

PREA Agency Audit Report: Final

Name of Agency: Rite of Passage, Inc.

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/10/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: William Benjamin	Date of Signature: 06/10/2017

AUDITOR INFORMATION	
Auditor name:	Benjamin, William
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Start Date of On-Site Audit:	05/30/17
End Date of On-Site Audit:	5/31/17

AGENCY INFORMATION	
Name of agency:	Rite of Passage, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2560 Business Parkway Suite A, Minden, Nevada - 89423
Mailing Address:	
Telephone number:	775-267-9411

Agency Chief Executive Officer Information:			
Name:	S. James Broman	Title:	President
Email Address:	sbroman@rop.com	Telephone Number:	775-267-9411

Agency-Wide PREA Coordinator Information			
Name:	Heather Howell	Email Address:	heather.howell@rop.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA Auditor from Benjamin Correctional Consulting, LLC, to conduct a PREA Agency Audit of Rite of Passage, Inc. ROP's Corporate Headquarters is located in Minden, Nevada, with its Eastern Region Office located in South Bend, Indiana. The Rite of Passage, Inc. Agency Audit notification were posted in all common areas and office areas in both locations on March 27, 2017.

Mr. Benjamin received and started reviewing the pre-audit questionnaire and all of the agencies supporting documents on the PREA Audit Online System on May 14, 2017. He conducted the onsite PREA Compliance Agency Audit at the Eastern Region Office on May 30 - 31, 2017. An entrance interview was conducted on May 30, 2017 with Executive Director Eastern Region Dr. William Bruinsma, Director of Business Development Suzanne Schulze, Western Regional Improvement PREA Coordinator Heather Howell, and Eastern Regional Improvement PREA Coordinator Nathen Allen.

The onsite PREA Compliance Agency Audit included formal interviews with Executive Director Dr. William Bruinsma, Program Director Ike Shipman, Western Regional Improvement PREA Coordinator Heather Howell, Eastern Regional Improvement PREA Coordinator Nathen Allen, PREA Compliance Manager Seianna McCray, HR Manager Jessica Cabanaw, and six (6) other randomly select ROP staff. Throughout the audit, informal interviews of staff were conducted to verify agency compliance with the PREA standards. A complete and thorough review of all supporting documents, agency and facility Policies and Procedures, personnel files, and other related supporting documentation was conducted with the Regional Improvement PREA Coordinators and the PREA Compliance Manager. Daily out briefs were conducted with the Executive Director, the Regional Improvement PREA Coordinators, and the Director of Business Development.

A formal exit interview was conducted on May 31, 2017 with Executive Director Eastern Region Dr. William Bruinsma, Director of Business Development Suzanne Schulze, Western Regional Improvement PREA Coordinator Heather Howell, and Eastern Regional Improvement PREA Coordinator Nathen Allen.

All staff displayed a high level of professionalism, knowledge of the PREA requirements, and knowledge of their roles in the PREA process. All staff interviewed, both formal and informal, were found to be well aware of the agency's PREA policies, procedures, and practices.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Number of standards exceeded:	2
Number of standards met:	7
Number of standards not met:	0

On May 30 - 31, 2017, a two (2) day PREA Compliance Agency Audit was completed at Rite of Passage, Inc. (ROP). The Agency Audit is an audit of a limited number of standards that regulate conduct that takes place primarily or solely at the agency or central office level. These standards are:

115.11(b) PREA Coordinator
115.12 Contracting with other entities for the confinement of inmates
115.17 Hiring and promotion decisions
115.66 Preservation of ability to protect inmates from contact with abusers
115.87 Data collection
115.88 Data review for corrective action
115.89 Data storage, publication, destruction
115.401(a) and (b) Frequency and scope of audits
115.403(f) Audit content and findings

Facility Audits within the agency will not include a re-audit of those standards and provisions that cover operations that happen solely at the agency or central office level. However, certain standards or standard provisions that are part of the Agency Audit may be re-audited at the facility level if the facility has some responsibility, separate from the agency's responsibility for those standards or provisions.

The final summary was that ROP exceeded two (2) standards: 115.11 (b) PREA Coordinator and 115.88 Data Review for Corrective Action. ROP was found to meet the remaining seven (7) standards with zero (0) standards rated at being not met.

Listed below are the deficiencies that were observed and recommendations made by the Auditor. All were corrected or implemented and subsequently verified by the Auditor while on site:

1. The Auditor noted that not all HR personnel were clear of the agency's policy on handling requests for information on substantiated allegations of sexual abuse or sexual harassment involving a former ROP employee from an institutional employer for whom such employee has applied to work. A facility HR staff person interviewed was unaware that all such requests must be forwarded to the Corporate Director of Human Resources who is the sole individual who may respond to such requests. The agency believes that the facility HR staff person interviewed was recently hired and training needs to be improved. ROP reinforced the policy with all HR staff.

2. The Safe Environment Standards policy for the PREA record storage at the facility level does not match the actual practice at all facilities. The policy stated that the records for PREA incidents will be secured in the facilities' Human Resources (HR) Offices. The practice varied between being secured in the PREA Manager's Office and/or the HR Office. ROP immediately modified its policy and procedure to state the data will be secured at all times and that the data will be secured in either the PREA Manager's Office or the HR Office, depending upon the storage capacity of the facility.

3. It was recommended that the aggregate annual statistics from both the agency and the individual facilities and the information learned from the reports be integrated into the ROP's annual refresher training for staff and the initial PREA training for new employees. ROP immediately developed a standardized power point slide to include in their training classes with the annual PREA statistical data, incidents reviews, and corrective action information.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	ROP exceeds this standard by designating two upper-level, agency-wide PREA coordinators with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Interviews with agency's Executive Director and the PREA Coordinators confirmed their positions and their commitment to PREA at the agency level.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard is not applicable. ROP is not a public agency and does not contract with private agencies or other entities for the confinement of residents. This was confirmed by interviews with the agency's Executive Director and agency documents.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ROP meets all requirements of this standard. Interview of HR staff confirmed ROP does follow their policy and considers 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 students. Interview of HR staff confirmed ROP does follow their policy and considers 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 students. ROP policy requires criminal background records checks be conducted at least every five years for current employees and contractors who may have contact with residents. ROP also imposes upon employees a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse.</p> <p>ROP provides 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. This is supported by policy and interview of the Executive Director. However, the facility HR staff person interviewed was not aware of the agency's policy that all such requests from other institutions must be forwarded to the Corporate Director of Human Resources who is the sole individual who may respond to such requests. The agency believes that the facility HR staff person interviewed was recently hired and training needs to be improved.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ROP does not have any collective bargaining agreements at any of its facilities. This was confirmed by interview with the Executive Director and random staff interviews. Therefore, the agency meets this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ROP collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. ROP aggregates the incident-based sexual abuse data at least annually. The ROP PREA Compliance Managers maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data collected by the PREA Facility Compliance Managers includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice (DOJ). The Regional Improvement PREA Coordinators aggregate the incident-based sexual abuse data at least annually. ROP's Business Department shall provide all such data from the previous calendar year to the US DOJ no later than June 30, upon the US DOJ's request.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>ROP collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. ROP Regional Improvement PREA Coordinators aggregate the incident-based sexual abuse data at least annually. The Agency's report is approved by the CEO and information for accessing the report is available on the agency's website at http://ROP.com. ROP's Business Department provide all such data from the previous calendar year to the US DOJ upon the US DOJ's request.</p> <p>ROP maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data collected by the PREA Compliance Manager includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice (DOJ).</p> <p>ROP exceeds this standard by conducting detailed monthly CQI reviews of all incidents of alleged sexual abuse and harassment data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The data is collected by the Regional Improvement PREA Coordinators via the Safe Environment Standards Site Visit form which is used to identify the best practices, program strengths, violations, and immediate corrective actions to be taken. The Regional Improvement PREA Coordinators initiate corrective action for any problem areas identified during the review and prepare an annual report of any findings and corrective actions taken by the facility. Such reports include a comparison of the current year's data and corrective actions with those from prior years as well as an assessment of the agency's progress in addressing sexual abuse.</p> <p>It was recommended that the aggregate annual statistics from both the agency and the individual facilities and the information learned from the reports be integrated into the ROP's annual refresher training for staff and the initial PREA training for new employees. ROP immediately developed a standardized power point slide to include in their training classes with the annual PREA statistical data, incidents reviews, and corrective action information.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>By policy, ROP has made all aggregated sexual abuse data readily available to the public through its website and updates the information annually. Before making aggregated sexual abuse data publicly available, ROP removes all personal identifiers. Sexual abuse data collected pursuant to § 115.387 has been and will continue to be maintained by ROP for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The Safe Environment Standards policy for the PREA record storage at the facility level does not match the actual practice at all facilities. The policy stated that the records for PREA incidents will be secured in the facilities' Human Resources (HR) Offices. The practice varied between being secured in the PREA Manager's Office and/or the HR Office. ROP immediately modified its policy and procedure to state the data will be secured at all times and that the data will be secured in either the PREA Manager's Office or the HR Office, depending upon the storage capacity of the facility. The revised policy was verified by the auditor at the site prior to the report being finalized.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ROP meets this standard as all of the facilities that ROP operated were audited during the prior three year audit cycle.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ROP met this standard during the last audit cycle. All of the facilities' PREA Audit reports were published on the agency website within 90 days of issuance. This was verified by the auditor's review of all listed ROP facility PREA final reports on the agency website.</p>

Appendix: Provision Findings

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	no

115.312 (b)	Contracting with other entities for the confinement of residents	
	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

115.317 (a)	Hiring and promotion decisions	
	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

115.317 (b)	Hiring and promotion decisions	
	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

115.317 (c)	Hiring and promotion decisions	
	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

115.317 (d)	Hiring and promotion decisions	
	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

115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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?	no

115.387 (a)	Data collection	
	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

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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

115.387 (d)	Data collection	
	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

115.387 (e)	Data collection	
	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 the confinement of its residents.)	na

115.387 (f)	Data collection	
	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.)	yes

115.388 (a) Data review for corrective action		
	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

115.388 (b) Data review for corrective action		
	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

115.388 (c) Data review for corrective action		
	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

115.388 (d) Data review for corrective action		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes