

# PREA Facility Audit Report: Final

**Name of Facility:** Right Path Oasis Children's Group Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/28/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon R. Shaver	<b>Date of Signature:</b> 06/28/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	05/15/2024
<b>End Date of On-Site Audit:</b>	05/15/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Right Path Oasis Children's Group Home
<b>Facility physical address:</b>	1820 Longcreek Drive, Grovetown, Georgia - 30813
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	KERRIAN PATTERSON
<b>Email Address:</b>	KERRIAN@RIGHTPATHOASIS.ORG
<b>Telephone Number:</b>	404 - 663 5578

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	6
<b>Current population of facility:</b>	0
<b>Average daily population for the past 12 months:</b>	3
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12 - 18
<b>Facility security levels/resident custody levels:</b>	NON-SECURED
<b>Number of staff currently employed at the facility who may have contact with</b>	11

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Right Path Oasis Children's Group Homes, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1820 Longcreek Drive, Grovetown, Georgia - 30813
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Kerrian Patterson	<b>Email Address:</b>	kerrian@rightpathoasis.org
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

2

- 115.313 - Supervision and monitoring
- 115.333 - Resident education

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-15
2. End date of the onsite portion of the audit:	2024-05-15

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Augusta University Medical Center ER/The Sexual Assault Response Center Ga. Family Crisis Solutions, Advocacy Stephanie V. Blank Center for Children

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	6
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	0
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>5</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>Due to the facility having no residents since April 2023, staff have essentially left the facility for other employment opportunities. The facility's core leadership team is still active and consists of the CEO, Director, and Human Service Provider (HSP). There are two employees who remain on standby to resume work when a need arises. Both of these Director Care Workers (DCW) were interviewed by the auditor by phone.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
<b>If "None," explain:</b>	There were no residents housed at the facility during the on-site audit.



<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	There were no residents housed at the facility during the on-site audit.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	There were no residents housed at the facility during the on-site audit.
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	There were no residents housed at the facility during the on-site audit.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents housed at the facility during the on-site audit. Therefore, no residents met the targeted criteria.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>There have been no residents assigned to the facility since April 2023.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>2</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>If "Other," describe:</b></p>	<p>The auditor interviewed 100% of the staff at RPO.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor interviewed 100% of the staff at RPO. Interviews with the CEO and Director were conducted during the onsite audit and interviewed the HSP and two DCW by phone later that same week.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>3</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>



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

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

	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	<p>Since the facility is under contract with DJJ, the auditor interviewed the DJJ Office of Investigations, PREA Unit Supervisor, the DJJ Agency's PREA Coordinator, DJJ Victim Services Director, and the DJJ Regional Treatment Specialist for the area.</p>
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>There were no contractors or volunteers associated with the facility during the audit period.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

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

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The RPO is a non-secure group home located in a residential area in Augusta, Georgia. This is the first PREA audit for the facility. The facility contracts with the Georgia Department of Juvenile Justice (DJJ) to house up to six youth in a non-secure environment who are still under DJJ supervision and age 16 and up. The home is a two-story house. The front entrance door enters into a large open floorplan containing the kitchen, dining area/ group room and living room allowing high visibility in all the common areas. Two cameras provide unobstructed view of all areas and may be accessed remotely by the CEO, Director, and HSP. The auditor observed camera views which were located only in common areas where residents are expected to be fully dressed. There were no camera views accessible into the resident rooms or into the bathrooms. A short hallway to the left of the common room leads to two single occupancy bedrooms and a shared bathroom and to the right of the common areas is a large bedroom with double occupancy and shared bathroom. The staircase enters into a second-floor large bedroom with double occupancy and adjoining shared bathroom. All rooms afford residents privacy to change clothes, use the restroom and shower. The management office is located in a separate building in the backyard which contains two desks, a restroom, and is equipped with a camera.

The RPO has newly established PREA policy, protocols, and practices to comply with the requirements of PREA. In addition to development of local policy, the facility is subject to the requirements of DJJ policies and procedures, where applicable to their type of facility. The facility is a group home and not a secure facility. Community service providers are used for many of the services required of the PREA and are coordinated through and with assistance of DJJ when needed. Youth are pre-screened and interviewed virtually prior to being selected for admittance to the home. The Director and CEO explained the

importance of selecting youth who are a good fit for the environment in order to set them up for success. Upon entry to the facility, residents are provided with an orientation delivered by management staff within the first few hours. This orientation includes facility rules, expectations, a risk screening assessment, and PREA training. The new resident is given a tour of the house and introduced to the staff and other residents who are already at the facility. The resident is allowed to place a call to their parent or guardian upon arrival and has no limits on the amount of contact they can have with parents and frequent contact is encouraged. Telephone calls can be made through request from a staff member to prevent misuse of the phone. Stamps and envelopes will be provided upon request. There are always two staff assigned to the facility regardless of the number of residents assigned at any given time. Facility staff do not conduct body searches of residents of any kind. The auditor placed calls to the reporting numbers posted at the facility and found they all worked. The auditor toured all areas of the home and the outside grounds. Staff have demonstrated their committed to sexual safety of youth assigned to their facility. There have been no residents assigned to the facility since April 2023.

### Documentation Sampling

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor met no barriers to obtaining the required documentation to properly assess compliance with the PREA Standards. Right Path Oasis Children's Home, Inc. (RPO) contracts with the Georgia Department of Juvenile Justice (DJJ) for housing male youth between the ages of 16-18. As these residents are still under DJJ supervision, the facility must adhere to the DJJ policies and procedures. However, many of the procedures required are not applicable at RPO due to it being a group home and is a non-secure facility. RPO created their PREA policy based on applicable policies from DJJ. RPO has one PREA policy which was supplemented by DJJ policies. The auditor referenced applicable policies reviewed in the body of each narrative within this report. The following is a list of documents requested and reviewed to assess compliance.

RPO Annual Report

RPO Staffing Plan

RPO PREA Policy

RPO Organization Chart

15-Minute Logs

Unannounced Rounds Logs

Employee Personnel File Records

Resident Education and Facility File Records

DJJ Training Curriculum

Risk Screening Instrument

Resident Education

Youth Safety Guide for Community Residential Facilities

RPO Coordinated Response Plan

Agreement for Emotional Support Services

CSEC Response Contact Sheet & Information

CHOA, Stephanie B. Blank Center

DJJ 2.10, Payment of Youth Medical Expenses

DJJ 23.1, PREA

DJJ 23.2, Sexual Assault

DJJ 3.52, Background Investigations

DJJ 4.1, Training Program

DJJ 4.5, Staff Training Requirements

DJJ 5.1, Records Management

DJJ 8.5, Special Incident Reporting

DJJ 8.9, Child Abuse Reporting

DJJ 8.42, Crime Scene Preservation

DJJ 14.3, Citizen & Volunteer Involvement  
DJJ 15.3, Youth Access to Courts  
DJJ 15.4, Viewing, Listening, and Reading Materials  
DJJ 15.9, Ombudsman  
DJJ 15.10, Language Assistance  
DJJ 20.1, Community Quality Assurance Monitoring  
DJJ 20.12, Community Based Services  
DJJ 20.20, Screening and Placement of Youth  
DJJ 20.24, Community Residential Programs  
DJJ 22.3, Internal Investigations  
DJJ 22.5, Polygraph Examinations  
DJJ 23.3, LGBTI  
Retaliation Monitoring Form, DJJ Attachment L  
Notification of Investigation Outcome, DJJ Attachment I  
Sexual Abuse Incident Review Team Meeting Minutes Template, DJJ Attachment J

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

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

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

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

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



## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no sexual abuse or sexual harassment allegations during the audit period.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual abuse or sexual harassment allegations during the audit period.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

Yes

No

### Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

**Identify the entity by name:**

Georgia Department of Juvenile Justice

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RPO PREA Policy 6.6.24; DJJ Policies 1.2, 23.1, 23.2; Facility Organizational Chart; Information Obtained from Interviews.</p> <p>115.311(a): Right Path Oasis (RPO) contracts with the Georgia Department of Juvenile Justice (DJJ) to house youth from ages 16-18. As a result, the facility is subject to the DJJ policies and procedures. The facility has zero tolerance towards all forms of sexual abuse and sexual harassment of residents in DJJ custody. The facility strictly prohibits any form of sexual activities involving residents with other residents and residents with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the facility and DJJ take appropriate actions to reduce the risk of sexual abuse and sexual harassment within its facility by implementing the PREA Standards established by the United States Department of Justice (DOJ). The original PREA policy presented for the auditor's review contained language specific to secure facilities that, after discussion with the Director and Owner, was</p>

	<p>determined not applicable to RPO. As a result, the facility updated their policy removing these references from their PREA policy and submitted a revised policy referenced RPO PREA Policy 6.6.24.</p> <p>115.311(b)(c): RPO is a single facility operation and employs an upper-level PREA Coordinator, Kerrian Patterson, who is the Director. Based on an interview with the PREA Coordinator, she has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at the facility. She also involves all facility staff in the PREA implementation and compliance efforts, as appropriate. An interview with the Chief Executive Officer (CEO)/Owner, confirmed the PREA Coordinator reports directly to the CEO.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Contract Between RPO and DJJ; Information Obtained During Interviews.</p> <p>115.312(a)(b): Based on an interview with the CEO and conditions of the facility's contract with DJJ, RPO does not contract with other entities for the confinement of residents assigned to them; therefore, this standard is not applicable.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: DJJ Policy 20.12, 20.20, 20.24, 23.1; RPO Staffing Plan/Reviews for 2022, 2023, 2024; Contract with DJJ and RPO; Employee Schedule for April 2023; 15-Minute Rounds; RPO Unannounced Visits; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(b)(d): RPO provided the auditor with a staffing schedule for April 2023, that indicated adequate staff was used to supervise the youth assigned to the facility maintaining at least 1:3 ratio. The facility's capacity is six, with an average</p>



population of one. At the time of the PAQ completion, the facility housed no residents; additionally, there have been no residents assigned to the facility since April 2023. An official facility staffing plan was provided that included all of the requirements of this standard. The facility provided staffing plan reviews for 2022, 2023, and 2024. The most recent staffing plan was reviewed and signed January 5, 2024. The facility indicates that no deviations occurred within the audit period but that staff resignations would be a primary reason for a deviation. The auditor reviewed all camera placements in the house and found they were adequately placed to provide coverage of the common areas with no blind spots. The Director and CEO explained during their interviews that regardless of the number of beds filled, the practice is to have at least two staff on shift at all times which was supported by review of the April 2023 schedule.

115.313(c): The facility capacity is (6). The provided staffing plan indicates a 1:3 ratio during waking and sleeping hours, which exceeds the minimum requirement of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

115.313(e): Although RPO is not a secure facility, RPO complies with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et seq.), and with all applicable PREA Standards, Department Policies related to PREA and Department Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within Department Facilities/Programs/ Offices owned, operated or contracted. In addition to “self-monitoring requirements” the Department of Juvenile Justice conducts announced or unannounced, compliance monitoring to include “on-site” monitoring. Logs of unannounced rounds were provided for the period of December 16, 2022, through April 2023, covering the period where the facility had youth; no youth have been assigned to the facility since April 2023 to the present time. Additionally, the Executive Director/PREA Coordinator, HSP, and CEO have the capability to monitor the cameras remotely and conduct periodic checks randomly at various times of the day and night. Interviews with the Director and (2) Direct Care Workers (DCW) confirmed they are required to make and document 15-minute rounds during their shift. Unannounced rounds by upper-level staff are conducted by the CEO, Director, and HSP and was also verified during interviews.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds provisions (c)(e) of this standard by requiring a 1:3 ratio at all times, and by conducting unannounced rounds, which is not applicable for non-secure facilities.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Evidence Reviewed: RPO PREA Policy, 6.6.24 rev.; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(e)(f): The RPO PREA Policy establishes that Right Path Oasis Children’s Group Home will not conduct any type of body search on residents, clothed or unclothed, including any to determine a resident's sex. RPO staff are exempt from the training requirement as no searches are conducted of residents. RPO is a group home and not a secure facility.</p> <p>115.315(d): An interview with the CEO, Director, HSP and (2) DCW confirmed that at no time do staff observe residents while undressing, using the toilet, or taking a shower. If there is a need to enter the bathroom the staff is required to knock and announce their presence and would only do this if there was a safety concern. When entering the resident rooms, staff also use the knock and announce procedure unless it is after hours when the residents are sleeping. The auditor observed the bedrooms and bathrooms used by the residents and found these areas allowed for privacy; bathrooms contain locking doors and shower curtains. All bathrooms are single occupancy, to be used by one resident at a time. No security cameras were installed that allowed viewing into the resident rooms or bathrooms.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: RPO PREA Policy; DJJ Policy 15.10, 20.20, 20.24, 20.12; DJJ Language Assistance Services; DJJ Policy 23.1; DJJ Website; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a): The facility's PREA Policy establishes that Right Path Oasis Children’s Home, Inc. will ensure equal opportunity of disabled residents to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These accommodations will be made in accordance with DJJ Policy 15.10 Language Assistance Services to ensure that resident who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology. There were no residents assigned to the facility during the site visit. Based on review of the resident file documentation, no accommodation was required in order to provide PREA education to the residents who were previously assigned. An interview with the Director and CEO learned that a pre-screening of all residents is conducted and if a resident with a disability is accepted for admission,</p>

any required accommodation would be arranged through the DJJ Field Services Office. The Director and CEO also explained they have a good working relationship with the school and would be able to arrange needed services. The facility utilizes the Juvenile PREA Education Videos featured on PRC website, April 27, 2023, to deliver intake/comprehensive PREA education to new residents. These videos are available in Captioned English and Captioned Spanish and ASL.

115.316(b): The RPO PREA Policy establishes that Right Path Oasis Children's Group Home, Inc will ensure equal opportunity of residents with limited English proficiency to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency will make accommodation in compliance with DJJ 15.10, Language Assistance Services to ensure that youth who are limited in their English proficiency, deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters. Additionally, any accommodative services to meet the needs of a resident who is LEP would be coordinated with DJJ and utilizing services obtained through DJJ and following DJJ Policy 15.10, Language Assistance Services, or through use of other available community resources. DJJ Policy 15.10 establishes that the DJJ shall prohibit discrimination based on limited English proficiency and to ensure effective communication with all residents at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to residents with limited English proficiency. Language assistance services are free to residents. As needed, documents intended resident use will be translated into a language of their understanding. Oral communication with LEP residents will be provided by bilingual staff or through the use of an interpreter. DJJ Policy 15.10, Language Assistance Services, may be used to ensure that residents who are LEP can report sexual abuse to staff directly, through interpretive technology. An interview with the PREA Coordinator confirmed that there has been no resident admitted to the facility in the audit period requiring language interpretation services. The facility displays the Blue and White Large DJJ Sexual Abuse and Sexual Harassment How to Make A Report Poster in the common areas of the facility in English and has it available in Spanish if a Spanish speaking resident is assigned to the facility. Other languages can be translated as needed through DJJ resources. The facility utilizes the Juvenile PREA Education Videos featured on PRC website, April 27, 2023, to deliver intake/comprehensive PREA education to new residents. These videos are available in English and Spanish.

115.316(c): The RPO PREA Policy establishes that Right Path Oasis Children's Group Home, Inc will prohibit the use of resident youth as interpreters, readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first responders' duties under DJJ 115.364, or the investigation of the youth's allegations. All circumstances of using resident youth as interpreters, readers, and other types of assistance must be documented and kept in the PREA Binder. Additionally, the facility utilizes the DJJ Policy 15.10, (Interpreters Unlimited 800-726-9891), to request an interpreter if needed.

A systematic review and analysis of the evidence concluded the facility has

	demonstrated compliance with all provisions of this standard.
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 3.52, 14.3, 23.1, and 22.3; DJJ 23.1 Attachment D; Personnel File Records; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.317(a)(b)(c)(e)(d)(f)(g): The RPO PREA Policy establishes Right Path Oasis Children’s Group Home, Inc will prohibit hiring or promotions of employees and contractors of anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. Right Path Oasis Children’s Group Home, Inc is required to determine if all prospective employees and current employees being considered for promotions have any allegations of sexual assaults, sexual harassment, and/or any civil/administrative liabilities for sexual misconduct prior to employment and/or promotion. Each applicant and current hire of Right Path Oasis Children’s Group Home, Inc is required to complete a PREA Pre-employment Questionnaire, as a part of the interview process. Right Path Oasis Children’s Group Home, Inc will conduct initial and yearly criminal background checks on all new hire and existing employees. Right Path Oasis Children’s Group Home, Inc will conduct criminal background records check and checks on child abuse registries on any contractors and employees who may have contact with residents. RPO utilizes the DJJ’s Background Check Application System and employees must be cleared through DJJ prior to having contact with residents. RPO will have a DJJ Background Clearance and DJJ Determination Letter for all applicable staff and volunteers in the record. Background requirements also include checks on the Sex Offenders Registry, Pardons and Paroles and Department of Corrections. Right Path Oasis Children’s Group Home, Inc shall require and maintain documentation of consultations with applicable sex offender registries before enlisting the service of any contractor who may have contact with the youth. Additionally, any contractor that is solicited to perform work onsite will always be scheduled when the youth are away from the facility or will be under direct supervision away from the work area of the contractor. All new staff eligible for employment will be screened prior to an offer of employment. These safety and criminal background checks screenings will be completed and provided to DJJ with evidence of a satisfactory criminal records check. Right Path Oasis Children’s Group Home, Inc shall conduct criminal background record checks at least every five years for employees in facilities and offices as well as contractors in accordance with DJJ 3.52, Background Investigations. The facility policy states background checks will be conducted at least every five years. The RPO PREA Policy establishes that during the new hire interview process, applicants are assessed for any previous sexual abuse misconduct through a series of questions. RPO has zero tolerance for any material</p>

omissions regarding misconduct, or the provision of materially false information and these actions will be grounds for termination. Hiring policies are consistent with those found in DJJ Policy 3.52 and DJJ Policy 23.1 and as part of the contractor packet each new staff hired by RPO will complete a DJJ Attachment D form. Right Path Oasis Children's Group Home, Inc shall require and maintain documentation of background records checks of current employees and contractors at five-year intervals when applicable. The facility indicated that there were no contracts for services where criminal background record checks were required. The facility provided evidence that (12) employees received an initial criminal background check, prior to employment. There were no staff employed for 5 years or longer.

The auditor interviewed both the CEO and Director about the hiring procedures since they both participate in the process. The auditor learned that all applicants must be cleared by the GA DJJ based on their contractual agreement. Prospective applicants complete an application. The CEO, Director and HSP screen the applicants for qualifications and experience then runs a criminal history check and checks the applicants references before submitting the applicant to DJJ for the background investigation to be completed. The background investigation includes a criminal history check, DHS involvement search, parole/probation search, sex offender registry search. Each prospective is asked about prior sexual misconduct during the interview but had not been documented previously. The signature line on the application includes an attestation that informs the applicant that false or misleading information on the application or during interview may result in release of employment and that prior employers will be contacted. RPO was conducting prior employer reference checks on all employees but was not asking the specific questions required for institutional employers outlined in provision (c); however, the auditor's review of the personnel files found that none of the employees hired within the last 12 months were previously employed in an institutional setting. The auditor reviewed (9) personnel files and found they all had all required background history clearance conducted.

Onsite Corrective Action: During the site visit the Director created a PREA Questionnaire for Prior Institutional Employers and implemented procedures immediately to capture this information during the application process. Among other information, the form asks the prior institutional employer if the candidate had any substantiated allegations of sexual abuse or harassment and if the candidate resigned during a pending investigation of sexual abuse or harassment. The Director also updated the RPO Application for prospective employees with questions regarding prior misconduct that must be completed and signed during the application process. The facility had all active employees complete a supplemental misconduct questionnaire during the Post-Audit Phase and provided to the auditor for review. The auditor checked with the facility during the Post-Audit Phase to see if they had processed any new applicants since the audit and they had not. Since the facility currently has no residents assigned and is not actively hiring employees, the auditor accepts the implementation of the revised application and prior institutional employer reference check form.

115.317(h): An interview with the PREA Coordinator and CEO confirmed that if a

	<p>prospective employer requests information involving substantiated allegations of sexual abuse or sexual harassment involving a former employer the required information would be provided if available or the request would be forwarded to DJJ Office of Investigations for them to provide a response. An interview with the DJJ Office of Investigations PREA Supervisor confirmed that this would be the proper procedure to follow and that his office would provide a response.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: Interviews; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.318(a): The facility indicated they have not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. This is the first year that the facility is required to be PREA compliant in accordance with the contractual agreement with DJJ.</p> <p>115.318(b): The agency or facility has added (2) cameras to their video monitoring system in the past 12 months. An interview with the Director and CEO confirmed these placement decisions for these cameras took into consideration how they may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RPO PREA Policy; MOU with SARC; Crisis Counseling and Advocate Letter; RPO Hospital Letter; DJJ Policies 2.10, 20.12, 20.20, 20.24; 22.3, 23.2, 23.1; Children's Healthcare of Atlanta/Stephanie V. Blank Center; EMTALA Information; CSEC Information; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Right Path Oasis Children’s Group Home, Inc. will ensure all</p>

allegations of sexual abuse on the agency's property, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations. All investigations must comply with DJJ 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation.

115.321(c): Based on an interview with the PREA Coordinator RPO will ensure that all residents who experienced sexual abuse have access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at Augusta University Emergency Room - Children's Hospital/Augusta Rape Crisis & Sexual Assault Services. The resident will be transported to the hospital emergency room for immediate care and then may be referred by those providers to a children's hospital if indicated. RPO will follow guidance from DJJ policies and procedures and coordinate these services with the assistance of the Regional Treatment Services Specialist and the DJJ Office of Investigations. Based on an interview with the DJJ PREA Coordinator, the agency partners with Children's Healthcare of Atlanta/ Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. There were no forensic medical examinations conducted during the audit period.

115.321(d)(e)(h): DJJ policy requires as requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals which will be coordinated with the DJJ Regional Treatment Services Specialist. During an interview with the Director and CEO, they have recently entered an MOU with The Sexual Assault Response Center (SARC) in Augusta to provide confidential emotional support services to youth at the facility who have experienced sexual abuse, regardless of when the incident occurred. The auditor's interview with the (SARC) Executive Director at The Sexual Assault Response Center found that this Center is a part of the Augusta University Medical Center Children's Hospital, and they would be the first point of contact for any adolescent sexual assault victim seen at the Augusta University ER. She confirmed that they would provide an advocate to be with the youth through the SANE examination. The auditor further verified the availability of these services through review of the signed MOU. Additionally, the RPO has partnered with Georgia Family Crisis Solutions to provide counseling and crisis intervention services for residents as needed which was also verified through memorandum. Additionally, the facility has access to all resources available through MOUs obtained by DJJ. DJJ has entered an MOU with the Children's Advocacy Center, Child Enrichment in Augusta that serves all DJJ youth in the area. As requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals which will be coordinated with the DJJ Regional Treatment Services

	<p>Specialist. Based on an interview with the DJJ PREA Coordinator, the agency also partners with Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical, forensic evaluations, and advocacy services. The phone number and address are made available to residents on the Break the Silence! posters displayed at the facility. The auditor confirmed the availability of these services during a phone call with a representative from the Center. Furthermore, the DJJ partnership with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team indicates that a SAFE/SANE will be made available to conduct any forensic examination and to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. There were no forensic medical examinations conducted during the audit period. Additionally, the Emergency Medical Treatment and Labor Act (EMTALA) guarantees access to emergency medical services for individuals who present to a hospital emergency department regardless of an individual's ability to pay. Department of Juvenile Justice, Office of Victim Services, Phone- 866-922-6360 (toll free). DJJ Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. The auditor confirmed during a phone call with the Executive Director of Child Enrichment in Augusta that advocacy services will be provided for youth upon request by the RPO/DJJ.</p> <p>115.321(f): RPO is not responsible for investigating administrative or criminal allegations of sexual abuse. Allegations will be referred to and investigated by the DJJ Office of Investigations. Based on the auditor's review of their investigative policy and interview with the DJJ Office of Investigations, PREA Unit Supervisor, the requirements of paragraphs (a) through (e) of standard 115.321 are followed.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: RPO PREA Policy; DJJ Policies 8.5, 22.3, 23.1; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.322(a)(b)(c): The facility PREA Policy states that all allegations of sexual abuse and sexual harassment in community residential programs will be administratively and/or criminally investigated by DJJ Office of Investigations. RPO is subject to all requirements of DJJ investigative policies and procedures. An interview with the Director confirmed that all allegations are reported to the Office of Investigations</p>



	<p>PREA Unit Supervisor. The auditor observed the PREA Unit Supervisor's name and contact number posted in common areas of the facility and in each resident's file under emergency contact - PREA. An interview with the PREA Unit Supervisor confirmed that this unit is responsible for investigating sexual abuse and sexual harassment allegations at the contract facility and that there have been no allegations reported within the audit period. The facility indicates there were no sexual abuse allegations reported at the facility within the audit period, which was further confirmed by the DJJ PREA Investigations Supervisor. The DJJ Investigative Policy and PREA policy is published on the DJJ website at <a href="https://djj.georgia.gov/prison-rape-elimination-act-prea">https://djj.georgia.gov/prison-rape-elimination-act-prea</a>.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.331</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility Policy; DJJ Policies 4.1, 4.5, and 23.1; PREA 2020 Training PowerPoint; Modules 1-6 PREA Training Curricula; Completed Staff Acknowledgement Forms; Employee Training Certificates; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.331(a)(b)(c)(d): The facility staff is subject to the same PREA training requirements outlined in DJJ Policy 23.1. The facility ensures all employees are trained on how to fulfill their responsibilities under the DJJ's sexual abuse prevention, detection, and response policies and procedures; dynamics of sexual abuse and sexual harassment in residential facilities; common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; on relevant laws regarding the applicable age of consent. The training is tailored to unique needs and attributes of the all-male facility. Through employee signature or electronic verification, employees document that they understand the training they have received. The PREA refresher training is required annually. All full-time, part-time, and contracted staff members are required to complete the online refresher training. The auditor reviewed evidence for (8) employees who signed an acknowledgement form that they read, understand, and will comply with the PREA upon hire. Additionally, personnel files were reviewed for (8) employees and the CEO confirming that all staff complete the required DJJ initial and annual refresher PREA training. The</p>

	<p>certificates indicate the training has been completed through the DJJ computer-based training system which captures the employees' electronic signature upon course completion and signified by issuance of the certificate. Interviews with the CEO, Director, HSP, and (2) DCW confirmed they had received the required training and were familiar with the terms, definitions and what to do in the event of an incident. They were all aware of the reporting methods that can be used to report sexual abuse, sexual harassment, and retaliation. They further understood their obligations as a mandated reporter and how to fulfil those responsibilities in accordance with Georgia mandatory reporting laws dealing with juveniles. They were also able to explain common reactions of juvenile victims of sexual abuse. The auditor reviewed the training material provided to staff and found that it contained all topics required of 115.331.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 14.3, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.332(a)(b): Right Path Oasis Children’s Group Home, Inc shall ensure that all volunteers, interns, and contractors who have been in contact with youth at the agency have been trained on their responsibilities under the agency’s sexual abuse prevention, detection, and response policies and procedures. The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and the level of contact they have with youth. All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse. All volunteers, interns, and contractors will complete all DJJ PREA Modules and complete Annual PREA Refresher Training. Right Path Oasis Children’s Group Home, Inc shall maintain documentation confirming that volunteers, interns, and contractors understand the zero-tolerance policy training they have received. This documentation will be maintained throughout employment/ contact. All Contractors/Interns/Volunteers staff must complete and sign PREA acknowledgement form. The facility is subject to the requirements of DJJ Policy 14.3, Citizen and Volunteer Involvement. This policy requires volunteers, contractors and interns to complete the established PREA training, and document through written or electronic signature their understanding of the training. The facility currently has no contract employees and does not use the services of volunteers at the facility. Services are outsourced to community service providers who see the residents in the community and not at the facility.</p>

	<p>Based on an interview with the Director/PREA Coordinator, any service contractor solicited to perform work onsite will always be scheduled when the residents are away from the facility, or the residents will be under direct supervision by staff and away from the work area of the contractor.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 15.1, 15.3, 15.4, 15.9, 23.1; RPO Welcome Booklet/Resident Handbook; PREA Video Memo/Link; Completed PREA Acknowledgement Statements; Break the Silence Poster English/Spanish; Young Adult Rights &amp; Responsibilities; Grievance Procedures; Intake Flyer English/Spanish; Zero Tolerance How-To-Report poster; Youth Poster No Means No English/Spanish; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.333(a)(b)(e): Right Path Oasis Children’s Group Home, Inc shall conduct mandatory training during the orientation on boarding process. Within 72 hours of intake, Right Path Oasis Children’s Group Home, Inc will provide a comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.</p> <p>There were no residents admitted to the facility during the site visit, so the auditor asked the Director to provide a simulation of the intake process. The Director explained that each new resident is met with individually upon arrival. Generally, the resident's Probation Officer brings them to the facility and may stay for the duration of the intake/orientation. The Director covers general information about the facility with the resident and provides a tour of the home. The resident watches the PREA video then the Director covers the information in the RPO Welcome Booklet which includes PREA information on page 20. This information collective explains the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The education is age-appropriate and covers their rights to be free from sexual abuse and sexual harassment while at the facility, and free from retaliation for reporting these types of incidents. Once completed the Director asks if there are any questions about the material presented and then asks the resident to sign the acknowledgement form indicating his understanding of the education materials provided.</p> <p>The facility had no youth admitted to the facility within the past 12 months; therefore, no resident interviews were conducted. However, the auditor reviewed</p>

files for residents who were previously assigned to the facility. During the site visit the auditor reviewed files for (5) residents who were admitted to the facility between July 2022-March 2023. Each file contained a signed acknowledgement form indicating youth received and understood the PREA training they received. The facility houses only male residents. The files indicated that each resident also had mental health needs and were actively receiving treatment services through local mental health community service providers.

115.333(c): Right Path Oasis Children's Group Home is a single facility, and residents are provided comprehensive PREA training even if they have received it at a DJJ facility prior to their arrival.

115.333(d): Right Path Oasis Children's Home, Inc. will ensure equal opportunity of disabled residents to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment according to DJJ 13.32 Special Education Services. The agency will develop guidelines that will aid youth with disabilities to deliver PREA information including but not limited to the following: Staff responsible for services; Processes for accessing services to include after hours, weekends and holidays; Timeframes for service delivery; Plans for Follow-up. Any accommodative services to meet the needs of a resident who may be hearing, visually, or cognitively impaired would be coordinated with DJJ and utilizing services obtained through DJJ and following DJJ Policy 13.32, Special Education Services, through coordination with the local school system, or through use of other available community resources. Policy 15.10, Language Assistance Services, may be used to ensure that resident who are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology. DJJ Policy 23.1 states that the facility will use DJJ Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to residents as required. An interview with the PREA Coordinator confirmed that there have been no residents admitted to their facility requiring any special needs accommodation during the delivery of PREA training. Additionally, an interview with the Regional Treatment Services Specialist confirmed that special accommodation would be made available to residents as needed. Right Path Oasis Children's Group Home, Inc will ensure equal opportunity of residents with limited English proficiency to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency will make accommodations in compliance with DJJ 15.10, Language Assistance Services to ensure that youth who are limited in their English proficiency, deaf, or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters. An interview with the Director confirmed that there have been no residents admitted to their facility requiring any special needs accommodation during the delivery of PREA training. She further confirmed that any resident with a disability that required special services, included an LEP resident, would have these services known about prior to the resident's arrival and arrangements would be made to have them available. Intakes are controlled and scheduled so there would be no new resident arrival without advance notice and prior agreement by the Director. She explained that she has a good working

relationship with the local school system and would be able to utilize interpretive services through them if needed. Also, she has access to all service providers that are available to DJJ and would coordinate with the Regional Treatment Specialist about needed services. The auditor spoke with the Regional Treatment Specialist and confirmed that necessary accommodation for a resident with disability or LEP would be coordinated using community service providers in the area. Additionally, an interview with the Regional Treatment Services Specialist confirmed that special accommodation would be made available to residents as needed.

115.333(f): The auditor observed the large blue and white sexual abuse and sexual harassment reporting poster and the Break the Silence! poster placed throughout the facility in readily accessible and conspicuous locations. These posters are available in other languages as needed. The auditor observed all signage to be colorful and extra-large in size so they can be easily read/accessed by all residents from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the home. Informal conversations with staff and residents verified that signage is visible throughout the facility on a continuous basis and not just due to the audit.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard and exceeded by delivering the comprehensive education to residents during their orientation on the first day of arrival.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c)(d): Facility PREA Policy establishes that all allegations of sexual abuse at Right Path Oasis will be administratively and/or criminally investigated by the DJJ Office of Investigation. The facility conducts no administrative or criminal investigations of sexual abuse or sexual harassment. The auditor interviewed the Director and the DJJ Office of Investigations PREA Unit Supervisor and confirmed that the facility has no investigators and does not investigate allegations of sexual abuse. All investigations are conducted by the DJJ Office of Investigations PREA Unit by investigators who have completed the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting".</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-</p>

	applicability.
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.335(a)(b)(c)(d): The facility employs no medical or mental health staff. The auditor interviewed the Director and confirmed that Right Path Oasis has no medical or mental health services provided by the facility. Community service providers are utilized to meet the needs of the residents housed at the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.24, 20.20, 23.1, 23.3; Completed Risk Screenings (VSAB); Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.341(a)(b)(c)(d)(e): Right Path Oasis Children’s Group Home, Inc. will screen residents (upon admission to the program or transfer to another program and reassessments). Right Path Oasis Children’s Home, Inc. will keep records for residents admitted to the agency for evidence of appropriate screening within 72 hours. As soon as possible, but always within 72 hours of a youth’s arrival to an agency, the PREA Compliance Manager will obtain and use information about each youth’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Director and HSP will review the PREA screening report to make the final determination of youth’s vulnerability for victimization. The facility indicates (3) residents entering the facility, within the past 12 months, whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor reviewed the Victimization &amp; Sexual Aggressive Behavior (VSAB) instrument and found that it collects information about prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI); current</p>

charges and offense history; age; emotional and cognitive development; physical size and stature; mental illness and mental disabilities; intellectual or developmental disabilities; physical disabilities; resident's perception of vulnerabilities. The VSAB instrument collects the necessary information to assess residents and aligns with the information outlined in provision (c1-11). The auditor found the VSAB to be an objective instrument.

DJJ Policy 20.20, Screening of youth establishes that DJJ residents are assessed for placement at group homes as an alternative to detention where the resident has restrictions or conditions placed on his/her liberties and freedom. The DJJ Community Case Manager (CCM) will make a referral for a psychosexual evaluation upon receipt of a commitment order for sexually harmful resident. Sexually harmful residents who are recommended for home placement will be referred to the Sexually Harmful Behavior Review Panel within 24 business hours of the screening. The CCM will complete a SHBIP Panel referral in accordance DJJ 20.36, Community Supervision of Sexually Harmful Youth. The ACS will notify the District Director and Regional Administrator of the recommendation and document the notification on the Screening Recommendation Form. The screening committee may determine that the resident's home is the most appropriate placement, or that the resident may remain at home pending residential placement in accordance with the screening recommendations.

There were no new admissions during the site visit, so the auditor asked the Director to provide a mock demonstration. The Director explained that she completes the risk screening process shortly after the resident arrives and during the orientation process. She also explained that the HSP may assist with this process. The screening occurs either in the Director's office or the HSP's office which is located in a separate building from the house and provides privacy from other residents and DCW. The Director explained that she asks the screening questions from the VSAB form during conversations with the resident in a manner that is appropriate to the resident's age and comprehension level, determined by review of the resident's historical files information and initial virtual interview. She understands the assessment covers sensitive information, so she makes the process more conversational to elicit more accurate responses. During the assessment, the VSAB form is completed using information provided by the resident in response to questions, information from a review of the resident's prior charges and prior institutional history, and any other relevant information such as medical and mental health assessments. The Director explained that the placement interview process is very transparent and if a resident is known to display sexually harmful behavior the information from the psychosexual evaluation is provided to her for review so that an informed decision can be made about whether the placement at Right Path Oasis is appropriate before agreeing to accept the resident. Information from the psychosexual evaluation will be taken into consideration during the risk screening at orientation if applicable. The totality of the information is evaluated by the Director, HSP, and CEO and then a decision is made as to which room/bed the resident should be assigned. The Director said that decisions take into consideration known factors of the other residents assigned in order to make the most appropriate room

	<p>assignment to ensure success and safety of everyone.</p> <p>The auditor reviewed resident files for (5) residents who were screened using the current risk screening instrument and found completed risk screening instruments, verifying that initial risk screening occurred on the day of arrival and a follow-up screening occurs within 30 days from the initial; all were admitted more than 12 months prior to the audit. There have been no residents assigned to the facility since March 2023. The auditor observed during the site visit that the physical storage of the resident's files were maintained in a locked cabinet in the Director's office which is only accessed by the Director, HSP, CEO.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.20, 20.24, 23.1; 23.3; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a)(c)(d)(e)(f)(g): The facility will use screening instruments to determine the risk of victimization or abusiveness. When a youth is admitted to the agency, the youth will be screened for vulnerability for victimization and sexually aggressive behavior prior to room assignment. The PREA Compliance Manager will review room assignments by staff to determine a youth's potential for victimization or predatory behavior. Right Path Oasis Children's Home, Inc. will document the use of screening information to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Each youth admitted to the agency will be housed based on his/her custody and housing assessment. Custody and housing assignments will not be based solely on the youth's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The agency makes individualized determinations about how to ensure the safety of each youth. Youth in a Community Residential Program will be housed based on an authorized housing assignment plan criteria approved by Georgia Department of Juvenile Justice Statewide Residential Program Coordinator. Right Path Oasis Children's Group Home, Inc prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status, and prohibiting considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. LGBTI youth will not be placed housing, bed, or other assignments solely based on such identification or status, nor will the agency consider LGBTI identification or status as an indicator of the likelihood of being</p>



sexually abusive. Right Path Oasis Children's Group Home will document reassessment of programming assignments for each transgender or intersex resident. Placement and programming assignments for each transgender or intersex youth shall be reassessed at least monthly, or sooner, if necessary, to review any threats to safety experienced by the youth. A transgender or intersex youth's own views, with respect to his or her safety, will be given serious consideration. Interviews with the CEO and Director confirmed that there have been no transgender or intersex residents assigned to the facility.

The Director explained that information that needs to be shared with DCW will be distributed in a manner that protects sensitive information collected from the resident but provides the DCW with enough information to ensure the residents safety. DCW sign a confidentiality statement upon hire and understand that they are not to share information among the residents in their care about another resident. The RPO Director and HSP will continually review residents' adjustments within the facility using information obtained from personal observations and from conversations with DCW. All information obtained will be used to make housing, bed, program, and work assignments and/or adjustments for the residents with the goal of keeping all residents safe from sexual abuse and sexual harassment. The Director explained how she utilizes the information from the screening instrument as well as other information about the resident's past behavior and mental health evaluations/ assessments to decide which room and bed that the resident will be assigned. She stated that in addition to the information obtained from the screening instrument and resident's historical data, age, size, personality, and mental/emotional maturity levels impacts her decision. She stated that any residents that seem to have a potential for being sexually aggressive would be placed in the room on the main floor and not be roomed with residents who may be more vulnerable. The auditor's review of risk screening instruments, documented notes by the screener, interviews with the Director and HSP, verify that information obtained from the risk screening instrument is used to inform room assignments and to keep potential aggressors separate from those who may be at risk for victimization. Facility placement decisions are made in collaboration with the DJJ Regional Treatment Services Specialist and the residents' probation officer when assigning a transgender or intersex resident to a male or female facility. When assigning a transgender or intersex resident, a case-by-case basis will be looked at to determine the resident's health and safety and whether the placement would present management or security problems. Serious consideration will be given to the residents' views with respect to their safety. Transgender and intersex resident will be given the opportunity to shower separately from other residents, as showers are private and all residents shower separately. Interviews revealed the facility makes individualized determinations about how to ensure the safety of each resident. The Director explained that a resident's status as lesbian, gay, bisexual, transgender, or intersex would not solely determine any particular room assignment.

115.342(b)(h)(i): Interviews confirmed that residents will not be isolated from other residents. If a resident cannot live safely at the facility, a staff member will directly supervise the resident until an alternate placement can be arranged. The residents

	<p>are not confined within the facility and have freedom of entering and exiting at will. Each resident assigned has an ankle monitor as terms of their placement. The facility is exempt from these provisions because it is a group home and does not have isolation capabilities.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility Policy; DJJ Policies 15.3, 15.4; 15.9; 20.12, 20.20, 20.24, 23.1, 8.5; Sexual Abuse and Sexual Harassment Reporting Posters; Youth Safety Guide for Community Residential Facilities; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.351(a)(b)(c)(e): Right Path Oasis Children’s Group Home, Inc. will comply with DJJ 8.5, Special Incident Reporting, when reporting any type of sexual abuse and sexual harassment, including verbal, anonymous, and third-party reports, occurring on DJJ or DJJ-contracted property. The agency will provide multiple ways for a resident to report sexual abuse or seek relief against retaliation by: contacting the local sexual assault center; calling the Department of Family and Children's Services Hotline, 1-855-422-4453; telling a counselor, teacher, community case manager, Human Services Professional (HSP), Case Manager, Life Coach, medical, mental health staff (Therapist), Program Director, Parent/Guardian, Chaplain, Minister, or any trusted adult; calling the DJJ Office of Victim Services, toll free at 1-866-922-6360; writing the DJJ Ombudsman Office at the Central Office at <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or by calling 1-855-396-2978; Grievance Process (informal processes will not be utilized to attempt to resolve alleged incidences of sexual abuse). The facility does not house residents detained solely for civil immigration purposes. RPO requires and trains that staff are to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The RPO staff are required to document verbal reports. There were no residents assigned to the facility during the site visit.</p> <p>115.351(d): RPO provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed writing utensils and paper pads at the facility for residents' use.</p> <p>The auditor observed the large blue and white sexual abuse and sexual harassment reporting poster placed in the common room, hallways PREA Reporting Sexual Abuse &amp; Contacting Advocacy Service Outside of DJJ Facilities Break the Silence!</p>

	<p>poster in the TV room, HSP's office, and Director's office, The auditor observed all signage to be readily accessible, noticeable and posted in conspicuous locations in a size print that can be easily read/accessed by all residents from a distance. Signage is provided in English and may be translated into other languages when needed. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the home. Informal conversations with staff verified that signage is visible throughout the facility on a continuous basis and not just due to the audit. Phone calls that must be made will be done so with the supervision of the Director or HSP. The auditor tested the phone and found it in working order. All numbers on the poster can be dialed with no pin necessary and published correctly. The auditor successfully placed a call to the DJJ Ombudsman Office and Victim Services, and National Sexual Assault Hotline. The facility also has printed copies of the Youth Safety Guide for Community Residential Facilities available in the common room and Director's office for distribution to residents.</p> <p>115.351(e): Interviews with RPO staff confirmed they are aware that they may privately report sexual abuse and sexual harassment of residents by using the Stop Crime Online or the Intelligence Tip Line Form both found on the DJJ public website; additionally, staff may report privately through the Rape Crisis Center Hotline, Ombudsman, and DFCS. Staff (3) confirmed during interviews that they were advised of this during orientation, training, and as posted on signage at the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Resident Handbook; PREA Policy; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): The facility does not prohibit residents from submitting a grievance form regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. However, based on interviews with the CEO, Director, and HSP, if an allegation of sexual abuse or sexual harassment is received through the use of a grievance form, the facility will immediately forward the report to the DJJ Office of Investigations for further disposition and investigation. The matter will not be handled through the Grievance Procedures. The facility indicated no sexual abuse or sexual harassment-related grievances were received during the</p>

	<p>audit period. Based on interviews and review of the facility's policy the facility is exempt from 115.352. It is determined that the facility does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RPO PREA Policy; MOU with SARC; Children's Healthcare of Atlanta/Stephanie V. Blank Center; EMTALA Information; CSEC Information; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.353(a)(b)(c)(d): Right Path Oasis Children’s Group Home will ensure that residents have access to outside victim advocates for emotional support services related to sexual abuse. The agency will provide youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, and for youth detained solely for civil immigration purposes, immigrant services agencies. The staff will inform youth during Orientation the extent to which such communications will be monitored. The agency shall enable reasonable communication between the youth and these organizations in as confidential a manner as possible. The agency will supply Resident handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services. Right Path Oasis Children’s Group Home, Inc. will ensure that residents have access to their attorneys, other legal representation, and parents or legal guardians. The facility follows guidance from DJJ policies 15.3, Youth Access to Courts and Counsel; DJJ 15.5, Youth Visitation; DJJ 15.6, Access to Mail; and DJJ 15.7, Access to Telephone. Staff informs residents during intake and prior to giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. For victim services, residents may contact the Department of Juvenile Justice Office of Ombudsman, Phone- 855-396-2978 (toll free) or email - <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or mail to 3408 Covington Highway, Decatur, Georgia 30032; Online - <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or by calling 1-855-396-2978; Piedmont Rape Crisis Centers at Phone- 770-586-5423; Crisis Hotline Phone- 770-834-7273 Address - 128 West Center Street, Carrollton, GA 30117; University Hospital- Rape Crisis Services Phone- 706-724-5200 Crisis Hotline</p>

	<p>Address- 1350 Walton Way, Augusta, GA 30901.</p> <p>During an interview with the Director and CEO, they have recently entered an MOU with The Sexual Assault Response Center (SARC) in Augusta to provide confidential emotional support services to youth at the facility who have experienced sexual abuse, regardless of when the incident occurred. The auditor's interview with the SARC Executive Director at found that this Center is a part of the Augusta University Medical Center Children's Hospital, and they would be the first point of contact for any adolescent sexual assault victim seen at the Augusta University ER. The auditor further verified the availability of these services through review of the signed MOU. Additionally, the RPO has partnered with Georgia Family Crisis Solutions to provide counseling and crisis intervention services for residents as needed. The facility also has access to all resources available through MOUs obtained by DJJ. DJJ has entered an MOU with the Children's Advocacy Center, Child Enrichment in Augusta that serves all DJJ youth in the area. DJJ policy requires as requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals which will be coordinated with the DJJ Regional Treatment Services Specialist. Based on an interview with the DJJ PREA Coordinator, the agency also partners with Children's Healthcare of Atlanta/ Stephanie V. Blank Center for comprehensive youth medical, forensic evaluations, and advocacy services. The phone number and address are made available to residents on the Break the Silence! posters displayed at the facility. The auditor confirmed the availability of these services during a phone call with a representative from the Center.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility Policy; DJJ Policy 23.1; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): Right Path Oasis Children’s Home, Inc will provide publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents. A staff, parent/guardian, youth in the community, or in a residential community placement, may use “Stop Crime Online” the “Intelligent Tip Line/Form” (see DJJ Website Home Page), or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ</p>

	<p>Ombudsman’s office by email at <a href="mailto:djjombudsman@djj.state.ga.us">djjombudsman@djj.state.ga.us</a> or by calling 1-855-396-2978.</p> <p>The auditor sent an email directly to the ombudsman's office and completed the TIP form online. The auditor received confirmation that the test by both methods was received, and had it been an actual report, would have been sent directly to the Office of Investigations, PREA Unit. Interviews with residents and staff confirmed that they are aware that a third-party reporter can make a complaint on their behalf through these methods or may contact the Right Path Oasis Director. Interview with the HSP, Director, CEO, and (2) random staff confirmed they are aware of this method for reporting. The auditor observed information regarding this reporting method posted in the common room and Director's office and the area where visitation with family occurs.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.42; 8.5, 8.9; 20.12; 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a)(b)(c)(d)(e)(f): Right Path Oasis Children’s Group Home, Inc. requires all staff to comply with any applicable mandatory child abuse reporting laws. RPO follows the requirements set forth in DJJ policy as part of the contractual agreement. DJJ requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in an agency or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners are required to report sexual abuse to designated supervisors or the PREA Unit Field Investigations Supervisor. All staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. Upon receiving an allegation of sexual abuse, the Director will promptly report the allegation to the DJJ Office of Investigations, PREA Unit and to the alleged victims’ parents/legal guardian; unless the agency has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim’s case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the agency director or designee shall report the</p>

allegation to the youth's attorney of record within 14 days of receiving the allegation. Medical/mental health staff will report all allegations of abuse/harassment to designated supervisors. All reports of sexual abuse and sexual harassment will be documented in an incident report following DJJ 8.5. Evidence will be preserved with guidance from DJJ Policy 8.42 until the Investigator arrives and takes control of the scene. When completing the Special Incident Report (SIR) (DJJ 8.5 Special Incident Reporting), staff must complete the court notification and Parent Guardian notification sections.

Based on an interview with the Director and CEO, any knowledge, suspicion, or external reports of a sexual abuse or harassment incident must immediately be reported to the Director. Any retaliation against residents or staff who report such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation must also be reported in the same manner. The Director would contact the Office of Investigations, PREA Unit. Notifications would be made to DFCS and the resident's guardian of record according to the policy requirements and in coordination with DJJ. The auditor interviewed the HSP and (2) DCW and they all understood that they must report any incidents to the Director and/or the Office of Investigations immediately and complete an incident report (SIR) as soon as practical, but no later than the end of their shift. Each staff was able to explain their duties as a mandatory report and that DFCS must be notified of any abuse against a juvenile. The DJJ PREA Unit Investigations Supervisor's name and number was included on the signage posted in common areas of the facility. There were no sexual abuse, sexual harassment, or retaliation reported at the facility within the audit period.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.9, 23.1, 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Right Path Oasis Children's Group Home will immediately report any incidence of residents that are subject to a substantial risk of imminent sexual abuse and will comply with all requirements of DJJ policy. DJJ will be contacted, and if a more immediate response is necessary, the local police department will be contacted. Staff interviews confirmed they would take immediate action to protect a resident who is subject to a substantial risk of imminent sexual abuse. The Director stated that if a resident was in imminent danger, all efforts will be made to keep the resident safe including getting assistance from local law enforcement if necessary.</p>

	<p>Interviews with the HSP and (2) DCW also informed the auditor that a resident would be protected from by any means necessary. There were no incidents reported where a resident was subject to a substantial risk of imminent sexual abuse within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c)(d): Right Path Oasis Children’s Group Home, Inc. will report any allegations of sexual abuse of residents received that occurred while confined at another agency. Staff will document allegations that a resident was abused while confined at another agency and include additional documentation of notifications verifying they occurred within 72 hours of receiving the allegation. Right Path Oasis Children’s Home, Inc will require that allegations of sexual abuse of residents received from other agencies or facilities are investigated. The agency will document allegations from other facilities and document the response from other facilities (i.e., evidence that allegation has been investigated). On the PAQ the facility indicated that they had not received an allegation that a resident was abused while confined at another facility.</p> <p>During interviews with the Director and the CEO the auditor learned that upon receiving an allegation that a resident was sexually abused while confined at another facility, the person who receives this information must report to the Director immediately. The Director will report the allegation immediately to the DJJ Office of Investigations, PREA Unit, who will check to see if this information has previously been reported and investigated. If the allegation has not been reported, the Director will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the allegation and will document this notification. Allegations received from other agencies or facilities will be reported to the DJJ Office of Investigations who will conduct an investigation. The facility indicated that they had not received an allegation that a resident was abused while confined at another facility, nor have they received any reports of sexual abuse received by another facility that was to have occurred at Right Path Oasis. This was further confirmed through an interview with the PREA Investigations Supervisor.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>



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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: RPO PREA Policy; DJJ Policies 8.42, 23.1, 23.2; Information Obtained from Interviews.</p> <p>115.364(a)(b): Right Path Oasis Children’s Group Home will ensure that first responder duties are completed when a staff member responds to an allegation of sexual abuse. First responders will take immediate action to protect and ensure that the victim is safe, and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure that the abuser do not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc. The Director is to be notified immediately and arrangements will be made for medical services in the community.</p> <p>Based on interviews with the CEO, Director, HSP, and (2) DCW, they were all well knowledgeable of their responsibilities as first responders. They explained these steps were included as part of the training they received from DJJ. They knew to separate and protect the victim, protect the evidence of the crime scene and to ask the victim to not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating. DJJ Office of Investigations would be contacted immediately, and if the perpetrator was onsite, local law enforcement would be contacted to assist with providing protection until DJJ staff could respond. There were no allegations reported at the facility within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Facility PREA Policy; RPO Coordinated Response Plan;

	<p>Information Obtained from Interviews.</p> <p>115.365: Right Path Oasis Children’s Group Home has developed a written coordinated response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and program leadership. RPO submitted a plan that coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners (community service providers), investigators (external), and facility leadership. Medical and mental health services will be provided through community resources coordinated with the DJJ and the Director; the Director and/or designee will ensure that all medical and mental health services are initiated and provided. The auditor reviewed the established written institutional plan and found that it outlines the coordinated actions required of this standard. Interviews with (2) DCW, the HSP, and Director and confirmed they are aware of the Coordinated Response Plan and notification procedures.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; Information Obtained from Interviews.</p> <p>115.366: Right Path Oasis Children’s Group Home, Inc. policy establishes that the facility will not enter into any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents, pending the outcome of an investigation or of a determination as to what extent discipline is warranted. An interview with the Director and CEO confirmed that the facility has no agreements that would prevent them from removing an employee from contact with residents during an investigation of sexual abuse or harassment.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; DJJ PREA Retaliation Monitoring Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Right Path Oasis Children’s Group Home, Inc. will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, including policies on the monitoring of residents/staff following a report and agency response to suspected retaliation. The documentation process will include documentation of any protective measures taken; documentation of any monitoring efforts; documentation of monitoring in case of residents; documentation of reports of retaliation and agency response. When monitoring for retaliation the following should be observed the conduct and treatment of a resident or staff who reported the sexual abuse and sexual harassment; resident disciplinary reports; housing or program changes; negative performance reviews; or reassignment of staff. The facility reported no allegations of sexual abuse or sexual harassment. An interview with the Director found that after a resident's report of alleged sexual abuse or sexual harassment, that resident would be monitored for retaliation and documented on DJJ form Attachment L, PREA Retaliation Monitoring Sheet. This monitoring would be conducted by the Director and HSP with input from the DCW. The Director and HSP will continually review the resident’s adjustment within the facility and document their findings. Monitoring would be conducted for at least 90 days, and if the initial monitoring indicates a need, will continue beyond 90 days. There were no allegations reported during the audit period; therefore, no monitoring required.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.20 20.24; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): Right Path Oasis Children’s Home, Inc PREA Policy establishes that the safety, security, and well-being of the alleged victim will be primary in any decisions that are made for placement of the resident. The alleged victim will not be housed in the same area as the alleged perpetrator. Based on an interview with the Director, RPO is not a secure facility and does not place residents on isolation status for any reason. Any resident who allegedly suffered sexual abuse at the facility would be separated from the other residents and directly supervised by staff until they could be taken to a safe location. A collaborative decision would be made</p>

	<p>between the RPO and the resident's DJJ caseworker as to the best placement after returning from the hospital, which would not include any sort of isolation.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.42, 8.5, 22.3, 22.5, 23.1, 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.371(a)(b): All allegations of sexual abuse at RPO will be administratively and/or criminally investigated by the DJJ Office of Investigation. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The PREA related investigation will be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or approved by Director of Investigations. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as a resident or staff. RPO will keep all written investigations and Special Incident Reports (SIRS) as long as the alleged abuser is in their home or employed plus five years. An interview with the CEO and Director and the DJJ Office of Investigations PREA Unit Supervisor confirmed that the facility does not conduct an administrative or criminal investigations; DJJ Office of Investigations is the governing authority for such activity. DJJ policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution.</p> <p>115.371(c)(d)(k): An interview with the PREA Unit Investigations Supervisor confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data in the course of their investigation. He explained that Investigators interview alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/ reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The RPO PREA Policy also establishes that an investigation will be completed by the Office of Investigations even if the employee resigns or is terminated or if the victim/reporter recants the allegation. The facility reports no</p>

	<p>sexual abuse or sexual harassment allegations were received during the audit period. This was confirmed through an interview with the Director, as well as an interview with the Investigations Supervisor.</p> <p>115.371(e)(g)(h)(i): An interview with the PREA Unit Investigations Supervisor also confirmed that when the quality of evidence appears to support a criminal prosecution, investigators are required to submit the case for administrative action or referral to District Attorney’s Office for prosecution. Additionally, investigators will attempt to determine whether staff actions or failures to act contributed to abuse. All investigations are thoroughly documented in a written report and contain all evidentiary references, whether the investigation is administrative or criminal. He confirmed that there were no cases at this facility during the audit period.</p> <p>115.371(f): DJJ Policy 23.1 establishes that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person’s status as a resident or staff. DJJ will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. An interview with the PREA Unit Investigations Supervisor confirmed that credibility assessments for victims, suspects, and witnesses are made based on the facts presented and not based on their status as a resident or staff.</p> <p>115.371(j): DJJ Policy 23.1 establishes that DJJ will retain all written investigations and SIRs as long as the alleged abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. This was further confirmed during an interview with the PREA Unit Investigations Supervisor.</p> <p>115.371(m): Interviews with (2) DCW, the HSP and Director confirmed that they would cooperate with an investigation into any sexual abuse or harassment alleged to have occurred at the facility. The Director and CEO confirmed that she would remain in contact with the Office of Investigations to remain informed about the progress of the investigation.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Information Obtained from Interviews.
	115.372(a): DJJ Office of Investigations, PREA Unit is responsible for conducting all

	<p>investigations related to sexual abuse and sexual harassment. DJJ Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with the Office of Investigations, PREA Unit Supervisor confirmed that investigators use a preponderance of evidence when substantiating a case administratively. There were no sexual abuse or sexual harassment allegations in the last 12 months.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Resident Notification of Investigative Outcome, DJJ 23.1 Attachment I; Information Obtained from Interviews.</p> <p>115.373(a)(b)(c)(d)(e)(f): Right Path Oasis Children’s Group Home will use a Resident Notification of Investigative Outcome to inform a resident who makes an allegation that he or she suffered sexual abuse. The resident will be informed verbally and in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The DJJ Office of Victim Services initiates the notification and uses Attachment I, Resident Notification of Investigation Outcome, to document its reporting to a resident, which was verified during an interview with the Director of Victim Services Office. An interview with the Director confirmed that the facility would notify the alleged victim whenever the alleged (staff member) perpetrator staff member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the alleged perpetrator is another resident the facility will inform the alleged victim whenever it is learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications will be documented. There were no allegations or investigations of sexual abuse or sexual harassment during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

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

	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): Right Path Oasis Children’s Home, Inc. will follow progressive disciplinary regarding staff violations of agency sexual abuse or sexual harassments. Staff will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency’s sexual abuse or sexual harassment policies using guidance from DJJ 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for any staff member who has engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) and will 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. RPO will adhere to the mandatory reporting policy for staff who resign under investigation of sexual abuse activity and the appropriate law enforcement agency and any relevant licensing bodies will be notified, unless the activity was clearly not criminal. There were no sexual abuse allegations involving staff at this facility during the audit period, nor any violations of the policies relating to sexual abuse or sexual harassment. Interviews with the CEO, Director and DJJ PREA Investigations Supervisor confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously, and employees found to have violated these policies will be held accountable.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 14.3 and 23.1; Information Obtained from Interviews.</p> <p>115.377(a)(b): Right Path Oasis Children’s Home, Inc. will report any contractor or volunteer who engages in sexual abuse to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following DJJ Policy 14.3, Citizen and Volunteer Involvement, the facility will take</p>

	<p>appropriate remedial measures and consider whether to prohibit further contact with residents. The facility has no contract employees and does not use the services of volunteers. Interviews with the CEO, Director, DJJ PREA Investigations Unit Supervisor confirmed that should they begin using contractors and volunteers, anyone who violates sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable and any relevant licensing body when required.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 20.12, 20.20, 20.24, 22.3, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.378(a)(b): Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a sexually harmful behavior treatment program. Disciplinary action which meets the definition of abuse will be reported to the DJJ Office of Investigation/ Residential Emergency Phone List Contacts and may be prosecutable by law. Any substantiated allegations and subsequent discipline will be decided as a joint decision between RPO Executive Staff, the DJJ Regional Treatment Services Specialist and the resident's Probation Officer (if applicable). This was confirmed during interviews with the CEO, Director, and the DJJ Treatment Services Specialist. The Director of the Office of Investigations refers cases for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because no incidents were reported within the audit period.</p> <p>115.378(d): The facility does not provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse; therefore, this provision is not applicable; however, these services are outsourced to community service providers and are arranged in coordination with the DJJ Regional Treatment Services Specialist.</p> <p>115.378(g): RPO prohibits sexual activity between residents. Any sexual activity observed or reported will be referred to the Office of Investigations for an investigator to make an assessment as to whether the act was coerced.</p>



	A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.381(a)(b): An interview with the Director verified that Right Path Oasis attempts to collect information about prior abuse experienced by youth who are admitted to the facility. The facility would follow guidance provided by the DJJ Regional Treatment Services Specialist and would utilize community-based service providers for any resident that has a history of sexual victimization or who has previously perpetrated sexual abuse. All residents assigned to Right Path Oasis are prescreened for history of sexual victimization or for previously perpetrating sexual abuse and treatment plans are already in place to address these needs with community service providers. If a resident discloses previously unreported sexual abuse or perpetration of sexual abuse that occurred prior to admission, the Director will notify the DJJ Office of Investigations and DJJ Regional Treatment Services Specialist who will ensure the resident receives the appropriate referral in accordance with DJJ Policy 23.1 and all mandatory reporting requirements are satisfied.</p> <p>115.381(c)(d): Information collected during the risk screening is strictly limited to making informed management decisions about treatment plans, housing, bed, work, education, and program assignments. Interview with the Director confirmed information collected during the screening process is collected privately and held confidentially. All youth records are maintained in the Director's office in a locked cabinet. Only the HSP and CEO have access to the Director's office and these records. The facility has no medical or mental health staff, and these services are outsourced to licensed community service providers.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c)(d): Resident victims of sexual abuse will have access to treatment services. The agency director will ensure that victims of sexual abuse while confined shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. If there is an allegation of a sexual assault within a 72-hour time frame, youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the agency can offer access for screening of STIs and offer emergency contraception if within the required clinical time frame. A Documentation Log is required to demonstrate immediate notification of appropriate medical and mental health practitioners.</p> <p>Right Path Oasis does not employ medical staff. The residents are referred to Augusta Medical Center for outside emergency medical services. During an interview with the Director and CEO, they have partnered with Georgia Family Crisis Solutions to provide counseling and crisis intervention services for residents. The auditor reviewed a memorandum from the Georgia Family Crisis Solutions confirming that they will provide counseling and crisis intervention services. The DJJ partnership with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team indicates that a SAFE/SANE will be made available to assess a victim's health care needs and coordinated treatment of any injuries. The Emergency Medical Treatment and Labor Act (EMTALA) guarantees access to emergency medical services for individuals who present to a hospital emergency department regardless of an individual's ability to pay. All services related to access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate will be provided through the designated community service medical provider. None of these treatment services will be at cost to the resident. RPO will follow guidance from DJJ policies and procedures and coordinate these services with the assistance of the Regional Treatment Services Specialist and the DJJ Office of Investigations.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1;

	<p>Information Obtained from Interviews.</p> <p>115.383(a)(b)(c): Right Path Oasis Children’s Home, Inc. will ensure ongoing medical and mental health care for sexual abuse victims and abusers. The agency will offer access to medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside the agency). As RPO does not employ medical or mental health providers, no evaluations or treatment are provided at the facility. The facility would refer any resident who reports prior victimization in any jail or juvenile facility, or any known perpetrator of sexual abuse that has not already been previously reported, for treatment services in coordination with the DJJ Regional Treatment Specialist. All information regarding sexual abuse and victimization, including assessments and evaluations, is protected health information, and will be filed in the resident's health record file Only authorized staff will have access to the resident's records for the purpose of program services only. An interview with the CEO and Director learned that the authorized staff include the CEO, Director, and the HSP.</p> <p>115.383(d)(e): RPO only houses male residents; therefore, these provisions are not applicable.</p> <p>115.383(h): The facility will refer the resident for a mental health evaluation of all known abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. These services will be coordinated through the DJJ Regional Treatment Services Specialist.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.5, 23.1; DJJ 23.1 Form J, Sexual Abuse Incident Review Team Meeting Minutes template; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c)(d)(e): The facility's PREA Policy establishes that the facility will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The facility reported no sexual abuse allegations or investigations for the audit period; therefore, no incident reviews were required. The team is comprised of upper-level management. The facility employs no medical, mental health, or</p>

	<p>investigative staff.</p> <p>An interview with the PREA Coordinator confirmed that there were no allegations reported at the facility. She explained that an incident review would be conducted after an investigation is closed using the DJJ Sexual Abuse Incident Review Team Meeting Minutes form and that all of the considerations included on the form would be evaluated by the team which includes consideration of whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual orientation; gang affiliation, or was motivated or otherwise caused by other group dynamics. The Team would examine the area at where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse and would review staffing to ensure it was adequate at the time of the incident. Additionally, they would assess whether monitoring technology should be expanded to supplement supervision by staff. The Team would prepare a final report of its findings, including but not necessarily limited to determinations and recommendations for improvement and submit this report to the Owner for consideration and implementation of any recommendations made by the Team. An interview with the Owner confirmed that recommendations for improvement will be implemented if feasible. The facility had no incidents reported within the audit period; therefore, no incident reviews were conducted.</p> <p>The facility currently only has (2) management staff who would participate in the Incident Review Team, and both were interviewed. The PREA Coordinator explained that they would invite the DJJ investigator of record on the case to participate in the review. The Director explained that the review would be documented on the DJJ 23.1 Form J, Sexual Abuse Incident Review Team Meeting Minutes template. The facility employs no medical, mental health, or investigative staff.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.5 and 23.1; 23.1; DJJ PREA Annual Reports; DJJ SSV Report 2022; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): DJJ Policy 23.1 states the facility uses a standardized Special Incident Report (SIR), following Policy 8.5, Special Incident Reporting. The</p>

	<p>SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. DJJ will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOJ has not requested data from Right Path Oasis Group Home, Inc, and this is their first required PREA Audit. An interview with the Owner/PREA Coordinator confirmed that data is sent monthly to the Regional Treatment Program Specialist who reports the information to the DJJ Agency's PREA Coordinator where the data is aggregated annually and published in an annual report. This was also confirmed during an interview with the Regional Treatment Program Specialist and the DJJ Agency's PREA Coordinator.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: DJJ Policies 8.5 and 23.1; DJJ Public Website; Information Obtained from Interviews.</p> <p>115.388(a)(b)(c)(d): During an interview with the Owner/PREA Coordinator, it was explained that the facility provides monthly data to the DJJ as part of the contractual agreement. The sexual abuse data is collected using a standard form and definitions consistent with the DJJ Policy 23.1. The facility management team reviews the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The management team works closely to identify any problems areas and works on process improvements continuously.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 5.1, 20.12, 20.20, 20.24, and 23.1; DJJ Website; DJJ PREA Annual Report; Information Obtained from Interviews.</p>

	<p>115.389(a)(b)(c)(d): Based on an interview with the Owner/PREA Coordinator it was explained that all sexual abuse data collected is securely retained at the facility's corporate office in a locked filing cabinet. Right Path Oasis Group Home, Inc. does not contract with other facilities. Before making aggregated sexual abuse data publicly available, the facility will remove all personal identifiers. The facility will maintain sexual abuse data collected under 115.387 for at least ten years after the date of its initial collection using guidance from DJJ Policy 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required ten years, the agency will maintain data on all staff, contractors, volunteers, and interns who committed sexual abuse or sexual harassment of residents for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the facility. This is the first audit for the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): Right Path Oasis Group Home Inc. is a single facility operation. This is the first year the facility has required an audit due to contractual obligations with the Georgia Department of Juvenile Justice.</p> <p>115.401(h): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas.</p> <p>115.401(m): The auditor was allowed the use of the administrative office to conduct interviews which provided privacy.</p> <p>115.401(n): The Audit Notice, in both English and Spanish, were provided to the facility six weeks before the on-site audit. These notices were posted per the auditor's instructions and photos of the postings were provided to the auditor by email for verification of posting and the auditor observed these postings during the site visit. The Audit Notice contained contact information for the auditor and notification that residents are permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor further verified that the staff interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the auditor confidentially. During an interview with the PREA Coordinator, the auditor confirmed that the residents can correspond with the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received. There</p>

	<p>were no residents assigned to the facility during the audit period nor during the site visit.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through an interview with the PREA Coordinator this is the first PREA audit for this facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	



	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

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



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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

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

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na



<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	



	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes



<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes



	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

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