set up a mental health appointment with a counselor in the community. They inform the youth's Probation Officer and the parent/legal guardian of this appointment. The auditor believes that in the event a youth needed to continue treatment in the community, JWW staff would ensure youth are referred to these services prior to release. To date, TMs have not made a mental health referral related to a sexual abuse incident that occurred in the JWW facility.

Interviews with the Lighthouse SANE Coordinator and the JWW Registered Nurse (RN) verified victims of sexual abuse would be offered pregnancy tests and STI testing. The MOU with Lighthouse Counseling states ROP will pay \$800 for the SANE exam (the victim will not incur any costs).

Interviews with the JWW Therapeutic Managers verified they are aware of the PREA standard requiring a mental health evaluation of resident-on-resident abusers within 60 days. Review of youth files confirmed that the vulnerability risk assessment is administered after all PREA allegations.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.383
- Review of ROP contact sheet
- MOU with Lighthouse Counseling Center, Inc.
- Interviews with Therapeutic Managers (N=2)
- Interview with Registered Nurse (RN)
- Review of youth files to verify completed vulnerability tools for those youth who made allegations of sexual abuse

§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)

The Rite of Passage policy 115.386 details the process for conducting sexual incident reviews. The policy maintains that at the conclusion of every sexual abuse investigation, a committee must convene to review the details of the incident and the investigation process and outcomes. This committee consists of the site management team (at a minimum of the JWW Program Director and the facility PREA Compliance Manager) and the agency Regional Imbedded Improvement PREA Coordinator (RIIP). The agency has created standard forms to support this practice including the "SES Administrative and Response Review." This form gathers information regarding whether program rules and assignments were followed – i.e. staffing ratios, policies, staff positioning, and

youth room assignments, to name a few. As part of the incident review process, ROP requires a second form be submitted to the RIIP within 30 days of the conclusion of the investigation. This form, titled “Post-PREA Investigation Recommendation and Implementation” summarizes the results of the incident review committee. More specifically, the form requires a description of the system issue or policy violation and detailed steps that will be taken to address the issue. Review of investigation reports verified all investigations included convening an Incident Review Committee within 30 days of the conclusion of investigations.

The ROP policy also dictates specific topics be discussed as part of the incident review committee process. For example: If the incident or allegation was motivated by race, ethnicity, gender identity (i.e. lesbian, gay, bisexual, transgender, intersex identification, status or perceived status), gang affiliation, or resulted from other group dynamics at the facility. The discussion must also include whether staff levels were adequate, whether monitoring technology should be considered or augmented to supplement staff supervision, and other areas required by the provisions set forth in this standard. The JWW review team currently includes the JWW Program Director, PREA Compliance Manager, and the Regional RIIP. The auditor encourages the program to expand the committee’s membership to include the Director of Student Services, a Shift Supervisor, and/or Therapeutic Managers. Review of investigation records indicate all topics outlined in provision (d) of this standard were discussed for each of the five completed investigations and clear recommendations were made for program improvement.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.386
- “SES Administrative and Response Review” form
- “Post-PREA Investigation Recommendation and Implementation” form
- Review of investigation reports and supplemental information
- Review of completed “Incident Committee Review Checklist”
- Interview with PREA Compliance Manager
- Interview with JWW Program Director
- Interview with Agency PREA Coordinator

§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)

The ROP policy 115.387 dictates accurate and uniform data for all allegations of sexual abuse be collected and maintained. The policy requires the PREA Compliance Manager to maintain, review, and collect data consistent with data variables required by the Department of Justice. Documents must be maintained including reports, investigation files, and sexual incident reviews. In addition, The RIIP is required to aggregate incident-based sexual abuse data at least annually.

During the onsite review, the auditor confirmed that allegations are properly tracked. The PREA Compliance Manager maintains an Excel spread sheet, the “PREA Allegation Tracking Sheet” that provides information about each incident including the date of the incident, a brief description of what occurred, who was involved, the outcome of the investigation, and the dates each of the six required ROP forms were completed. The auditor verified that each investigation included a completed DOJ form and that the Excel tracking sheet was current/up to date. The PREA Compliance Manager is responsible for sending sexual abuse and sexual harassment information to the RIIP, who compiles this information for the eight facilities in his region on a quarterly basis.

All investigation files and supporting documents are organized and kept secure in the PREA Compliance Manager’s locked office.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.387
- “JWW PREA Allegation Tracking Sheet”
- Review of investigation reports and supplemental documents
- Facility tour confirming records kept in a secure area
- Interview with Agency PREA Coordinator (RIIP)
- Interview with PREA Compliance Manager

§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)

The ROP policy 115.388 requires its facilities to collect incident data to assess and improve the program’s ability to prevent and detect sexual abuse incidents. As described earlier in this report, if the sexual abuse incident committee determines areas which may have contributed to an incident, the program is required to submit a corrective action plan to the agency’s RIIP. This must be done within 30 days of the conclusion of the investigation. During the onsite review, the auditor reviewed completed Incident Review Committee forms and corrective action plans for each of the five investigations to verify this practice is embedded in facility operations.

The JWW facility developed an annual PREA report in 2016. This report did not include comparison data or describe specific actions taken to achieve compliance with federal PREA standards. The facility’s 2016 report was approved by the ROP Regional Director and all specific material that would present a clear threat to the safety and security of the facility is removed. The annual report is currently posted on the JWW facility’s website www.jwalterwoodjrctc.com.

At the time of the onsite review in October, ROP leadership had not yet drafted the 2017 Annual Agency PREA report. The auditor reminded leadership that in the future, the annual report must include a comparison of the current year’s data and corrective actions from prior years. During the onsite visit the auditor further explained this PREA standard to the ROP Regional Director and the

RIIP, who acknowledged their new understanding of the requirements. These ROP leaders agreed to draft the 2017 Annual PREA report consistent with federal PREA standards and to post this report to the ROP website no later than January 31, 2018. Additionally, the auditor is requiring that ROP send a draft report to her in December 2017 for review and feedback, prior to posting it on the ROP website. The auditor will follow-up with the Regional Director and the RIIP in early December to ensure this provision is successfully met.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.388
- Interview with Agency PREA Coordinator (RIIP)
- Interview with the ROP Regional Director
- Annual JWW PREA report posted on www.jwalterwoodjrtc.com

§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)

The ROP policy 115.389 dictates all programs will make aggregated sexual abuse data available at least annually and remove all personal identifiers. In addition, the policy requires the ROP Human Resources Department to retain sexual abuse data for at least 10 years after the date of its initial collection. Onsite interviews with JWW program leadership and the Rite of Passage Regional Director confirmed they understand these federal requirements. The 2017 Annual Agency PREA Progress report will be posted by January 31, 2017 on the ROP website.

Evidence Supporting Compliance Determination:

- ROP Safe Environmental Standards (SES) policy 115.389
- Interview with the ROP Regional Director
- Interview with Agency PREA Coordinator (RIIP)

§115.401 - Frequency and scope of audits; §115.402 – Auditor qualifications; §115.403 – Audit content and findings; and §115.404 – Audit corrective action plan

The following information is provided as a way of demonstrating compliance with federal PREA Standards 115.401 through 115.405. This audit represents the second PREA audit for J. Walter Wood Jr. Treatment Center. The initial audit was conducted in April 2016 and therefore, the Rite of Passage agency is following Standard 115.401 (a) and (b) which requires facilities that house juvenile justice youth to undergo a PREA audit by August 2016.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports

and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, and youth as well as a conversation with the local victim advocacy group. Consistent with PREA expectations and as detailed in this audit findings report the auditor reviewed relevant agency-wide policies, procedures, reports, and internal and external audits of the facility. She reviewed documents from the previous 12 months and used random sampling techniques when selecting staff and youth interviews. As part of the audit process the auditor conducted an interview with the community-based victim advocacy agency, Lighthouse Counseling Center, Inc.

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the JWW Jr. Treatment Center or the Rite of Passage agency.

Throughout the audit review process, as well as in the onsite debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. Conversation included, but was not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made available to the public. The Rite of Passage and the JWW program leadership have expressed a sincere commitment to continue to uphold compliance with all PREA standards.

AUDITOR CERTIFICATION:

The J. Walter Wood Jr. Treatment Center (JWW) has achieved 100% compliance with federal Department of Justice PREA standards.

Date of On-Site Review: October 2, 3, and 4, 2017

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Sharon Pette, MSC, GBSS
Certified DOJ PREA Auditor

Date: 11/08/2017