

PREA Facility Audit Report: Final

Name of Facility: Davidson County Juvenile Detention

Facility Type: Juvenile

Date Interim Report Submitted: 11/11/2025

Date Final Report Submitted: 02/15/2026

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"/>
Auditor Full Name as Signed: Derek Craig Henderson	Date of Signature: 02/15/2026

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	10/26/2025
End Date of On-Site Audit:	10/28/2025

FACILITY INFORMATION	
Facility name:	Davidson County Juvenile Detention
Facility physical address:	100 Woodland Street, Nashville, Tennessee - 37213
Facility mailing address:	100 Woodland St, Nashville, Tennessee - 37213

Primary Contact

Name:	Liz'Beth Alexis Campbell
Email Address:	lizbeth.campbell@rop.com
Telephone Number:	2708898544

Superintendent/Director/Administrator	
Name:	Darnell Woods
Email Address:	darnell.woods@rop.com
Telephone Number:	615-862-8000 ext.. 0

Facility PREA Compliance Manager	
Name:	Liz'Beth Campbell
Email Address:	lizbeth.campbell@rop.com
Telephone Number:	270-889-8544

Facility Health Service Administrator On-Site	
Name:	Princess Patton
Email Address:	Princess.Patton@rop.com
Telephone Number:	6215-596-0858

Facility Characteristics	
Designed facility capacity:	86
Current population of facility:	43
Average daily population for the past 12 months:	44
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	12-18
Facility security levels/resident custody levels:	High Hardware Secure
Number of staff currently employed at the facility who may have contact with residents:	84
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	28

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:	7752679411

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

Agency-Wide PREA Coordinator Information			
Name:	Angela Lowe	Email Address:	angela.lowe@rop.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-26
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2. End date of the onsite portion of the audit:	2025-10-28
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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
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted the Sexual Assault Center (SAC) serving Davidson County and confirmed that a victim advocate is available 24/7 to provide crisis intervention, emotional support, and advocacy for youth victims of sexual abuse. The SAC representative confirmed that services are provided free of charge to residents and their families. Additionally, the statewide network of Tennessee child advocacy centers, coordinated through the Children’s Advocacy Centers of Tennessee (CACTN), ensures consistent access to trauma-informed services for children and non-offending caregivers across the state. CACTN confirms that all centers offer free services, including advocacy, forensic interviews, counseling referrals, and coordination with law enforcement and child protective services agencies.
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AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	86
15. Average daily population for the past 12 months:	44
16. Number of inmate/resident/detainee housing units:	6
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	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	43
25. 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:	0
26. 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:	11

27. 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:	0
28. 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:	0
29. 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:	7
30. 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:	0
31. 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:	0
32. 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:	0
33. 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:	1
34. 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:	0

35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	78
37. 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:	20
38. 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:	2
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Random resident interviewees were selected from different housing units within the facility to ensure representation across the physical layout and living areas. Residents were drawn from multiple pods and housing locations rather than a single unit, allowing the auditor to assess PREA knowledge and reporting access across distinct areas of the facility. In addition, the auditor considered length of time in the facility when selecting interviewees to ensure inclusion of both recently admitted residents and those with longer stays. This approach ensured geographic diversity within the facility and reduced the likelihood that interview responses reflected only unit-specific practices or conditions.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. 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):</p>	<p>No text provided.</p>

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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).	<p>To verify the facility's report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>

<p>48. 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:</p>	<p>2</p>
<p>49. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility's report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>50. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility's report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>51. 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:</p>	<p>3</p>
<p>52. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility’s report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>53. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility’s report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>54. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility's report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>55. 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:</p>	<p>1</p>
<p>56. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>To verify the facility’s report that no residents met this targeted criteria during the onsite portion of the audit, the auditor relied on direct onsite observations, interactions with residents, and interviews conducted throughout the facility. These observations and interviews consistently confirmed that no residents meeting this targeted criteria were housed at the facility during the onsite visit.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

12

63. Were you able to interview the Agency Head?

Yes

No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

Yes

No

65. Were you able to interview the PREA Coordinator?

Yes

No

66. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

72. 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)?

Yes

No

73. 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)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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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.

<p>77. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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.

79. 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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. 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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>The auditor reviewed facility documentation, including administrative investigative reports and associated records. As verified through the PAQ, documentation review, and interviews, there were no reports of sexual abuse involving residents during the audit period since ROP assumed operations in July 2022. All staff and resident interviews confirmed that they were not aware of any incidents, allegations, or investigations involving sexual abuse or sexual harassment at the facility. Facility leadership advised they requested verification from Tennessee DCS and received a response confirming that no reports were received alleging that a resident at the Davidson County Juvenile Detention Center was involved in a sexual abuse incident.</p>
<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The auditor reviewed facility documentation, including administrative investigative reports and associated records. As verified through the PAQ, documentation review, and interviews, there were no reports of sexual abuse involving residents during the audit period since ROP assumed operations in July 2022. All staff and resident interviews confirmed that they were not aware of any incidents, allegations, or investigations involving sexual abuse or sexual harassment at the facility. Facility leadership advised they requested verification from Tennessee DCS and received a response confirming that no reports were received alleging that a resident at the Davidson County Juvenile Detention Center was involved in a sexual abuse incident.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<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>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.311 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Rite of Passage (ROP) Safe Environment Standards (SES) — <i>Referred to throughout this Report as the "Agency’s PREA Policy"</i> • Organizational Chart • Pre-Audit Questionnaire (PAQ) • Agency’s Zero-Tolerance Policy and Acknowledgement Form (600.600) • Agency’s Website (https://riteofpassage.com/safe-standards) • Job Descriptions • PREA Signage (No Means No, Zero Tolerance, & Boundaries) • ROP Visitor/Vending Daily Log <p>Interviews:</p>

- PREA Compliance Manager (PCM)
- PREA Coordinator (PC)

Site Review Observations:

During the onsite visit, the auditor verified that the facility displays PREA signage throughout the premises, including the public lobby and all common areas within the secure facility. The auditor observed PREA posters posted on each housing unit, in the dining room, hallways, medical area, intake and release area, administrative offices, staff lounge, recreation areas, and multi-use rooms. The signage is prominently displayed at eye level and clearly communicates the agency's zero-tolerance policy toward all forms of sexual abuse, harassment, neglect, exploitation, retaliation, and staff neglect. Each poster includes bilingual (English and Spanish) instructions for reporting sexual abuse or harassment and provides contact information for both the Tennessee (TN) Department of Child Services (DCS) Child Abuse Hotline and the Sexual Assault Center, which serve as external reporting options.

In addition to the PREA posters, the auditor observed that grievance, medical, and mail drop boxes are securely mounted in visible and accessible areas both near and within the housing units. Each box is clearly labeled according to its purpose (for example, "Grievance," "Med Pass," and "Mail Drop") and features a secure slot designed to maintain confidentiality. These boxes provide residents with multiple, private methods for submitting written grievances, medical requests, or correspondence without staff interference, consistent with PREA requirements for accessible and confidential reporting mechanisms. The PCM advised that she checks each box daily and responds promptly to any PREA-related concerns, ensuring that any allegation involving sexual abuse is immediately reported to the proper authorities, including the TN DCS and the Nashville Metro Police Department.

Upon arrival for each onsite day, the auditor was required to sign the facility's Visitor/Vendor Daily Log Sheet, which documents all visitors entering or exiting the facility. In accordance with facility procedures, a same-gender pat-down search was conducted prior to entry each day. The log sheet includes spaces to record the visitor's name, date, time of entry and exit, purpose of visit, and the staff member authorizing access. These procedures demonstrate the facility's commitment to maintaining a secure environment and ensuring compliance with PREA standards related to controlled access, visitor accountability, and same-gender search practices.

Furthermore, the facility's PCM, Program Manager, and Shift Supervisor were present throughout the onsite inspection and granted the auditor full access to all facility areas. They also provided all requested documentation necessary to assess compliance with the PREA standards. The PCM served as the primary point of contact during all phases of the audit and demonstrated the time, authority, and commitment necessary to ensure the facility's ongoing compliance with the PREA standards.

Explanation of Determination:

115.311 (a-c):

(a):

The auditor reviewed the agency's SES (PREA Policy) and verified that it clearly establishes a zero-tolerance mandate toward all forms of sexual abuse and sexual harassment. The Policy comprehensively outlines the agency's approach to preventing, detecting, and responding to such conduct across all operations. The agency's PREA Policy is a 54-page manual developed for ROP programs to ensure full compliance with the U.S. Department of Justice Final Rule—National Standards to Prevent, Detect, and Respond to Prison Rape under PREA. The manual incorporates the PREA Juvenile Standards definitions, mandatory child abuse reporting requirements, prohibitions outlined in the standards, disciplinary sanctions applicable to both residents and adults (including staff, volunteers, and contractors), and detailed procedures designed to protect the safety and well-being of residents and staff.

In addition, the auditor verified through the PREA training file review that all staff, volunteers, and contractors are trained on the agency's zero tolerance policy and the applicable mandatory reporting protocols of the state of Tennessee. This is detailed in sections 115.331 and 115.332 of this report.

The auditor also interviewed a large sample of direct care staff (Coach Counselors), administrative staff, specialized staff, contractors, and volunteers who all confirmed they have been trained on the agency's zero tolerance policy when they were first hired and, subsequently, on an annual basis. Moreover, the Program Director, Executive Director, PC, and PCM shared in their individual interviews details on how the agency's zero tolerance policy has been implemented to prevent, detect, and respond to any PREA related situations according to agency Policy and state and federal standards.

The agency's website (<https://riteofpassage.com/safe-standards>) was also reviewed by the auditor and found to include the agency's zero tolerance policy, the multiple ways to make a PREA report, the reporting and investigative requirements, PREA data, and other pertinent information related to how the facility ensures resident safety and compliance with the PREA standards.

(b):

As per the agency's PREA Policy, the agency has employed and designated an upper-level, agency-wide PC who is required to have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The agency's organization chart and the PC's job description were provided, which showcased additional documentary proof of compliance with this PREA provision.

During her interview, the PC stated that she has the necessary time, authority, and

	<p>resources to effectively develop, implement, and oversee the agency’s PREA compliance initiatives. She identified PREA compliance as her primary job responsibility and described a strong collaborative relationship with the facility’s PCM. The PC and PCM conduct monthly compliance meetings to review facility activities, address emerging PREA-related issues, and exchange best practices to strengthen prevention, detection, and response efforts.</p> <p>The PC explained that she provides ongoing technical assistance, policy guidance, and resource support to the PCM to ensure consistent compliance across program operations. When compliance concerns are identified, she immediately initiates a corrective action process, collaborates with the PCM and facility leadership to develop an appropriate resolution plan, and monitors implementation to verify timely and sustained correction.</p> <p>The PC actively supported all phases of this audit by providing technical guidance, documentation, clarification, and assistance in the development of the facility’s corrective action plan for the PREA standards identified as deficient in this report.</p> <p>(c):</p> <p>The agency’s PREA Policy states that the agency is required to designate a PCM who shall have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>The agency’s organization chart and the PCM’s job description were provided, which showcased additional documentary proof of compliance with this PREA provision.</p> <p>The PCM was interviewed and demonstrated a thorough understanding of her role in ensuring the facility’s full compliance with the PREA standards. She explained that she is provided sufficient time and authority to coordinate all PREA-related activities and monitor ongoing compliance efforts. The PCM described maintaining frequent and structured communication with the facility’s administrative team through regular management meetings, as well as consistent participation in daily shift briefings to reinforce PREA awareness and accountability among staff. In addition to her administrative coordination duties, the PCM is responsible for facilitating staff PREA trainings, conducting ongoing refresher sessions, and providing follow-up PREA education to residents. The PCM reports directly to the Program Director, which affords her the necessary oversight and decision-making authority to develop, implement, and evaluate the facility’s PREA compliance strategies effectively.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.312 - Contracting with Other Entities for the Confinement of Residents

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Signed Memo from Program Manager
- Proof Documentation from the Juvenile Court of Davidson County, TN

Interviews:

- PCM
- Program Manager

Explanation of Determination:

(a & b):

The auditor confirmed that the requirements of this PREA standard are incorporated into the Agency's PREA Policy. The policy specifies that any new contract or contract renewal must include language requiring the contracting entity to adopt and comply with all applicable PREA standards. It further requires that all such contracts provide for agency monitoring to ensure ongoing compliance by the contractor.

However, the auditor verified through documentation review and onsite interviews that the Davidson County Juvenile Detention Center does not contract for the confinement of its residents. According to information provided by the Program Manager and PREA Compliance Manager (PCM) and confirmed during their interviews, the agency does not enter into contracts or agreements with private agencies, other governmental entities, or outside facilities for resident confinement.

The Program Manager also provided the auditor with a memorandum and supporting documentation outlining the only three release options available from the Davidson County Juvenile Detention Center:

1. A youth released to their parent or legal guardian;
2. A youth released to the custody of the Tennessee Department of Children's Services (DCS); or
3. A youth whose case is transferred ("bound over") to the adult system, whereby the youth remains at the Davidson County Juvenile Detention Center until reaching 18 years of age, at which time they are released to the adult correctional system.

	<p>Because the agency does not contract with any outside entities for the confinement of residents, it is <u>not</u> subject to the requirements of this PREA standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.313 - Supervision and Monitoring</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Most Recent Staffing Plan and Staffing Plan Review • ROP Daily Site Unannounced Round Logs • Davidson Shift Reports • Daily Inspection Checklists <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PCM • PC • 10 Residents (6 Random & 4 Targeted) • 12 Randomly Selected Security Staff • Group Supervisor (Unannounced Rounds) <p>Site Review Observations:</p> <p>During the onsite visit, the auditor observed supervision practices and verified that the facility was in full compliance with its Staffing Plan, specifically the 1:8 and 1:16 staff-to-resident PREA supervision ratios. The facility was never in jeopardy of deviating from the established Staffing Plan during the onsite review, and adequate staffing levels were maintained at all times. The auditor did not observe any issues of non-compliance or unsafe supervision practices while onsite.</p> <p>The auditor was provided full access to the facility's video monitoring system and verified the functionality and coverage of each camera in operation. The system</p>

was determined to be sufficient for adding an additional layer of protection for residents and staff against sexual abuse, with all areas of the facility continuously monitored 24/7.

The facility operates a main control room that is staffed at all times. During the onsite inspection, the control room had four monitors displaying 16 camera frames per monitor. The PCM and Program Director also maintain video monitors in their offices to provide additional oversight and monitoring of facility operations.

Resident housing includes both single and double occupancy cells, depending on the level of risk assessed by Intake Staff during the admission process and reassessed periodically throughout a resident's stay by the Case Managers. Staff are required to conduct cell checks every 15 minutes, and the auditor directly observed staff performing these checks during the onsite phase of the audit. All residents interviewed reported feeling safe at the facility and stated they were free from any form of sexual abuse and sexual harassment.

Explanation of Determination:

115.313 (a-e):

(a):

The agency's PREA Policy states that the agency is required to develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The facility's Staffing Plan was provided to the auditor and found to include all the required elements of this PREA standard. Moreover, the adequate staffing levels are set, as per agency Policy and the Staffing Plan for the facility, to the minimally required PREA supervision ratios of 1:8 during waking hours and 1:16 during sleeping hours.

The Program Director and PCM provided a detailed explanation of the facility's Staffing Plan and the measures in place to ensure ongoing compliance. They explained that facility leadership actively monitors staffing levels and the resident population on a daily basis to maintain adherence to the mandatory 1:8 and 1:16 supervision ratios outlined in the agency's approved Staffing Plan.

The Program Director and PCM described how they collaborate with supervisors to ensure staffing levels are sufficient to safely operate the facility at all times. They further explained that all ROP employees assigned to the Davidson County Juvenile Detention Center receive PREA training and are prepared to assist with resident supervision as needed to maintain required ratios. The Program Director also emphasized that all staff are designated as essential employees and cannot leave their assigned posts until properly relieved by incoming staff or approved to do so by the Shift Supervisor.

The auditor also reviewed the facility's video monitoring system. Administrative staff demonstrated the system's functionality, including access to both live and

recorded footage from all installed cameras. The system was found to be adequate in providing an additional layer of safety and supervision for both residents and staff, and staff demonstrated proficiency in using the system to support oversight, incident review, and accountability efforts.

(b):

As per the Agency's PREA Policy, the facility shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. The facility utilizes a deviation form for documenting any deviations experienced pursuant to the requirements of this PREA standard.

The Program Director and PCM confirmed that the facility has not deviated from its approved staffing plan during the current audit review period. They also described the contingency procedures that would be implemented in the event of an exigent circumstance requiring a temporary deviation, including the documentation processes used to record the deviation and the facility's response to ensure continued compliance with PREA standards.

The auditor conducted a randomized assessment of compliance with the 1:8 and 1:16 supervision ratios by reviewing samples of the facility's Daily Site Unannounced Round Logs, Davidson Shift Reports, and Daily Inspection Checklists, as well as staff schedules and corresponding work assignments provided during the onsite audit. The analysis confirmed that staffing patterns and supervision levels consistently met or exceeded the required ratios during both waking and sleeping hours throughout the audit review period.

(c):

The agency's PREA Policy states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.

During the audit, the auditor verified compliance with these ratios through review of the facility's staffing plan, staff schedules, and corresponding work assignments provided during the onsite audit. A randomized assessment of supervision compliance was conducted using samples of the Daily Site Unannounced Round Logs, Davidson Shift Reports, and Daily Inspection Checklists. This analysis confirmed that staffing patterns consistently met or exceeded the required ratios across all shifts and days reviewed, with no documented deviations.

Interviews with twelve security staff and multiple administrative personnel further confirmed that they have never experienced any deviation from the required 1:8 (daytime) and 1:16 (overnight) supervision ratios. Facility leadership emphasized that they maintain continuous oversight of staffing levels relative to the resident population through the use of real-time shift rosters and supervisory check-ins to ensure sustained compliance with PREA supervision requirements.

In the event of staff call-ins or unexpected absences, established contingency procedures are immediately activated. These include contacting on-call staff, adjusting shift assignments, and, when necessary, deploying supervisors, managers, or administrative personnel to assist with resident supervision to maintain full compliance with the staffing plan. Leadership and line staff described this process consistently, underscoring a strong culture of proactive communication and accountability for maintaining safe staffing ratios at all times.

(d):

As per the agency's PREA Policy, whenever necessary, but no less frequently than once each year, in consultation with the PC, the facility shall assess, determine, and document whether adjustments are needed to:

- The facility's Staffing Plan;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

The Program Director and PCM described in detail the facility's process for conducting the required annual review of the Staffing Plan. This review is a collaborative effort involving facility leadership, supervisory staff, and administrative personnel to evaluate the adequacy of staffing patterns, shift coverage, and staff deployment across all operational areas. As part of the review, leadership assesses trends related to incident reports, camera coverage, blind spots, and population fluctuations to determine whether modifications are needed to enhance resident safety and staff supervision. The review also includes an evaluation of the effectiveness and placement of video monitoring systems and other technologies, as well as an analysis of available resources to ensure that staffing levels remain sufficient to maintain compliance with the approved plan. The most recent annual Staffing Plan review documentation was provided to the auditor, and both the Program Director and PCM demonstrated a clear understanding of the review process, its objectives, and the facility's ongoing commitment to maintaining safe and compliant supervision practices.

(e):

The agency's PREA Policy describes how the facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The PCM provided the auditor with requested samples of completed unannounced

	<p>PREA rounds, including Daily Site Unannounced Round Logs, Davidson Shift Reports, and Daily Inspection Checklists, to demonstrate compliance with this standard. Upon review, the auditor found the documentation to be comprehensive and consistent, effectively illustrating how supervisory staff conduct and record unannounced rounds to monitor staff practices and deter sexual abuse or other inappropriate behavior. Each form reviewed contained signatures, dates, and specific notations of observations made during the rounds, confirming that the process is both active and routinely conducted on each shift by middle- and upper-level supervisors and managers.</p> <p>The auditor also interviewed a Group Supervisor responsible for conducting these rounds, who explained that her unannounced rounds are conducted entirely at random, with varied starting and ending points to prevent predictability. She reported that she observes all areas of the facility during her rounds, takes time to check on residents wherever they are located, verifies the security of doors and other safety elements, and ensures staff remain actively engaged in supervision duties. She further shared that she monitors radio traffic during the rounds to identify any inappropriate or unprofessional staff behavior—such as improper use of alerts or code calls—and closely observes staff interactions to identify any red flags or potential concerns that may warrant follow-up, coaching, or corrective action.</p> <p>These unannounced rounds occur regularly on every shift and are documented on designated log sheets, which are submitted to administration for review and retention. In addition to supervisory rounds, the PCM and Program Director reported that they personally conduct unannounced walk-throughs of the facility multiple times per week. These leadership rounds focus on observing operations, staff-resident interactions, and compliance with agency policy and PREA standards, further reinforcing the facility’s culture of accountability, transparency, and proactive supervision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.315 - Limits to Cross-Gender Viewing and Searches
	Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PREA Staff Training Curriculum
- Review of Staff Training Verifications
- PAQ
- Resident Search Policy
- Opposite Gender Staff Announcement Signs
- Resident Search Log

Interviews:

- 12 Randomly Selected Security Staff
- 10 Residents (6 Random & 4 Targeted)

Site Review Observations:

During the onsite visit, the auditor thoroughly examined all areas of the facility where residents may be in a state of undress, including restrooms and showers. It was determined that residents are provided sufficient privacy when changing clothes, using the restroom, and showering. Each housing unit includes a shower stall equipped with a full shower curtain that is installed before shower programming begins and removed afterward to ensure there are no visual blind spots before or after showers. Interviews with both residents and staff confirmed the facility's practice of locking down all youth in their assigned rooms during shower programming, with only one resident permitted out of their room at a time to shower.

All ten residents interviewed stated that they have an appropriate level of privacy while showering, using the restroom, and changing clothes. They each confirmed that the shower curtains provide full privacy, are in good condition with no rips or tears, and that they feel comfortable using the restroom facilities in their rooms or in the restroom adjacent to the classrooms. Staff also confirmed this practice and reported that replacement shower curtains are readily available and stored in the facility's laundry area for immediate use if needed.

In addition to the interviews, the Program Director allowed the auditor to review recent video footage of showers being conducted in one of the male housing units. The footage verified that the Pod's shower curtain was properly installed prior to the start of shower programming, that only one resident was allowed out of their room at a time, and that the curtain provides full privacy when residents are showering. This observation was particularly important given that female staff are assigned to male housing units and may supervise during shower programming.

The auditor also observed same-gender pat-down searches being conducted during the onsite visit and identified no issues of concern. Each search was performed in a professional, respectful, and consistent manner. Additionally, the auditor observed a newly admitted resident being processed through the facility's intake area. The resident was first seen by medical staff before meeting with the Intake Officer, who

conducted the Vulnerability Assessment and provided the PREA orientation. All resident searches observed by the auditor were documented on the facility's Resident Search Log by the staff member conducting the search, demonstrating accountability with documentation all resident searches.

No issues of non-compliance with this PREA standard were identified during the onsite review. The facility's video monitoring system was verified to exclude all areas where residents may be in a state of undress. However, during the review of shower footage, the auditor observed two male residents exiting their rooms shirtless when it was their turn to shower, while a female staff member was supervising the pod. This observation was also noted by the Executive Director and Program Director, who immediately acknowledged the concern and advised that corrective action would be taken with staff to reinforce the expectation that male residents remain fully dressed whenever they are outside their rooms, including when proceeding to and from showers.

Explanation of Determination:

115.315 (a-f)

(a, b, & c):

The agency's PREA Policy states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. In addition, the agency shall not conduct cross-gender pat-down searches except in exigent circumstances, and the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Interviews with randomly selected direct care staff (12 total) and ten residents confirmed that only same-gender resident searches are conducted at the facility. Both groups consistently reported that they have never witnessed, experienced, or been made aware of any cross-gender searches being conducted. Residents were also asked whether they had ever felt uncomfortable or uneasy being searched while at the facility, and each youth expressed no concerns. All residents affirmed that staff conduct searches in a respectful and professional manner, explaining the reason for the search prior to beginning, and all residents confirmed that they have never been touched inappropriately by staff.

Staff further explained that there has never been a situation in which the facility lacked at least one staff member of each gender on duty, ensuring same-gender searches can always be conducted. They stated that a cross-gender search would never occur and that, if a same-gender staff member were unavailable, the search would be delayed until appropriate staff are present. Staff and administrators also explained that all employees receive training on proper search procedures, allowing any trained staff to assist with searches as needed. In emergency situations, additional staff may be called in or assistance requested from the Nashville Metro Police Department.

All staff interviewed confirmed receiving training on conducting cross-gender pat-down searches—as well as searches of transgender and intersex residents—in a professional, respectful, and minimally intrusive manner consistent with the facility’s security needs. A sample of staff demonstrated the resident search process, which the auditor observed to be consistently performed as same-gender pat-downs conducted in an orderly, respectful, and professional manner.

(d):

According to the agency’s PREA Policy, the facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The auditor reviewed the agency’s employee PREA training curriculum, which was found to be comprehensive and well-structured. The curriculum includes dedicated modules covering resident search procedures, staff conduct, and safety protocols, with clear guidance on the limitations and prohibitions related to cross-gender viewing and searches. The training materials also include scenario-based examples that reinforce the importance of maintaining resident privacy, announcing presence before entering housing areas, and ensuring searches and supervision practices align with PREA standards.

During the onsite visit, the auditor thoroughly examined areas of the facility where residents may be in a state of undress, including showers and restrooms. Each housing unit includes a shower stall equipped with a full curtain that is installed prior to shower programming and removed immediately afterward to eliminate potential blind spots. Interviews with residents and staff confirmed the facility’s practice of locking down all youth in their assigned rooms during shower programming, allowing only one resident out at a time to shower. The auditor also reviewed video footage of shower programming, which confirmed that shower curtains provide full privacy and that residents are afforded adequate privacy while showering.

With respect to restroom use, each cell within the housing units is equipped with a sink and toilet, allowing residents to use the restroom privately without staff observation, except during routine 15-minute room checks required by facility policy. When asked whether they are able to use the restroom in privacy, residents consistently confirmed that they can. They explained that if they need to use the restroom during a time when staff are conducting room checks, they are permitted to cover their door window temporarily to maintain personal privacy while staff complete the observation. Additionally, residents housed in double-occupancy

rooms reported that when they need to use the restroom, they either place a blanket for privacy or request that staff allow their roommate to temporarily exit the room.

All residents interviewed confirmed that they have sufficient privacy during showers, restroom use, and while changing clothes. Staff interviews supported these reports, with all staff affirming that residents are able to shower, use the restroom, and change their clothes in private. Both staff and residents also confirmed that opposite-gender staff routinely make announcements when entering housing units, and the auditor personally observed these announcements being made during the onsite inspection.

The auditor verified that while male staff are not assigned to the female unit, female staff are routinely assigned to the male housing units. This was confirmed through staff interviews, review of Shift Reports and Daily Inspection Checklists, and direct observation during the onsite inspection. In addition, the auditor observed posted reminders on each housing unit door requiring opposite-gender staff to announce their presence prior to entry, a practice that was consistently followed throughout the audit. The facility's video monitoring system was also verified to exclude all areas where residents may be in a state of undress, ensuring that resident privacy is maintained at all times.

Note: As a best practice recommendation, the auditor encourages facility leadership to assess the feasibility of assigning only male staff to the male pods during shower programming. While current procedures provide adequate resident privacy and comply with PREA standards, limiting supervision during these times to same-gender staff would further reduce the potential for opposite-gender viewing of residents in a state of undress. Implementing such a measure would strengthen the facility's commitment to maintaining resident dignity, reinforce staff professionalism, and minimize the likelihood of misperception or inadvertent policy violations related to cross-gender supervision.

(e):

The agency's PREA Policy states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

This prohibition of searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status was confirmed by each staff member interviewed onsite. The staff shared how the genital status can be determined through conversations with the resident, the resident's parent/guardian, probation officer, case manager, therapist, transporting officers, and/or medical staff and by reviewing the intake paperwork provided by the transporting officer and/or sending agency.

	<p>(f):</p> <p>According to the agency’s PREA Policy, the facility shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>All staff interviewed confirmed that they have been trained on how to properly conduct resident searches, including searches of transgender and intersex residents, in a professional, respectful, and minimally intrusive manner consistent with facility security needs. Staff reported that this training is provided during initial new-hire orientation and reinforced through annual refresher training sessions. All staff demonstrated clear understanding of the procedures and limitations for conducting searches, and both staff and residents consistently stated that cross-gender searches have never been conducted or observed at the facility.</p> <p>When presented with a hypothetical scenario by the auditor involving a transgender resident who was uncomfortable being searched by staff of the same biological gender, each staff member was able to clearly articulate the appropriate response. Staff stated they would immediately stop the search process, refrain from proceeding, and contact the Shift Supervisor, PCM, or medical staff for direction on how to proceed in accordance with PREA standards. Several staff explained that in such situations, the resident’s expressed comfort level and perception of safety would be respected, and the resident would be allowed to identify the staff member of their preferred gender to conduct the search when possible. Administrative and supervisory staff further affirmed that if a transgender resident were admitted to the facility, the resident’s personal comfort and safety would be given full consideration in determining search procedures and housing and program assignments.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.316 - Residents with Disabilities and Limited English Proficient
	Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PREA Training Curriculum for Staff
- LanguageLine Translation Services Information
- Resident Handbook in Spanish
- PREA Brochures in Spanish
- PREA Posters in Spanish
- Resident PREA Orientation and Educational Material
- PAQ
- Corrective Action Proof Documentation

Interviews:

- Program Director
- Resident Interviews:
 - 2 LEP
 - 2 Disabled
 - 6 Random
- 12 Randomly Selected Security Staff
- Case Manager
- Intake Officer
- Program Manager
- PCM

Site Review Observations:

During the onsite assessment, the auditor observed PREA informational signs in both English and Spanish prominently displayed throughout the facility, including housing unit dayrooms, hallways, the medical area, kitchen, administrative offices, visitation area, and public lobby. The signage was clearly written, undamaged, and strategically positioned so that all residents could easily access the information. The signs included contact information for both internal and external reporting options, including the Tennessee Department of Children's Services Abuse Hotline and the Sexual Assault Center.

The auditor also observed a posting for the facility's contracted language translation service, LanguageLine, which included the company's contact number, account number, and PIN for staff use. To verify accessibility, the auditor called the LanguageLine service using the posted information and successfully confirmed that the line was active, responsive, and capable of connecting callers to interpreters for multiple languages.

The auditor further verified that PREA orientation materials are available both verbally and in writing, and that the PREA video orientation includes closed captioning to enhance accessibility for residents with hearing impairments.

In addition to onsite observations, the auditor personally tested three external reporting options to verify accessibility and functionality. Successful calls were

completed to the Tennessee Department of Children's Services Abuse Hotline, the Sexual Assault Center, and RAINN. Each agency confirmed that they provide translation and interpreting services upon request, can accept anonymous reports, and are available 24/7. These test results confirmed that residents and third parties have multiple, reliable, and language-accessible avenues to report sexual abuse, harassment, or retaliation outside the facility.

During the onsite visit, the auditor also observed Spanish-language PREA educational materials available in the Intake Unit. These materials included the Spanish Resident Handbook, Spanish PREA Brochure, and Spanish PREA posters, all of which were accessible to residents upon admission and throughout their stay.

115.316 (a-c)

(a):

According to the agency's PREA Policy:

- The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), 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.
- Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.

The auditor reviewed the facility's PREA resident orientation and comprehensive PREA educational materials provided to all youth admitted into the facility. The written materials include the PREA Brochure, Resident Handbook, and the PREA educational video. These resources were found to be developmentally appropriate for juvenile residents ages 10 to 18 and, when used in conjunction with an in-person review, are sufficient to meet the requirements of this PREA standard.

The auditor interviewed an Intake Officer, the Program Manager, the Program Director, the PCM, and a Case Manager, all of whom are responsible for ensuring that every resident admitted to the facility has an equal opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff consistently explained that intake personnel are trained to effectively communicate PREA information in a manner that all youth can understand.

It was further explained that if a resident with a disability is unable to understand the PREA information provided during intake or within ten days during the Case Manager's follow-up, additional resources are used to ensure comprehension. Examples included reviewing the materials both visually and audibly, allowing residents to ask questions and restate the information in their own words, using simplified language and elementary-level concepts, reading materials slowly, and calling upon additional staff who may be better equipped to communicate with the resident.

The Intake Staff, Case Manager, and Program Manager explained that all residents are asked to sign a PREA acknowledgment form to document that they were provided the PREA orientation and comprehensive education, and that the information was explained in a manner they could understand. Each acknowledgment form is also signed and dated by the staff member who provided the PREA information. Examples of completed acknowledgment forms were provided to the auditor, demonstrating that this process is consistently implemented and well-documented in practice.

The auditor interviewed two residents identified by the PCM as receiving special education services due to a diagnosed disability. These residents were asked whether they had been informed about PREA and the available methods for reporting sexual abuse, sexual harassment, or retaliation. Both residents stated during their individual interviews that they had not been informed about PREA during the intake process or at any time thereafter, had never viewed the PREA orientation video, and were not aware of the different avenues available to make a report.

(b):

The agency's PREA Policy states that the agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The auditor was provided Spanish-language PREA orientation and educational materials, including the facility's Spanish Resident Handbook and Spanish PREA Brochures. These documents were found to be sufficient in content and appropriate for providing youth whose primary language is Spanish with information in their native language. However, the auditor identified a concern regarding how this information is communicated to Spanish-speaking residents.

Three limited English proficient residents were interviewed with the assistance of a professional translation application. All three residents reported that they had not been provided PREA information and were unable to explain what PREA stands for, what zero tolerance means, what types of behavior should be reported, or how to report sexual abuse, sexual harassment, or retaliation. Although the facility has access to the LanguageLine translation service—with contact information, account

number, and PIN posted in the Intake Unit—the auditor found no indication that this resource had been used to communicate PREA information to Spanish-speaking residents during intake or follow-up education.

(c):

As per the agency’s PREA Policy, the agency shall not rely 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 safety, the performance of first-response duties under § 115.364, or the investigation of the resident’s allegations.

The security staff members interviewed confirmed the above prohibition for relying on residents to interpret for other residents. If interpreting services were needed, the staff shared how a professional interpreter (LanguageLine or other translation service available on a phone or computer) and/or bilingual staff member would be called in to assist. The only time a resident can be utilized, as per some of the staff interviewed, is when there is an imminent threat to a resident’s safety and there is not time to call in a professional translator.

Staff Training:

The auditor was provided with the agency’s comprehensive PREA training curriculum, which is designed to meet the training requirements outlined in PREA Standard §115.331 and related standards, including §115.316. The training is delivered to all staff during the initial onboarding process and repeated annually to ensure continued competency and reinforcement of PREA concepts.

The auditor reviewed the Rite of Passage (ROP) Safe Environment Standards (SES) Staff Training Lesson Plan (6/20/2017) and Staff Training Presentation (8/25/2020), along with the Zero-Tolerance and PREA Acknowledgment Forms. The curriculum was confirmed to be comprehensive and interactive, incorporating case-based discussions, guided activities, role-play scenarios, and post-tests designed to ensure understanding.

The training includes coverage of all required PREA topics, including:

- Zero-tolerance policy and staff responsibilities under PREA
- Definitions and dynamics of sexual abuse, sexual harassment, and retaliation
- Recognizing warning signs, grooming behaviors, and boundary violations
- Safe supervision practices and unannounced rounds
- Mandatory reporting and first responder duties
- Professional boundaries and staff conduct expectations
- LGBTQI and gender nonconforming youth considerations
- Accommodations for residents with disabilities or limited English proficiency
- Cross-gender and transgender search limitations
- Student education rights and access to reporting mechanisms

The curriculum specifically instructs staff to ensure that residents with disabilities and limited English proficiency have equal access to information about their right to be free from sexual abuse, sexual harassment, and retaliation. Staff are trained on how to use interpreter services, such as the facility's contracted LanguageLine service, and on adapting communication methods to meet individual comprehension needs.

Completion of the training requires staff to pass a written knowledge assessment demonstrating understanding of the material. To verify implementation, the auditor reviewed training records for a representative sample of staff with resident contact, confirming completion of initial and annual refresher training, as well as signed Zero-Tolerance Acknowledgment and PREA Policy Acknowledgment Forms maintained in personnel files.

Non-Compliance Summary:

Based on interviews with five targeted residents, including individuals identified as limited English proficient and those receiving special education services, the auditor determined that these residents had not received the PREA orientation or comprehensive PREA education required under this standard. While the facility maintains appropriate PREA educational materials in both English and Spanish and has access to translation services through LanguageLine, evidence indicates that these resources were not effectively utilized to ensure all residents understood the information.

As a result, the facility was found out of compliance with this PREA standard. Corrective action is required to ensure that all residents—regardless of disability, diagnosis, or language proficiency—receive and comprehend PREA education in a manner accessible to them, thereby ensuring equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This corrective action should include retraining Intake Officers and Case Managers on the effective use of interpreter services and other communication methods to ensure ALL residents understand the PREA information provided; implementing supplemental PREA materials tailored to each resident's communication and comprehension level; verifying resident understanding during both the intake PREA orientation and comprehensive education process (signed acknowledgements); and establishing ongoing quality assurance measures to confirm consistent and sustainable compliance.

Corrective Action Documentation Review & Compliance Summary:

During the corrective action period, the PCM provided the auditor with the following corrective action proof documentation to address the deficiencies identified above:

- Corrective Action Plan (CAP) signed by facility leadership;
- Updated Student Handbook Acknowledgement form;
- Updated Student Acknowledgement of Zero Tolerance Policy form;
- Updated Student Additional Education Acknowledgement form;

- Staff training verification documents; and
- Examples of completed acknowledgement forms for a sample of residents.

The CAP outlines the facility's commitment to address the deficiencies of non-compliance for this PREA standard. Furthermore, in order to demonstrate how the facility has successfully implemented the CAP in practice, the PCM provided the auditor with completed examples of updated student PREA orientation and additional education acknowledgement forms for a sample of residents admitted during the corrective action period. Additionally, it is important to note that the updates made on the Student Acknowledgement of Zero Tolerance Policy and Additional Education Acknowledgement forms include the following instructions for how an Intake Staff member should process a juvenile who is limited English proficient or has a problem understanding the PREA information as normally provided:

- (Voiance) Language Line Interpreter Services
- 800-481-3289
- Account Information Included, with PIN
- Student Signature and Date

Additionally, the training verification documentation indicates that the following training topics were provided to Intake Staff and Case Managers:

- PREA refresher training;
- Review of each of the three updated student acknowledgement forms and corresponding procedures;
- Directive for Case Managers to provide additional PREA student education within 48 hours of admission into the facility;
- LanguageLine Interpreter Services (Voiance) procedures for non-English speaking youth; and
- Review of student PREA brochure and PREA educational videos (English & Spanish).

Conclusion:

Based upon the review and analysis of all the available evidence, including the corrective action documentation provided, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.317 - Hiring and Promotion Decisions

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- ROP Employment Application
- Criminal History and Child Abuse Registry Check Verification Documents
- Review of Sample of Personnel Files
- Sample of Completed PREA Questions on Employee Evaluations and Promotions
- Corrective Action Proof Documentation

Interviews:

- Human Resource (HR) Manager
- PCM
- Executive Director

Site Review:

During the onsite audit, the auditor interviewed the facility's Human Resources (HR) Manager, who assisted in reviewing 12 randomly selected personnel files that were selected by the auditor in order to assess for compliance with the applicable provisions of this PREA standard. The HR Manager guided the auditor through each file, highlighting the required documentation, including:

- verification of national and state criminal history background clearances that were conducted by the Tennessee Bureau of Investigations (TNBI);
- completed child abuse registry checks with the Tennessee Department of Children Services (TN DCS);
- completed HireRight private background screening;
- completed DOJ National Sex Offender Registry check;
- applicable institutional reference checks; and
- responses to PREA-related questions included in the staff members' employment applications for initial employment and internal promotions.

Explanation of Determination:

115.317 (a-h):

(a):

According to the agency's PREA and HR Policies:

- The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the 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);
- 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; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The interviewed HR Manager confirmed that the hiring prohibitions outlined in the PREA standards are incorporated into agency policy and are strictly enforced to ensure all applicants, contractors, and volunteers are properly screened in accordance with both state and federal requirements. The HR Manager described the process for conducting comprehensive state and federal (FBI) criminal history background checks for individuals working at the facility, as well as contractors, through the TBI, TN DCS, HireRight private background company, and the DOJ's National Sex Offender Registry. If an individual is found to have any disqualifying criminal history as defined by PREA standards or applicable state regulations, they are immediately disqualified from consideration and will not proceed further in the hiring or onboarding process.

(b):

The agency's PREA Policy states that the agency shall 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.

The HR Manager confirmed that any incidents involving allegations or findings of sexual misconduct by a prospective employee or contractor are reviewed thoroughly on a case-by-case basis by the HR department in coordination with state Licensing (TN DCS), the facility's Program Director, and ROP corporate HR). If such a history is discovered, the individual would not be permitted to proceed in the hiring process unless the allegation was determined to be completely unfounded and all other background checks—state, federal, and child abuse registry—were clear of any disqualifying information. However, the HR Manager noted that, to her knowledge, no such situation has occurred during the audit review period, as it relates to the disqualifying conduct pursuant to the elements of this PREA standard.

(c):

According to the agency's PREA Policy, before hiring new employees who may have contact with residents, the agency shall:

- Perform a criminal background records check;
- Consult any child abuse registry maintained by the State or locality in which

the employee would work; and

- 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.

The auditor reviewed the selected personnel files during the interview with the HR Manager; however, as noted in the Non-Compliance Summary section below, the facility was found out of compliance due to discrepancies identified between the hire dates and the dates the criminal history and child abuse registry background checks were completed.

(d):

The agency's PREA Policy states the agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The HR Manager explained that the background checks required under this provision are conducted for all contractors who may have contact with residents. However, when the auditor requested verification of completed background checks from TBI and DCS for the sampled contractors, the facility was unable to provide the necessary proof documentation demonstrating that these checks had been completed prior to the contractors having contact with residents. As a result, the facility was found out of compliance with this PREA standard due to insufficient documentation and failure to verify that required state background investigations were completed before contractors were permitted access to residents.

(e):

As outlined in the agency's PREA Policy, the agency is required to conduct criminal background records checks at least every five years for all current employees and contractors who may have contact with residents, or have in place a system that captures new criminal history information for current employees.

During the onsite review, the HR Manager and facility leadership explained that ROP assumed operation of the Davidson Juvenile Detention Center in July 2022, at which time all existing Davidson staff were required to reapply for their positions under ROP. The transition process should have included verifying that all staff met the background check requirements of this PREA standard, including the five-year rescreening requirement. Because TBI does not offer a subscription-based alert system for new criminal history entries, the five-year recheck requirement remains applicable.

Upon review of one personnel file for a staff member originally hired by the previous operating company in 2018 and rehired by ROP in July 2022, the auditor found that a five-year criminal history recheck had not been completed at the time of the audit. The HR Manager reported that a recheck was recently initiated in October

2025; however, proof of completion was not available, as the HR Manager was still awaiting the results.

(f, g, & h):

According to the agency's PREA Policy:

- The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in this PREA standard in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The auditor's analysis of HR files confirmed that the required PREA-related questions are incorporated into the ROP employment application (Question #13) and employee evaluation forms (Questions #6, #7, and #8), as required by provision (f), to ensure ongoing disclosure during employment.

However, through review of twelve selected personnel files, the auditor identified one ROP employee file that did not contain a completed employment application, which is necessary to verify that the PREA-related questions were answered. In addition, one staff member who had been promoted did not have an ROP application on file at the time of the audit. Because the PREA-related questions could not be verified as answered for these two employees, the facility was found to be out of compliance with provision (f).

The agency's policy further specifies that any material omission regarding misconduct, or the provision of materially false information during the hiring or promotion process, constitutes grounds for termination. This requirement was confirmed to be presented to staff during the hiring process, with each staff member signing an acknowledgment of receipt and understanding. The HR Manager confirmed that if an employee is later found to have provided false or misleading information, termination would be the expected disciplinary action.

In addition, the agency's PREA Policy states that, unless prohibited by law, the agency shall 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. The HR Manager confirmed that these procedures are required by agency policy and explained that she is authorized to share limited information, such as the individual's rehire eligibility and dates of employment. If a requesting agency seeks additional or more detailed information, the HR Manager must obtain approval from her Supervisor or ROP Corporate HR before releasing it.

Non-Compliance Summary:

To assess compliance with this PREA standard, the auditor reviewed a representative sample of employee and contractor personnel files. A total of twelve

files were examined to evaluate adherence to each applicable provision of the standard. Although the majority of files contained the required documentation demonstrating compliance, five files were identified as lacking sufficient proof to verify completion of all required background checks and PREA-related questions as required by this PREA standard. These deficiencies are outlined in the narrative above.

Based on the review, the auditor determined that the facility is required to develop a corrective action plan to ensure that all employees and contractors are properly screened pursuant to 115.317 (c)–(e): “Ensure the agency performs criminal background record checks and consults applicable child abuse registries prior to employees or contractors having contact with residents.” Additionally, these checks must be repeated at least every five years unless the agency has a system in place for otherwise capturing such information for current employees.

As a best practice, the auditor recommended the facility repeat the criminal history and child abuse registry clearances every two to three years. This approach would strengthen compliance and provide a reasonable grace period for completing all required background investigations within the designated timeframe.

Note for Clarification on HireRight Background Checks:

The auditor confirmed that HireRight is utilized by the facility to conduct background checks for prospective and current employees, contractors, and volunteers. Leadership from the facility explained that HireRight is used early in the hiring process to identify and screen out applicants with potentially disqualifying histories. The TBI and DCS background checks are then initiated for applicants who successfully pass the initial HireRight screening. It was further clarified that results from TBI and DCS background checks may take one to two weeks to be returned, depending on processing times.

However, upon the auditor’s online research of HireRight, it was confirmed that this company is a private, third-party vendor and does not access or interface directly with the criminal history databases maintained by law enforcement agencies, including NCIC and TCIC. Because HireRight relies on commercially available and public record databases rather than standardized criminal history systems used by law enforcement, it does not meet the PREA requirements for official criminal history background checks. Therefore, HireRight may be used only as a supplemental resource in addition to verified background investigations completed through TBI and DCS/TAPS, which utilize standardized criminal records databases maintained and widely used by law enforcement agencies.

Corrective Action Documentation Review & Compliance Summary:

During the corrective action period, the PCM provided the auditor with the following corrective action proof documentation to address the deficiencies identified above:

- Facility leadership signed CAP;

- Updated directives for hiring process and background checks;
- ChanceLight Education background screening verification for teachers; and
- Updated Coach Counselor Interview form with PREA questions.

The facility's corrective action plan adequately outlines the facility's commitment to address the deficiencies of non-compliance for this PREA standard. Furthermore, in order to demonstrate how the facility has successfully implemented their plan in practice, the PCM provided the auditor with the following:

- Directive for all employees to have a written application on file prior to beginning work at the facility.
- Updated Coach Counselor Interview form that includes PREA questions to ensure new employees are asked about any past potential PREA allegations or substantiated incidents prior to conducting the criminal background.
- Directive for criminal background checks to be conducted every two to three years for every employee to ensure the facility is never in jeopardy of exceeding the five-year background check minimum requirement.
- Verification documentation from the Chancelight Education Sr. HR Business Partner, confirming the successful background check process required by Tennessee state law for the educational staff at the facility. The documentation states that the teachers have undergone comprehensive background screenings, including but not limited to:
 - Expanded Criminal History Background Checks
 - Expanded Children Protection Index
 - Nationwide Sex Offender Registry

Conclusion:

Based upon the review and analysis of all the available evidence, including the corrective action documentation provided, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.318 - Upgrades to Facilities and Technologies
	Evidence Reviewed to Determine Compliance:
	Agency's PREA Policy
	PAQ

Interviews:

- Program Director
- PCM
- Executive Director

Site Review Observations:

During the onsite visit, the auditor conducted a thorough examination of all areas of the physical plant and the facility's video monitoring system. At no time did the auditor identify any recent substantial modifications or expansions to the physical structure of the facility. However, the PCM indicated and demonstrated various cameras throughout the facility, noting that several cameras had been recently installed or replaced to improve video coverage and enhance image quality.

Explanation of Determination:

115.318 (a-b):

According to the Agency's PREA Policy:

- When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.
- When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

The auditor was provided a signed memo indicating that, within the past six months, additional cameras were installed at the inside entrance of each housing unit to upgrade surveillance capabilities across the facility. This documentation was consistent with information shared during interviews with administrative staff, who explained that the additional cameras have improved supervision of the areas immediately outside the showers and strengthened monitoring of bedroom door security on the pods. Staff further noted that the upgrades have reduced opportunities for residents to enter unassigned areas or evade staff supervision. Additional cameras were also installed to eliminate remaining blind spots, thereby enhancing overall monitoring capability and further deterring inappropriate behavior by both staff and residents.

Note of Upcoming Construction:

The Program Director provided the auditor with information regarding the new facility being constructed for the Rite of Passage-operated juvenile detention center on behalf of Davidson County Juvenile Detention Center. According to leadership, the new campus will prioritize resident safety, privacy, and supervision in its design.

	<p>For example, all residential rooms are planned to be single occupancy, and the master design incorporates trauma-informed architectural features that support healing and effective monitoring. Public reporting confirms that the new facility—located on approximately 14 acres in Davidson County and part of the Nashville Youth Campus for Empowerment project—is being developed as a 270,000 sq ft campus, slated to open in 2027.</p> <p>The auditor was shown images of the current construction status, which depict the metal structural framework being erected. Leadership acknowledged that while detailed planning of camera and surveillance system placement is not yet finalized, those discussions will occur soon to ensure that video monitoring and security systems align fully with PREA standards and support unobstructed sight lines, minimal blind spots, and secure housing unit design.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.321 - Evidence Protocol and Forensic Medical Examinations</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Agency's Reporting & Investigation Policy • ROP SES/PREA Administrative Investigation Report Instructional Form • Internal Notice of Potential SES Incident • ROP SES Coordinated Response Plan Form • ROP SES/PREA Administrative Investigation Report Form • PREA Response Flow Chart • PREA Notification and Responsibility Tree (for team members) • Memorandum of Understandings (MOUs) • PREA Investigative File Review • Local Hospital Website Review (Nashville General Hospital) • Email Communications from the Administrative Staff from Metro Nashville Police Department • Resident Grievance and Follow-up Investigation

- Phone & Email Correspondence from the TN Department of Children's Services Statewide PREA Coordinator

Interviews:

- 12 Randomly Selected Security Staff
- Program Director (Administrative Internal PREA Investigator)
- PCM (Administrative Internal PREA Investigator)
- Executive Director
- Full-time Mental Health Professional
- Full-time Medical Professional (LVN)
- TN DCS Statewide PREA Coordinator

Explanation of Determination:

115.321 (a-h):

(a):

According to the agency's PREA Policy, to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This is supported by the ROP SES Coordinated Response Plan, PREA Response Flow Chart, and the PREA Notification and Responsibility Tree, which detail immediate actions including separating the alleged victim and suspect, preserving forensic evidence, and ensuring required notifications occur promptly.

(b):

As per the agency's PREA Policy:

- The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

The facility's response framework also incorporates the Centers for Disease Control and Prevention's (CDC) "Uniform Definitions for Sexual Violence" developed by Basile and Saltzman, which provides standardized terminology and data elements for sexual violence incidents. This framework ensures that all staff, contracted professionals, and outside partners use consistent, evidence-based definitions and procedures when identifying, reporting, or investigating allegations of sexual abuse or sexual harassment.

In addition, the agency has formally requested that the Metro Nashville Police

Department (MNP) adopt and apply these same definitions and forensic standards when investigating sexual abuse allegations originating from the facility. This expectation is outlined within the draft Memorandum of Understanding provided to MNP, and the agency's recent correspondence with Metro PD leadership confirms that the agreement is currently under departmental review for final approval.

The auditor also reviewed the executed MOU between the agency and the Sexual Assault Center of Nashville (SAC), which establishes 24-hour access to victim advocacy, crisis intervention, accompaniment during forensic medical exams, and follow-up counseling for youth impacted by sexual abuse. The SAC brochure, observed onsite and included in the facility's PREA information materials, provides residents and staff with clear instructions for contacting the center directly through its 24-hour confidential hotline at 1-866-811-7473.

To confirm this information, the auditor reviewed the SAC's official website (www.sacenter.org), which verified that the organization provides comprehensive advocacy, crisis response, and forensic accompaniment services at no cost to victims, available through both the local and statewide hotline system. The website further outlines the agency's trauma-informed and youth-centered approach, ensuring accessibility to residents of juvenile facilities within Davidson County.

Together, these agreements and resources ensure that residents have immediate access to qualified medical forensic and advocacy professionals and that the facility's coordinated response framework remains fully aligned with federal PREA standards and community-based best practices.

Interviews and training verification further confirmed that all staff are trained as first responders and are required to take immediate action when they receive an allegation of sexual abuse. Staff consistently described their duties to separate the alleged victim and abuser, preserve and protect the scene, and ensure that neither party takes any action that could compromise physical evidence. They also explained that their next steps include immediately notifying supervisory staff, the PCM, and external partners such as DCS, MNP, and the SAC to ensure a coordinated and trauma-informed response. This process reflects the procedures outlined in the agency's PREA Incident Response Flowchart, Notification & Responsibility Tree, and Coordinated Response Plan.

(c):

As per policy and procedure, residents who experience sexual abuse are offered a forensic medical examination at no financial cost, whether performed on-site or at an outside facility. Examinations are conducted by Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) when available. The agency documents all efforts to ensure the use of SANEs/SAFEs.

The MOU between Davidson County Juvenile Detention Center (DCJDC) and The Sexual Assault Center (SAC), signed July 30, 2025, ensures that SAC provides 24/7 advocacy and coordinates with the designated SANE provider for forensic exams. The Nashville General Hospital (NGH) Emergency Department serves as the

designated facility for SANE services. NGH's website confirms that its SANE Program is staffed by advanced-practice nurses who provide trauma-informed medical forensic examinations, evidence collection, STI prophylaxis, and injury documentation. NGH partners directly with SAC and the affiliated Our Kids Clinic to ensure comprehensive and age-appropriate medical care for children and adolescents.

(d):

According to the agency's PREA Policy:

- The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers.

The agency has established written agreements with outside entities to ensure advocacy and law enforcement support. The MOU with SAC formalizes the provision of crisis advocacy, emotional support, accompaniment during forensic exams, and assistance during investigative interviews. The draft MOU with the Metro Nashville Police Department outlines that MNPD will respond to, investigate, and share findings for all sexual assault allegations, ensuring coordination with the Department of Children's Services and the Program Director.

(e):

The agency's PREA Policy states:

- As requested by the victim, the victim advocate, qualified agency staff member, 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.

The ROP Coordinated Response Plan and the Notification and Responsibility Tree direct staff to contact SAC immediately following a report to ensure that advocacy services are available prior to or during the examination.

(f):

According to the agency's PREA Policy:

- To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of PREA standard 115.321.

The draft MOU with the Metro Nashville Police Department (MNP) outlines these expectations and specifies that MNP will respond to and investigate all sexual assault allegations at the facility in accordance with PREA evidence-handling requirements. Email correspondence reviewed between facility administrative staff and the Metro PD administrative office confirmed ongoing coordination regarding the adoption of this MOU. While the agreement has not yet been formally signed, the most recent correspondence, dated October 20, 2025, indicated that a Lieutenant and Captain with Metro PD had forwarded the document through their chain of command for final departmental approval.

(h):

As per the agency's PREA Policy:

- A qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The ROP SES Zero-Tolerance Acknowledgment Form and the PREA/SES Staff Training Lesson Plan demonstrate that staff receive training on evidence preservation, reporting duties, victim support, and trauma-informed response procedures.

Interviews with Facility Leadership and Staff:

Interviews with the Program Director, Executive Director, and PREA Compliance Manager confirmed that each demonstrated a strong understanding of the agency's evidence-handling and sexual abuse response protocols. Leadership clearly articulated the coordinated steps required under the ROP SES Coordinated Response Plan, including immediate victim protection, scene preservation, medical response, and documentation requirements.

Twelve randomly selected security staff consistently and accurately described their responsibilities following a report of sexual abuse, including the immediate separation of the alleged victim and suspect, preservation of any potential physical evidence, and prompt notification to the Shift Supervisor, Program Director, and PREA Compliance Manager. Each staff member also confirmed awareness that victims are transported to Nashville General Hospital for forensic medical services provided by a SANE nurse, accompanied by an advocate from the Sexual Assault Center.

In addition, the facility nurse (LPN) and mental health professionals were interviewed and confirmed their understanding of and participation in the coordinated response process. The LPN described the steps taken when a report is received, including stabilizing the youth, notifying the Shift Supervisor and Program Director, and arranging for transport to Nashville General Hospital for a forensic medical examination. The nurse explained that medical staff do not perform evidence collection on-site but ensure the youth's immediate safety, document

observations, and coordinate with law enforcement and the Sexual Assault Center advocate to maintain chain of custody and confidentiality.

Mental health clinicians confirmed they provide crisis intervention, emotional support, and follow-up counseling in accordance with the ROP Coordinated Response Plan and PREA standards. They further explained that mental health staff are able to participate in post-incident debriefings, safety planning, and trauma assessments, ensuring youth receive both medical and psychological care in a trauma-informed manner. Both the nurse and mental health professionals emphasized that victims are never billed for services and that care is provided regardless of whether the youth chooses to participate in a law enforcement investigation.

Interviews also confirmed that a contracted physician visits the facility twice per week to provide routine and follow-up medical care. The physician is available to assist with medical evaluations related to PREA incidents as needed, ensuring continuity of care following any forensic examination or emergency treatment. The LPN and mental health staff noted that outside referrals to medical or behavioral health specialists are available when clinically indicated, depending on the nature of the incident or specific needs of the youth involved.

Overall, staff interviews confirmed consistent understanding and implementation of evidence protocol, forensic response, and victim advocacy procedures. All personnel demonstrated knowledge of the designated SANE provider, the availability of 24/7 advocacy through SAC, and the agency's zero-tolerance approach to sexual abuse and harassment.

Website Reviews for The Sexual Assault Center (SAC) and Nashville General Hospital (NGH):

- The SAC website confirms that the center provides 24/7 advocacy, crisis intervention, and accompaniment during forensic medical exams conducted at local hospitals including NGH. SAC services are confidential, free of charge, and available to youth.
- The Nashville General Hospital website confirms that its Emergency Department hosts a dedicated SANE Program staffed by advanced-practice nurses who provide trauma-informed forensic exams for adults, adolescents, and children. Services include evidence collection, STI treatment, injury documentation, and coordination with SAC and the Our Kids Clinic for pediatric and adolescent survivors. Exams are available 24/7, and survivors may receive care without insurance or a police report.

PREA Investigative File Review:

The auditor verified through the PAQ, document review, and interviews that there were no reports of sexual abuse involving residents during the audit period since Rite of Passage (ROP) assumed operations in July 2022. All staff and resident interviews consistently confirmed that they were not aware of any incidents,

	<p>allegations, or investigations involving sexual abuse or sexual harassment at the facility. The auditor also contacted the Tennessee Department of Children’s Services (DCS) Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.</p> <p>Furthermore, the auditor’s review of seven randomly selected resident grievances from 2025 found no reports of sexual abuse or sexual harassment. However, one grievance alleged that a resident had touched a staff member’s buttocks. The Program Director promptly investigated the allegation, reviewed surveillance footage, conducted staff and resident interviews, and implemented corrective measures. The Administrative Investigation Report demonstrated a thorough and objective investigation consistent with the ROP Administrative Investigation and Coordinated Response procedures. As a corrective step, additional mid-level supervisors (Group Leaders) were added to enhance staff supervision and reinforce professional boundaries.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.322 - Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Agency’s Reporting & Investigation Policy • ROP Website (https://riteofpassage.com/safe-standards) • ROP SES/PREA Administrative Investigation Report Instructional Form • Internal Notice of Potential SES Incident • ROP SES Coordinated Response Plan Form • ROP SES/PREA Administrative Investigation Report Form • PREA Response Flow Chart

- PREA Notification and Responsibility Tree (for team members)
- Memorandum of Understandings (MOUs)
- PREA Investigative File Review
- Local Hospital Website Review (Nashville General Hospital)
- Email Communications from the Administrative Staff from Metro Nashville Police Department
- Resident Grievance and Follow-up Investigation
- Phone & Email Correspondence from the TN Department of Children's Services Statewide PREA Coordinator

Interviews:

- 12 Randomly Selected Security Staff
- Program Director (Administrative Internal PREA Investigator)
- PCM (Administrative Internal PREA Investigator)
- Executive Director
- Full-time Mental Health Professional
- Full-time Medical Professional (LVN)
- TN DCS Statewide PREA Coordinator

Explanation of Determination:

115.322 (a-c):

(a):

According to the agency's PREA Policy:

- The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations that may constitute criminal behavior are referred immediately to an outside law enforcement agency with legal authority to conduct criminal investigations, while all other allegations are investigated administratively by trained internal staff.

The facility uses several standardized documents to ensure reporting and referral consistency, including the Internal Notice of Potential SES Incident, the ROP Coordinated Response Plan, and the ROP Administrative Investigation Report Form. These forms require documentation of notifications to the Tennessee Department of Children's Services (DCS), law enforcement, and facility leadership within 24 to 48 hours of receiving an allegation.

(b & c):

As per the agency's PREA Policy:

- The agency shall have in place a policy 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.

- The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

At the facility level, the Program Director and PCM are the only designated administrative internal PREA investigators. Both have successfully completed the specialized investigator training required by §115.334, which includes instruction on evidence preservation, interviewing techniques, credibility assessment, and applying a preponderance of evidence standard.

In addition, interviews with both investigators confirmed that all allegations, regardless of the source, are taken seriously and referred to appropriate external entities when warranted. Upon receiving an allegation, the Shift Supervisor completes an incident report and Internal Notice Form, which are immediately routed to the Program Director and PCM. Within 60 minutes, the facility notifies DCS and the Metro Nashville Police Department (MNPd) when the allegation appears to involve criminal conduct.

The auditor confirmed that the agency's public website includes the Safe Environmental Standards page, which states that "allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior." The website further indicates that an administrative investigation will be completed for all allegations of sexual abuse and sexual harassment and publicly reinforces the agency's zero-tolerance commitment under the PREA standards (<https://riteofpassage.com/safe-standards>).

Furthermore, as noted in the previous standard explanation section, email correspondence between facility administrators and MNPd command staff, including communication dated October 20, 2025, confirmed that the MOU between the facility and MNPd—detailing law enforcement's investigative responsibilities—has been forwarded through the department's chain of command for final review and approval. Until the agreement is formally executed, the facility continues to refer all qualifying sexual abuse allegations to MNPd and DCS.

Interviews with Staff and Medical/Mental Health Personnel:

Staff interviews demonstrated a robust understanding of reporting and referral procedures. Security staff consistently described that any allegation of sexual abuse or sexual harassment must be immediately reported to the Shift Supervisor and documented using an incident report. The PCM and Program Director are notified immediately and determine whether the allegation should be referred to law enforcement and DCS.

The facility's LVN and mental health professional confirmed their understanding of the referral process and their roles in supporting internal and external investigations. The LVN described that all potential forensic or medical matters are referred to Nashville General Hospital for SANE/SAFE evaluation and that medical staff assist investigators by providing documentation and maintaining confidentiality. The mental health professional confirmed that clinical staff provide emotional support, participate in post-incident debriefings, and assist with follow-up services for victims as outlined in the Coordinated Response Plan.

Interviews with the Program Director and PCM confirmed that they would be the primary point of contact with DCS and MNPD throughout the investigative process. Both administrative investigators stated that all findings are reviewed by regional compliance staff to ensure objectivity and consistency with agency-wide PREA standards.

PREA Investigative File Review:

The auditor verified through the PAQ, document review, and interviews that there were no reports of sexual abuse involving residents during the audit period since Rite of Passage (ROP) assumed operations in July 2022. All staff and resident interviews consistently confirmed that they were not aware of any incidents, allegations, or investigations involving sexual abuse or sexual harassment at the facility. The auditor also contacted the Tennessee Department of Children's Services (DCS) Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.

Furthermore, the auditor's review of seven randomly selected resident grievances from 2025 found no reports of sexual abuse or sexual harassment. However, one grievance alleged that a resident had touched a staff member's buttocks. The Program Director promptly investigated the allegation, reviewed surveillance footage, conducted staff and resident interviews, and implemented corrective measures. The Administrative Investigation Report demonstrated a thorough and objective investigation consistent with the ROP Administrative Investigation and Coordinated Response procedures. As a corrective step, additional mid-level supervisors (Group Leaders) were added to enhance staff supervision and reinforce professional boundaries.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>PREA Standard 115.331 - Employee Training</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Samples of PREA Training Verifications (Initials & Refreshers) • ROP PREA/SES Staff Training Lesson Plan (6/20/2017) • ROP PREA/SES Staff Training Presentation (8/25/2020) • PREA Training Sessions - Rite of Passage Curriculum • ROP SES Zero-Tolerance Acknowledgement • ROP Policy and Procedure (PREA) Acknowledgement (Form #600.600) <p>Interviews:</p> <ul style="list-style-type: none"> • 12 Randomly Selected Security Staff • PCM <p>Explanation of Determination:</p> <p>115.331 (a-d):</p> <p>(a):</p> <p>According to the agency's PREA Policy:</p> <ul style="list-style-type: none"> • The agency shall train all employees who may have contact with residents on: <ul style="list-style-type: none"> ◦ Its zero-tolerance policy for sexual abuse and sexual harassment; ◦ How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; ◦ Residents' right to be free from sexual abuse and sexual harassment; ◦ The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; ◦ The dynamics of sexual abuse and sexual harassment in juvenile facilities; ◦ The 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; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Relevant laws regarding the applicable age of consent.

The auditor reviewed the ROP Safe Environment Standards (SES) PREA Training Curriculum, which was found to comprehensively address all elements required under this standard. The curriculum ensures staff competency in both knowledge and practice, with lesson plan objectives that include instruction on the agency's zero-tolerance policy, definitions and dynamics of sexual abuse and sexual harassment, grooming behaviors and red-flag indicators, healthy boundaries, professional communication techniques, LGBTI sensitivity and inclusivity, mandatory and external reporting requirements, and retaliation prevention protocols.

During interviews, all staff affirmed that they received PREA training prior to having any contact with residents and continue to participate in annual refresher sessions. Staff described the training content as extensive and practical—covering mandatory reporting obligations, first responder duties, professional boundaries, trauma-informed care principles, zero tolerance and retaliation policies, safe supervision and observation practices, and identifying early behavioral warning signs of sexual abuse or harassment. They further emphasized that the training incorporates strategies on how to communicate respectfully and effectively with all youth, including those who identify as LGBTI or gender non-conforming, and that the agency's "See Something, Say Something, Do Something" model is consistently reinforced throughout the curriculum to promote vigilance, accountability, and proactive prevention.

(b):

As per the agency's PREA Policy:

- Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

Training materials reviewed confirmed inclusion of gender-responsive content, adolescent development topics, and communication guidance for working with LGBTI and gender nonconforming youth.

(c):

ROP policy requires that employees receive PREA refresher training at least every two years. However, documentation and interviews verified that the facility

conducts this refresher training annually. In addition to the annual refresher sessions, staff receive supplemental PREA-related training and information throughout the year. These include online modules through ROP University (UKG), shift briefing discussions, training bulletins, email communications, and posted notices addressing PREA topics and policy updates. These ongoing methods ensure that staff remain informed of current sexual safety policies, reporting requirements, and procedural expectations.

(d):

According to the agency's PREA Policy:

- The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The auditor reviewed samples of these signed forms within personnel files with the assistance of the PCM during the onsite review. All twelve staff members randomly selected by the auditor from the facility's employee roster were found to have completed the required PREA training prior to having contact with residents, with corresponding annual refresher training verifications also on file.

All interviewed staff indicated they were required to complete post-training knowledge assessments and online quizzes with a minimum competency score required for successful completion, followed by signing acknowledgment forms confirming their understanding of the material. The auditor was provided copies of the completed assessments and acknowledgment forms for each of the twelve staff reviewed.

Additionally, the auditor verified that the agency utilizes the UKG (ROP University) online training platform to deliver and track PREA-related coursework for employees. Documentation provided by the agency listed ten PREA/SES e-learning modules available within the UKG system, each containing defined learning objectives, estimated completion times, and embedded knowledge checks to confirm comprehension. The modules collectively account for approximately seven hours of content and include instruction on all key PREA training topics, including zero tolerance, prevention planning, reporting procedures, professional boundaries, supervision and searches, trauma and adolescent development, SOGIE considerations, and staff supervision responsibilities. Each module concludes with an integrated assessment to verify understanding.

Correspondence reviewed confirmed that the UKG Administrator manages the assignment and maintenance of these modules for staff and provides updated course information as new PREA content is released. The agency supplements these online courses with in-person training, shift briefings, and informational updates throughout the year. The UKG training platform is fully implemented at the facility and allows staff to complete required courses at their own pace. During interviews, several staff reported that the system permits them to retake modules as needed to reinforce comprehension of the material.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard §115.332 - Volunteer and Contractor Training</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency PREA Policy • PAQ • Independent Contractor and Volunteer Training Lesson Plan • PREA Training PowerPoint for Volunteers/Contractors • PREA Training Acknowledgments and Knowledge Assessment Test • Zero Tolerance Policy Acknowledgment Forms • Volunteer/Contractor Information Handout • Signed Training Verifications • ROP Visitor/Vendor Daily Log <p>Interviews:</p> <ul style="list-style-type: none"> • Two Contractors • One Religious Volunteer <p>Explanation of Compliance Determination</p> <p>§115.332 (a-c)</p> <p>(a):</p> <p>The agency’s PREA Policy requires that all volunteers and contractors who may have contact with residents receive training on their responsibilities for the prevention, detection, and response to sexual abuse and sexual harassment. The auditor interviewed two contractors and one volunteer, all of whom confirmed receiving PREA training prior to any contact with residents. Each accurately recalled key training components, including zero tolerance for sexual abuse and harassment, mandatory reporting procedures, maintaining appropriate boundaries, recognizing grooming behaviors and red flags, and protecting against retaliation for reporting.</p> <p>The facility provided a structured and detailed training curriculum tailored to</p>

volunteers and contractors. The Independent Contractor/Volunteer Lesson Plan outlines a 1.5-hour interactive training that includes a PowerPoint presentation, facilitated discussion, group activities, and a knowledge assessment. The curriculum covers all required PREA topics, including definitions of sexual abuse and sexual harassment, reporting responsibilities, recognizing signs of abuse, and maintaining professional conduct with youth. It also includes juvenile-specific considerations such as:

- The prohibition of cross-gender pat-downs and searches
- Communication with LGBTI youth
- Understanding age-of-consent and mandatory reporting laws
- Supporting youth with disabilities or limited English proficiency
- Dynamics of abuse, including grooming behaviors and the code of silence

The auditor verified that all individuals, regardless of role, receive a comprehensive training that meets and often exceeds minimum content requirements. Medical and mental health contractors receive additional specialized training as appropriate for their clinical responsibilities, aligning with PREA Standard 115.335.

(b):

Agency policy specifies that the level and type of training provided to volunteers and contractors is based on the nature and extent of their contact with residents. At a minimum, all volunteers and contractors are trained on the agency's zero-tolerance policy and procedures for reporting suspected or actual sexual abuse or sexual harassment. The auditor verified that all individuals, regardless of role, receive comprehensive training that meets or exceeds the minimum content requirements. Medical and mental health contractors receive additional specialized instruction relevant to their professional responsibilities, consistent with PREA Standard §115.335.

(c):

The facility maintains documentation verifying that volunteers and contractors understand the training they have received. Reviewed files included signed Zero Tolerance Acknowledgment Forms, completed Knowledge Assessment Tests, and training sign-in sheets. These records confirm that comprehension is assessed and documented.

During onsite interviews, the auditor spoke with one educational contractor, one mental health contractor, and one religious volunteer. Each individual confirmed completing PREA training prior to having contact with residents and signing training acknowledgments of understanding. They also reported receiving periodic refresher training and working closely with the PCM to ensure all required sessions are completed in a timely manner.

In addition to the initial and refresher training requirements, all visitors, contractors, and vendors are required to review and sign the ROP Visitor/Vendor Daily Log Sheet

	<p>(see ROP Visitor/Vendor Daily Log Sheet). This document contains a prominently displayed zero-tolerance statement that serves as a training acknowledgment and affirmation that the individual understands and agrees to comply with all PREA-related safety and reporting requirements while on site. The form must be signed and dated upon entry, reinforcing PREA awareness and compliance expectations for every visitor or service provider who enters the secure area.</p> <p>All individuals confirmed that they are required to sign the Visitor/Vendor Log upon entry and undergo a search prior to entering the secure area. Each interviewee accurately described the facility's mandatory reporting protocols for any suspicion or knowledge of sexual abuse or sexual harassment. They stated that any such concerns must be immediately reported to a Shift Supervisor, PCM, or another administrative staff member; that the alleged victim must be kept safe and separated from any threat of further harm; that written documentation such as an Incident Report or witness statement must be completed; and that proper authorities must be notified without delay. These individuals demonstrated a clear understanding of the agency's zero-tolerance policy, mandatory reporting requirements, professional boundaries, recognition of grooming and red-flag behaviors, and the obligation to protect youth from abuse, harassment, bullying, or retaliation for reporting.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.333 - Resident Education</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Samples of PREA Orientation Verification Documents • Samples of PREA Comprehensive PREA Education Documents • Resident Handbook (Spanish and English Versions) • PREA Orientation & Comprehensive PREA Education Documents • PREA Signs and Posters • Corrective Action Proof Documentation

Interviews:

- 6 Randomly Selected Residents
- 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening)
- Intake Officer
- Case Manager
- Program Manager
- PCM

Site Review Observations:

During the onsite audit, the auditor observed PREA signs and posters in both English and Spanish prominently displayed in accessible areas throughout the facility, including housing units, classrooms, hallways, and intake and medical areas. The signs were easy to read, undamaged, and strategically placed for resident accessibility. The posted materials contained information consistent with PREA requirements, including the agency's zero-tolerance policy, residents' rights to be free from sexual abuse, sexual harassment, and retaliation, the multiple internal and external ways to make a report, and contact information for outside reporting entities and support services.

While inspecting the housing units (Pods), the auditor engaged several residents in informal discussions about the PREA materials on the walls, the grievance process, and the reporting options available. Residents were able to identify the PREA posters and explain their purpose. The auditor also confirmed that PREA informational documents were present in resident rooms and that residents had access to writing utensils, grievance forms, and secure grievance, mail, and sick call boxes located in each Pod.

The auditor made test calls to three outside reporting entities—Tennessee Department of Children's Services, the Sexual Assault Center, and RAINN—and all were successful. Residents can access these numbers from housing-unit telephones, intake or medical area phones, or cordless facility phones when necessary.

The auditor also observed an intake in progress, during which the Intake Officer conducted the PREA orientation in her private office setting within the Intake Unit. The officer reviewed the zero-tolerance policy, explained the facility's reporting procedures, and provided the youth with printed PREA materials, including the Davidson County Youth Pre-Trial Housing Student Handbook, the PREA brochure, and acknowledgment documents. The Intake Officer ensured comprehension by asking the resident to restate key information and clarify understanding before both parties signed the PREA acknowledgment form.

The auditor reviewed the Resident Handbook, which is provided to all youth upon admission and available in both English and Spanish. The handbook includes a dedicated section outlining residents' rights and responsibilities under the agency's zero-tolerance policy for sexual abuse, sexual harassment, and retaliation. It clearly

defines what constitutes abuse, describes multiple internal and external reporting options, and emphasizes that all abuse is wrong and everyone deserves to be protected at all times while in the facility. The handbook lists the toll-free Child Abuse Hotline (1-877-237-0004)—noting that it is also posted throughout the building—and advises youth that the Tennessee Department of Children’s Services investigates all reports of abuse or neglect. It further assures residents that their identity will remain confidential when making a report and that they will not face retaliation for reporting sexual abuse or harassment. The handbook also reiterates that Rite of Passage maintains a zero-tolerance policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior, referencing PREA Standard §115.311.

Explanation of Determination:

115.333 (a-f):

(a):

According to the agency’s PREA Policy:

- During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The auditor was provided with the PREA-related documents used during the intake process to inform residents of these requirements. This packet includes the agency’s zero-tolerance policy, written instructions describing multiple internal and external reporting options, and an acknowledgment form used to verify each youth’s understanding. The acknowledgment form must be signed by both the resident and the staff member completing the intake, documenting that the PREA orientation was presented and comprehended. Samples of these signed acknowledgment forms were provided to the auditor and demonstrated consistent completion and filing as part of the intake process.

The auditor interviewed a representative sample of ten residents to assess the facility’s implementation of this requirement. The majority of residents confirmed that they received PREA information when they first arrived at the facility and recalled being informed of the agency’s zero-tolerance policy and the various ways to report sexual abuse or sexual harassment. Most residents accurately described at least two or more reporting options, including making a verbal report to a trusted staff member, submitting a grievance, informing a parent or guardian, confiding in a peer, writing a letter, making an anonymous report through the grievance process, or contacting an outside abuse hotline.

Four of the ten residents interviewed, however, reported that they did not recall receiving PREA information during intake or participating in any additional PREA education session within the first ten days of their arrival. The remaining six

residents demonstrated a clear understanding of the information provided, were able to explain in their own words what “zero tolerance” means, and accurately described multiple reporting methods available at the facility.

(b):

As per the agency’s PREA Policy:

- Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The auditor reviewed the comprehensive PREA education video and supporting materials. The content was found to be age-appropriate and detailed, providing information on residents’ rights to be free from sexual abuse, harassment, and retaliation, as well as agency response procedures. Documentation verified that each comprehensive session is recorded on an acknowledgment form signed by both the resident and the presenting staff member.

Interviews revealed that six residents recalled receiving the comprehensive PREA education within ten days of admission, typically facilitated by their assigned Case Manager. These residents confirmed that the information covered all required topics and was presented both verbally and through the PREA education video. However, four residents reported that they did not receive either the initial orientation or the comprehensive PREA education within the first ten days of their arrival. These residents stated that they were only recently—within the week prior to the onsite audit—provided any PREA information or education materials.

The Case Manager and Program Manager explained during their individual interviews with the auditor that a Case Manager meets individually with each new resident within 24-48 hours of admission to review the PREA material and show the education video. Staff ensure comprehension by asking residents to summarize key concepts and respond to example scenarios about reporting responsibilities.

(c):

According to the agency’s PREA Policy:

- Residents shall 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.

The PCM and Program Manager confirmed that all residents are reoriented to the facility’s PREA procedures upon arrival, regardless of whether they are newly admitted or returning to the program. Documentation of each reorientation session is maintained to verify compliance with this requirement.

(d):

The agency's PREA Policy states:

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

During the onsite, the auditor reviewed the facility's PREA orientation and education materials and verified that Spanish-language PREA brochures, handbooks, and posters are available and posted in multiple areas of the facility, including the Intake Unit and housing units. The auditor also observed a posting for the facility's contracted language translation service, LanguageLine, which included the account number and PIN. However, there was no evidence provided indicating that this service has been utilized to communicate PREA information to Spanish-speaking or other LEP residents.

As detailed in Section 115.316 of this report, three residents identified as limited English proficient were interviewed with the assistance of a translation tool. Each resident stated that they had not been provided PREA information in a language they understood, had not viewed the PREA education video, and could not explain what PREA stands for, what zero tolerance means, or how to report sexual abuse, sexual harassment, or retaliation. Likewise, two residents receiving special education services reported they were not informed about PREA during intake or any subsequent education sessions and were unaware of available reporting mechanisms.

The auditor concluded that while PREA materials are available in Spanish and interpreter services are posted, these resources are not consistently utilized during intake or follow-up education sessions. There was no documentation verifying that accommodations were provided for residents with disabilities or LEP, nor evidence that comprehension was confirmed before acknowledgment forms were signed.

Based on the review and analysis of available evidence, the auditor determined that the facility has not ensured that residents with disabilities and those who are limited English proficient have equal access to PREA education and information. Corrective action is required to ensure that all residents receive PREA education in a manner they can understand, that interpreter services and communication aids are actively used when needed, and that documentation of these efforts is consistently maintained.

(e & f):

According to the agency's PREA Policy:

- The agency shall maintain documentation of resident participation in these education sessions. In addition to providing such education, the agency

shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Resident PREA Orientation and Comprehensive Education File Review:

The auditor reviewed PREA orientation acknowledgment forms and comprehensive PREA education verification forms for twelve residents admitted within the past twelve months. These residents were randomly selected by the auditor prior to the onsite review. Documentation confirmed that the facility provided both the initial PREA orientation during intake and the comprehensive PREA education within ten days for the majority of the residents reviewed. However, one of the twelve files did not contain the required acknowledgment form for the comprehensive PREA education, while the remaining eleven residents had signed verification forms for both the orientation and the follow-up education session.

Non-Compliance Summary:

Based on the review of documentation, interviews, and onsite observations, the auditor determined that the facility has not consistently met all requirements of PREA Standard §115.333. While written materials and verification forms demonstrate that PREA orientation and education processes are established in policy, practice was found to be inconsistent. Four of the ten residents interviewed reported that they did not receive any PREA information during intake or within the first ten days of admission. Additionally, the facility has not ensured that residents with limited English proficiency and those with disabilities receive PREA education in a manner they can understand. Interpreter services and communication supports were not documented as being used, and there was no evidence that comprehension was verified prior to acknowledgment forms being signed. One resident file also lacked documentation of the comprehensive PREA education required within ten days of intake.

- Corrective action is required to ensure:
- All residents receive PREA orientation at intake and comprehensive education within ten days of admission;
- Interpreter services, bilingual materials, and communication accommodations are actively utilized and documented for residents with LEP or disabilities;
- Comprehension is confirmed before acknowledgment forms are signed; and
- Documentation of all PREA orientation and education sessions is consistently maintained in resident files.

Corrective Action Documentation Review & Compliance Summary:

During the corrective action period, the PCM provided the auditor with the following corrective action proof documentation to address the deficiencies identified above:

- Corrective Action Plan (CAP) signed by facility leadership;
- Updated Student Handbook Acknowledgement form;
- Updated Student Acknowledgement of Zero Tolerance Policy form;
- Updated Student Additional Education Acknowledgement form;
- Staff training verification documents; and
- Examples of completed acknowledgement forms for a sample of residents.

This plan outlines the facility's commitment to address the deficiencies of non-compliance for this PREA standard. Furthermore, in order to demonstrate how the facility has successfully implemented the corrective action in practice, the PCM provided the auditor with completed examples of updated student PREA orientation and additional education acknowledgement forms for a sample of residents admitted during the corrective action period. Additionally, it is important to note that the updates made on the Student Acknowledgement of Zero Tolerance Policy and Additional Education Acknowledgement forms include the following instructions for how an Intake Staff member should process a juvenile who is limited English proficient or has a problem understanding the PREA information as normally provided:

- (Voiance) Language Line Interpreter Services
- 800-481-3289
- Account Information Included, with PIN
- Student Signature and Date

Additionally, the training verification documentation indicates that the following training topics were provided to Intake Staff and Case Managers:

PREA refresher training;

- Review of each of the three updated student acknowledgement forms and corresponding procedures;
- Directive for Case Managers to provide additional PREA student education within 48 hours of admission into the facility;
- LanguageLine Interpreter Services (Voiance) procedures for non-English speaking youth; and
- Review of student PREA brochure and PREA educational videos (English & Spanish).

Conclusion:

Based upon the review and analysis of all the available evidence, including the corrective action documentation provided, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.

115.334	Specialized training: Investigations
	<p data-bbox="331 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 247 594 279">Auditor Discussion</p> <hr/> <p data-bbox="331 319 1240 350">PREA Standard 115.334 - Specialized Training: Investigations</p> <p data-bbox="331 390 1008 422">Evidence Reviewed to Determine Compliance:</p> <ul data-bbox="396 485 1438 632" style="list-style-type: none"> • Agency's PREA Policy • PAQ • Samples of Specialized Training Verifications for Administrative Investigators • Specialized Training for Investigators Curriculum (ROP Module 13.44) <p data-bbox="331 669 496 701">Interviews:</p> <ul data-bbox="396 764 1284 795" style="list-style-type: none"> • Internal Administrative Investigators (Program Director and PCM) <p data-bbox="331 835 776 867">Explanation of Determination:</p> <p data-bbox="331 905 537 936">115.334 (a-c):</p> <p data-bbox="331 974 383 1005">(a):</p> <p data-bbox="331 1043 841 1075">According to the agency's PREA Policy:</p> <ul data-bbox="396 1138 1406 1285" style="list-style-type: none"> • In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. <p data-bbox="331 1323 1438 1627">The facility has designated the Program Director and the PREA Compliance Manager (PCM) as the two administrative internal investigators responsible for handling PREA-related administrative investigations. Both individuals have successfully completed the required specialized investigator training as outlined under ROP Module 13.44 – Investigator Training. This curriculum provides 9.75 hours of self-directed, PREA-specific investigator instruction and meets the content requirements of this PREA standard. Training verification documentation for each investigator was provided and reviewed by the auditor.</p> <p data-bbox="331 1665 383 1696">(b):</p> <p data-bbox="331 1734 760 1766">As per the agency's PREA Policy:</p> <ul data-bbox="396 1829 1438 1934" style="list-style-type: none"> • Specialized training shall include 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 prosecution referral.

The auditor reviewed the ROP Module 13.44 Investigator Training documentation and verified that the curriculum includes the following required modules:

- Module 1: PREA Update and Standards Overview
- Module 2: Legal Issues and Liability
- Module 3: Culture
- Module 4: Trauma and Victim Response
- Module 6: First Response and Evidence Collection (2 hours)
- Module 7: Juvenile Interviewing Techniques
- Module 8: Report Writing
- Module 9: Prosecutorial Collaboration

Both the Program Director and PCM completed the full 9.75-hour training and signed the corresponding training verification forms. Interviews with both internal investigators confirmed that the training included all of the required topics. They were able to clearly articulate their investigative process, including steps taken from the initial report through the conclusion of the investigation: ensuring victim safety, initiating immediate notifications to law enforcement and victim services, gathering and preserving evidence, interviewing youth and staff, documenting findings, and completing the Administrative Investigation Report within required timeframes.

The internal investigators further explained that their findings are reviewed by the Regional Compliance Director and agency-wide PREA Coordinator to ensure consistency with PREA standards and the ROP Safe Environmental Standards.

(c):

The agency's PREA Policy states: The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Training verification forms for both the Program Director and PCM were provided to the auditor, confirming successful completion of the specialized investigator curriculum. These records are retained in the employees' training files and reviewed annually to ensure continued compliance with the training and refresher requirements.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.335 - Specialized Training: Medical and Mental Health Care

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- Samples of Specialized Training Verifications for Medical & Mental Health Care Professionals
- Specialized Training Curriculum for Medical & Mental Health Care Professionals

Interviews:

- Full-Time Medical Professional (LPN)
- Full-Time Mental Health Professional (MHP)
- Contracted Licensed Professional Counselor (LPC)

Explanation of Determination:

115.335 (a-d):

(a):

According to the agency's PREA Policy:

- The agency shall 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;
 - How to preserve physical evidence of sexual abuse;
 - How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor was provided the specialized PREA training curriculum required for all medical and mental health practitioners assigned to the facility. The materials reviewed confirmed that the content includes all required topics under this provision. Each professional interviewed confirmed participation in this specialized PREA training, in addition to completion of the annual agency-wide PREA training required under §115.331.

(b):

The auditor confirmed through staff interviews and documentation that the facility does not perform forensic medical examinations on site. When a forensic examination is necessary, the resident is transported to the local hospital where a certified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) conducts the examination in accordance with PREA standards.

(c):

The agency's PREA Policy states:

- The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Training records for the facility's medical and mental health personnel—including two licensed vocational nurses, one full-time mental health professional, and one contracted licensed professional counselor—were reviewed. Each record contained a completed Rite of Passage Staff Training and Development Documentation form indicating the staff member's participation in four self-study modules totaling six hours of specialized PREA content:

- Detecting and Assessing Signs of Sexual Abuse and Harassment
- Reporting and the PREA Standards
- Effective and Professional Responses
- The Medical Forensic Examination and Forensic Evidence Preservation

While the documentation confirmed that all required training modules were completed, the auditor noted that these practitioners began providing services to residents prior to completing the specialized training. This practice does not comply with the requirements of §115.335, which mandates completion of the specialized training before practitioners have contact with residents.

(d):

According to the agency's PREA Policy:

- Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.

The auditor confirmed through staff interviews and training documentation that all practitioners had completed the agency's employee-level PREA training in addition to the specialized modules described above.

Non-Compliance Summary:

	<p>Based on the review of documentation and interviews with medical and mental health staff, the auditor determined that the facility has not fully met the requirements of PREA Standard §115.335. Although specialized training has been completed by all practitioners and the curriculum includes all required topics, documentation shows that this training occurred after the practitioners had already begun providing services to residents. This delay places the facility out of compliance with the requirement that specialized training be completed prior to resident contact.</p> <p>Corrective Action Documentation Review & Compliance Summary:</p> <ul style="list-style-type: none"> • All current medical and mental health practitioners have successfully completed the specialized PREA training as of the date of this Interim Report. • The facility will implement a tracking process to ensure verification of training completion during the initial onboarding process and prior to assignment, confirming that all medical and mental health professionals providing services at the facility have completed the required specialized PREA training before having any contact with residents. • Documentation of specialized training will be maintained in an organized and readily accessible format for future audit verification. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence and corrective actions implemented, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.341 - Screening for Risk of Sexual Victimization and Abusiveness
	Evidence Reviewed to Determine Compliance:
	<ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Risk Screening Form (ROP Davidson County Youth Pre-Trial Housing Facility - Vulnerability Assessment Instrument {VA}: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk) • Samples of Risk Screenings Completed

- Samples of Periodic Risk Screening Re-Assessments
- Staff PREA Training Curriculum & Verifications
- Room Assignment Instrument (ROP Davidson County Youth Pre-Trial Housing Facility) Form

Interviews:

- 6 Randomly Selected Residents
- 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening)
- Intake Officer
- Case Manager
- Program Manager
- PCM

Site Review Observations:

Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this standard. The PREA Student Vulnerability Assessment and Room Assignment Instrument forms were found to be securely maintained in a locked area under camera view, with no unrestricted access permitted. Each form was organized within resident intake files and properly labeled to ensure controlled access and confidentiality.

During the on-site visit, the auditor was permitted to observe an Intake Officer conduct the agency's Vulnerability Assessment on a newly admitted resident. The Intake Officer conducted the screening in a private office located within the Intake Unit, maintaining a calm, professional tone throughout the process. She read each question clearly and at a measured pace, allowing the youth time to provide complete responses. The session was conducted in a confidential setting without interruptions, consistent with PREA expectations for privacy and sensitivity during risk screening.

Additionally, the auditor confirmed that the facility's Vulnerability Assessment Instrument evaluates key risk factors identified through the intake process, such as prior victimization, institutional experience, sexual orientation or gender identity, intellectual or developmental impairments, offense history, and behavioral indicators of potential sexual or violent aggressiveness. The companion Room Assignment Instrument links directly to the assessment results and requires Program Director or designee review within 24 hours, ensuring that room placements are based on individualized risk levels and that any overrides are appropriately documented and justified.

Explanation of Determination:

115.341 (a-e):

(a):

According to the agency's PREA Policy:

- Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The facility's Program Manager and an Intake Officer were individually interviewed onsite and each confirmed that the facility's Vulnerability Assessment and Room Assignment Instrument are completed during the intake process upon a youth's admission. They explained that these tools are used to effectively obtain and apply information about each resident's personal history, institutional experience, and behavioral indicators to reduce the risk of sexual abuse by or upon a resident.

The auditor examined the agency's Vulnerability Assessment Instrument and verified that this screening tool evaluates a range of factors including: prior history of victimization or sexually aggressive behavior, current or past violent offenses, institutional experience, perception of risk, intellectual or developmental disabilities, physical appearance, sexual orientation, gender identity, age, and overall social functioning. Each youth's responses and file review are scored to identify levels of risk for victimization (VV), sexual aggressiveness (SA), and violent aggressiveness (VA). The screening tool specifies that any resident identified as high-risk for victimization or aggressiveness will not be housed with another youth unless a documented override is approved and justified.

The Room Assignment Instrument directly links to the assessment results, documenting the youth's identified risk category and any additional considerations such as mental health, medical, or behavioral needs. It further requires Unit Manager and Program Director or designee review and approval within 24 hours, ensuring that placement decisions are based on individualized screening results and that any overrides are documented with rationale.

To assess compliance with the requirements of this PREA standard in practice, the auditor asked the residents interviewed (ten youth total) whether specific questions from the agency's Vulnerability Assessment were presented to them during the intake process. Each resident confirmed that they were asked questions consistent with those on the Vulnerability Assessment form. In addition, a sample of completed periodic risk screening re-assessments was reviewed, demonstrating that the facility conducts ongoing evaluations to ensure information about each resident's personal history and behavior is regularly updated and used to continually reduce the risk of sexual abuse or victimization during confinement.

(b & c):

The agency's PREA Policy states: Such assessments shall be conducted using an objective screening instrument. At a minimum, the agency shall attempt to

ascertain information about:

- Prior sexual victimization or abusiveness;
- 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;
- Current charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The resident's own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Upon the auditor's review of the facility's Vulnerability Assessment Instrument, it was confirmed that the instrument functions as an objective screening tool designed to comply with the requirements of this PREA standard and to reduce the risk of sexual abuse by or upon a resident. The auditor verified that the assessment incorporates all elements required under this standard, and no issues of non-compliance were identified. Samples of completed assessments were also reviewed, demonstrating consistent use of the tool in practice.

In addition, the auditor examined a sample of completed Vulnerability Assessments to determine whether any youth identified as being at risk of sexual victimization or abusiveness had been assigned to a multiple-occupancy room. None of the sampled cases involved such placements. All youth identified as being at elevated risk were housed in single-occupancy rooms, consistent with the agency's Safe Environment Standards and the facility's commitment to individualized housing decisions that prioritize resident safety.

During interviews, the Intake Officer and Program Manager described how the questions on the Vulnerability Assessment are presented to ensure accuracy and validity of responses. They explained that some questions—such as those regarding age, offense history, or diagnosed disabilities—are objective and straightforward, while others are more subjective and sensitive in nature. For this reason, risk screenings are conducted in a private, confidential setting to ensure the youth feels safe, comfortable, and able to respond honestly.

Both staff emphasized the importance of the Vulnerability Assessment in determining appropriate housing and supervision decisions. They explained that the assessment is a critical tool for ensuring that no youth identified as being at risk of sexual victimization or likely to exhibit sexually aggressive behavior is ever placed in a room with another resident. The Intake Officer further stated that housing

decisions are not finalized until the VA is reviewed by supervisory staff and cross-referenced with the Room Assignment Instrument to confirm that placements are consistent with safety considerations and PREA requirements. The Program Manager added that these reviews are routinely discussed in intake meetings and at shift handovers to ensure that all staff are aware of any youth who require heightened monitoring or individualized safety precautions.

(d):

According to the agency's PREA Policy:

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

The Program Manager and Intake Officer described the process of gathering information through direct conversation and review of intake paperwork as a critical element in ensuring the accuracy and validity of the risk screening. They explained that combining discussions with the youth, file reviews, and behavioral observations enables staff to comprehensively assess each resident's background and potential vulnerabilities, ensuring that individualized screening results accurately inform housing and supervision decisions.

(e):

According to the agency's PREA Policy:

- The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The Program Manager and Intake Officer confirmed that all sensitive information obtained through the Vulnerability Assessment is securely maintained in a locked area under continuous camera surveillance. Access to these records is strictly limited to authorized personnel whose job duties require such access, in accordance with agency policy.

Staff PREA Training Review:

Upon review of the PREA training curriculum, lesson plans, and presentation materials provided to all staff, the auditor confirmed that training on this topic is comprehensive and consistent with the requirements of this standard. The training reinforces the importance of maintaining confidentiality, appropriately handling sensitive information, and restricting dissemination of risk screening results. These expectations are covered during both pre-service and annual in-service refresher

	<p>sessions.</p> <p>Key training components include:</p> <ul style="list-style-type: none"> • Demographic Characteristics of Victims • National Standards and PREA Requirements • Students’ Right to Be Free from Sexual Harassment and Sexual Abuse • Youth Viewpoints and Perspectives • Agency PREA Policy and Safe Interactions • Red Flags and Misconduct Scenarios • Maintaining Professional Boundaries • Challenges and Supervision Support • Data and Perspectives from Students Who Have Been Victims • PREA Risk Screening for Vulnerability and Abusiveness • Risk Factors and Information Collection • Additional Information: Student Perceptions and Specific Needs • Assessment and Review Process • Interactive Supervision Role and Documentation • Housing Placements and LGBTQ Considerations <p>The auditor verified that these topics are consistent with the ROP PREA_SES Staff Training Lesson Plan (rev. 6/20/17) and PREA 101 Training Presentation (rev. 8/25/20), both of which emphasize confidentiality, secure data handling, and appropriate dissemination controls in alignment with the requirements of this PREA standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.342 - Placement of Residents</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Risk Screening Form (ROP Davidson County Youth Pre-Trial Housing Facility - Vulnerability Assessment Instrument {VA}: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk)

- Samples of Risk Screenings Completed
- Samples of Periodic Risk Screening Re-Assessments
- Staff PREA Training Curriculum & Verifications
- Room Assignment Instrument (ROP Davidson County Youth Pre-Trial Housing Facility) Form

Interviews:

- 6 Randomly Selected Residents
- 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening)
- Intake Officer
- Case Manager
- Program Manager
- PCM
- One Contracted Licensed Professional Counselor (LPC)
- One Full-Time Mental Health Professional (MHP)
- One Full-Time Medical Professional (LPN)

Site Review Observations:

During the onsite review, the auditor confirmed that none of the residents at the facility were isolated in a room as a result of a PREA-related situation. The auditor did not observe any form of specialized housing or segregation for youth who identify as LGBTI. All male residents were appropriately housed in male units, and the facility's one female resident was housed individually on a designated unit for female residents. Only female staff were assigned to work in this pod, consistent with agency policy and PREA requirements regarding cross-gender supervision and privacy.

The auditor also verified that all youth at the facility shower alone, and that each housing unit is equipped with individual, private shower areas designed to ensure privacy and compliance with PREA requirements. These showers allow residents to shower without being viewed by staff of the opposite gender, and procedures are in place to ensure sight and sound supervision while maintaining resident dignity and privacy.

Explanation of Determination:

115.342 (a-i):

(a):

According to the agency's PREA Policy:

- The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work

assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The auditor discussed the above procedures with the Program Manager, PCM, and an Intake Officer, all of whom clearly articulated how the Vulnerability Assessment and Room Assignment Instrument are used to determine the safest and most appropriate housing, bed, and program assignments. These staff members further explained that the Vulnerability Assessment results are reviewed immediately upon completion at intake to identify residents who may be vulnerable to victimization (VV), sexually aggressive (SA), or violently aggressive (VA). The screening outcomes are then recorded on the Room Assignment Instrument, which documents the resident's risk category along with any special management, behavioral, or medical considerations. The Unit Manager and Program Director (or designee) review and approve each room placement within 24 hours, in accordance with agency policy. The form also requires that any room assignment overrides be fully documented, justified, and signed by supervisory staff, ensuring accountability, transparency, and consistency in all housing decisions.

The PCM, Program Manager, and Intake Officer also clarified that if a Vulnerability Assessment indicates a youth is at risk of victimization or abusiveness, the management team—as well as medical and mental health staff—are promptly notified. In such cases, the youth is not permitted to share a room with another resident and is assigned to a single-occupancy room for the duration of their stay at the facility.

The auditor verified through review of completed Vulnerability Assessments and Room Assignment Instruments for the randomly selected sample group of residents that these procedures are consistently followed. Each file reviewed contained both forms completed at intake, with clear documentation linking risk screening results to individualized housing and program assignments. All forms reviewed reflected adherence to the agency's established procedures and the intent of PREA Standard 115.342, with no issues of non-compliance identified.

(b):

According to the agency's PREA Policy:

- Residents may be 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.
- During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services.
- Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

It was confirmed by the Program Manager and PCM that the facility is required to provide daily large-muscle exercise and any legally required educational programming or special education services to all residents, regardless of whether a youth is temporarily restricted to their room or engaged in programming elsewhere. They also confirmed that medical and mental health staff conduct daily wellness checks on any youth who may be separated from the general population for safety reasons, in accordance with policy. The auditor verified that no residents were isolated for any PREA-related reason during the onsite visit, and no instances of isolation or restricted programming were reported or observed.

The administrative staff interviewed confirmed that, in accordance with state licensing rules, the facility is only authorized to isolate a resident in a room for a major disciplinary matter for a maximum of six hours before the Program Director is required to contact the Juvenile Court to request authorization for any extended isolation period. They further explained that whenever a youth is isolated due to a disciplinary situation, educational materials, large-muscle exercise, and access to medical and mental health services are still provided.

The contracted LPC and the full-time medical and mental health professionals interviewed also confirmed that they are able to provide their specialized services without restriction. They explained that they may either go directly to a resident in need of services or have the resident transported to their designated office areas, ensuring continuous access to care and compliance with PREA and state licensing requirements. Additionally, residents have access to daily sick call forms and may request to speak with a therapist or medical professional by either verbally notifying staff or writing their request and handing it to staff or placing it in one of the designated boxes.

(c):

The agency's PREA Policy states:

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

The residents and staff interviewed confirmed that they have never learned of a situation at the facility that involved a resident placed in a particular housing, bed, or other assignments solely on the basis of identification.

(d):

According to the agency's PREA Policy:

- In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming

assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The PM, PCM, Intake Officer, and PD all confirmed that the facility takes all situations involving a transgender or intersex resident seriously to ensure the youth remains safe and free from bullying, abuse, and harassment at all times. They explained that for any transgender or intersex youth admitted into the facility, the management team will meet to determine, on a case-by-case basis, the safest and most appropriate housing and programming assignments, taking into account the youth's health and safety as well as any potential management or security concerns.

The PCM provided an example of a transgender youth who had been admitted to the facility prior to the audit review period. The youth's housing and programming assignments were reviewed and approved by facility leadership, with full consideration of the youth's identified gender and safety needs. The PCM recalled that the youth was permitted to participate in programming with the unit corresponding to their gender identity and was assigned a single room on the pod corresponding to their biological gender. The PCM further explained that the youth did well in the program, was frequently checked on by staff and counselors, and that there were no reported concerns or incidents.

(e-i):

As per the agency's PREA Policy:

- Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- Every 30 days, the facility shall afford each resident described in provision (h) of this PREA standard a review to determine whether there is a continuing need for separation from the general population.
- If a resident is isolated pursuant to provision (b) of this PREA standard, the facility shall clearly document:
 - The basis for the facility's concern for the resident's safety; and
 - The reason why no alternative means of separation can be arranged.

The auditor interviewed the PM, PCM, Intake Officer, and PD, who each sufficiently explained how the procedures outlined above would be implemented to ensure that any resident who identifies as transgender or intersex is kept safe and protected from bullying, abuse, harassment, and harm. They described how any transgender or intersex youth would be afforded the opportunity to shower separately from other residents, and that their housing, placement, and programming assignments would

	<p>be reassessed at least twice annually—or more often if circumstances warranted—to ensure continued safety and appropriateness. The management team further confirmed that if a resident were ever temporarily separated from the general population for safety reasons, documentation would clearly outline the basis for concern and the reason no alternative means of separation could be arranged, consistent with PREA and agency policy.</p> <p>Staff PREA Training Review:</p> <p>Upon review of the PREA training materials provided to all staff, the auditor confirmed that staff receive comprehensive instruction covering the elements of this PREA standard during their initial pre-service training and annual in-service refresher sessions. The training emphasizes staff responsibility to ensure resident safety, appropriate supervision, confidentiality, and individualized housing and programming decisions in alignment with PREA requirements.</p> <p>Key training topics include:</p> <ul style="list-style-type: none"> • Demographic Characteristics of Victims • National Standards and PREA Requirements • Students’ Right to Be Free from Sexual Harassment and Sexual Abuse • Youth Viewpoints and Perspectives • Agency’s PREA Policy and Safe Interactions • Red Flags and Misconduct Scenarios • Maintaining Professional Boundaries • Challenges and Supervision Support • Data and Perspectives from Students Who Have Been Victims • PREA Risk Screening for Vulnerability and Abusiveness • Risk Factors and Information Collection • Additional Information: Student Perceptions and Specific Needs • Assessment and Review Process • Interactive Supervision Role and Documentation • Housing Placements and LGBTI Considerations <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.351 - Resident Reporting

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- PREA Signs/Posters
- Grievance Documents
- Outside Reporting Hotlines (TN DCS, Sexual Assault Center, and RAINN)
- Davidson County Juvenile Detention Center PREA Brochure
- Grievances, Mail, and Medical Boxes

Interviews:

- 6 Randomly Selected Residents
- 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening)
- Intake Officer
- Case Manager
- Program Manager
- PCM
- 12 Randomly Selected Staff Members

Site Review Observations:

During the onsite audit, the auditor observed PREA signage and posters prominently displayed in both English and Spanish throughout all major areas of the facility, including each housing unit, classrooms, hallways, dining area, the intake area, medical, public lobby, visitation, staff breakroom, and release area. The posters were clearly legible, undamaged, and strategically placed at resident eye level to ensure accessibility for youth of all ages and literacy levels. Each poster contained all PREA-required content, including the agency's zero-tolerance policy toward sexual abuse and sexual harassment, residents' rights to be free from retaliation, multiple internal and external reporting mechanisms, and contact information for outside agencies and support services.

The auditor verified that signage was also posted near telephones in the housing units to ensure residents could easily access hotline numbers when making confidential calls. In each housing unit (Pod), the auditor observed grievance, mail, and medical/sick-call boxes that were clearly labeled, securely locked, and positioned under camera view to deter tampering and protect confidentiality. Residents had unrestricted access to writing utensils and grievance forms, which were stocked and visibly available in common areas.

In addition, during the walk-through inspection of the housing units, several residents provided the auditor with the Davidson County Juvenile Detention Center PREA Brochure that they kept in their rooms. The brochure, available in both English and Spanish, outlines residents' rights under the PREA and the facility's zero-

tolerance policy toward sexual abuse, sexual harassment, and staff misconduct. It clearly explains multiple reporting options, including verbal, written, anonymous, and third-party reports, and lists the phone numbers for the Tennessee Department of Children’s Services (DCS) Child Abuse Hotline, the Sexual Assault Center (SAC), and the Social Services Hotline.

The brochure also defines resident-on-resident sexual abuse and harassment, prohibits staff sexual misconduct, and explicitly informs residents that retaliation for reporting sexual abuse, harassment, or staff misconduct is prohibited. Contact information for the facility’s PREA Site Compliance Manager (PCM), the ROP PREA Coordinator, and local advocacy resources is included to ensure residents have multiple direct and external avenues for assistance.

During informal discussions with residents across multiple Pods, the auditor verified that youth understood how to access and use the various reporting mechanisms. Residents accurately identified the PREA posters, explained their purpose, and described both internal and external reporting options—including the ability to make reports anonymously or through family, friends, or advocates. Several residents also confirmed they could request assistance in completing a written grievance or have a staff member read the contents aloud if they had difficulty reading or writing.

The auditor made test calls to three external reporting entities—the Tennessee Department of Children’s Services (DCS), the Sexual Assault Center (SAC), and the Rape, Abuse & Incest National Network (RAINN)—and all calls successfully connected. Each line provided prompt access to reporting or advocacy assistance and confirmed that anonymous reports are accepted. Residents have access to these numbers from the housing-unit phones, as well as from intake and medical area phones or a cordless phone when privacy is needed.

The auditor also observed an intake in progress in a private office setting, where the Intake Officer conducted the PREA orientation with a newly admitted youth. The officer reviewed the facility’s zero-tolerance policy, explained internal and external reporting procedures, and provided a resident handbook containing the same information. The officer confirmed comprehension by asking the youth to restate key points, and both signed the PREA Acknowledgment Form (ROP Form 600.600) to document completion. The auditor verified that this process is completed for every new admission and documented in the intake file. For residents with limited reading proficiency or language barriers, staff read the materials aloud or utilize interpreter services to ensure full understanding.

Additionally, the auditor noted that staff breakrooms and control areas contained laminated PREA reference materials, including the ROP Notification and Responsibility Tree, PREA Response Flowchart, and Coordinated Response Plan, which clearly outline staff responsibilities and contact information for internal and external reporting. During informal conversations, staff confirmed their awareness of these procedures and the importance of maintaining confidentiality when assisting residents with PREA-related reports.

Explanation of Determination:

115.351 (a-e):

(a):

According to the agency's PREA Policy:

- The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

During the onsite audit, all ten residents formally interviewed—and those engaged in informal conversations—demonstrated a clear understanding of the multiple ways they can report incidents of sexual abuse, sexual harassment, staff neglect, or retaliation. Residents accurately described the grievance process and explained that they can make a verbal report to any trusted adult at the facility, write a report on any piece of paper or resident request form, and either place it in a grievance box, hand it directly to staff, or send it as a letter to someone outside the facility to report on their behalf.

Moreover, each resident was asked whether they had ever been involved in or made aware of any PREA-related situation involving sexual abuse or sexual harassment. All residents consistently stated that they had never been involved in, witnessed, or heard of any such incidents occurring at the facility. Each resident further confirmed that they feel safe at the facility and do not believe they are in danger of being sexually abused or sexually harassed while in custody.

Additionally, residents shared that they have staff members at the facility whom they trust and would feel comfortable approaching to report any concern related to PREA. These consistent responses from all interviewed youth support the conclusion that residents are aware of their reporting options, feel secure within the facility environment, and have confidence in staff to respond appropriately to concerns.

Residents were also aware that they have the right to make anonymous reports, including through the grievance system or by calling the Tennessee Department of Children's Services (DCS) Statewide Child Abuse Hotline without providing their name. They further demonstrated awareness of the posted instructions for making outside reports to the Sexual Assault Center (SAC) and RAINN, all of which the auditor verified as operational through successful test calls during the onsite review.

Similarly, all staff interviewed accurately described the same internal and external reporting options available to residents. Their responses mirrored those of the residents and reflected consistent understanding of the agency's reporting and confidentiality requirements. The auditor verified that all grievance, mail, and medical/sick-call boxes were securely located in each housing unit, clearly labeled, locked, and under camera view to ensure protection of confidentiality and prevent tampering.

(b):

The agency's PREA Policy states:

- The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
- Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Residents were found to have access to multiple external reporting options, including the 24/7 abuse reporting hotline operated by the Tennessee Department of Children's Services (DCS), the Sexual Assault Center (SAC), and the Rape, Abuse & Incest National Network (RAINN). These hotline numbers and contact instructions were posted prominently throughout the facility in both English and Spanish, as verified during the onsite audit.

To confirm functionality and accessibility, the auditor successfully completed test calls to each listed hotline. The representatives who answered verified that their agencies are equipped to receive and immediately forward reports of juvenile sexual abuse or harassment to the appropriate authorities and that anonymous reports are accepted.

In accordance with PREA standards, the PCM, ED, and PD each confirmed that the facility does not detain youth for civil immigration purposes. This information was independently verified by the auditor during the site visit.

(c - e):

The agency's PREA Policy states:

- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The auditor conducted interviews with a representative sample of staff members, all of whom confirmed that residents may report sexual abuse and sexual harassment both verbally and in writing. Staff consistently explained that all employees are mandatory child abuse reporters and are required to immediately report any allegation or suspicion of sexual abuse or harassment to the appropriate authorities—Tennessee Department of Children's Services (DCS) and, in cases of sexual abuse, local law enforcement—as well as to their immediate supervisor and facility leadership. Upon receiving a verbal report from a resident, staff are required to complete an incident report as soon as possible and submit it directly to their immediate supervisor or the PCM for review and follow-up.

Each staff member interviewed confirmed that they have never been made aware of a situation at the facility involving a resident being sexually abused or sexually harassed. However, all staff demonstrated clear understanding of their obligation to immediately report such allegations and accurately described the required procedures for doing so.

Staff further reported that they are able to make private reports of sexual abuse or sexual harassment by speaking confidentially with a supervisor or administrator or by independently contacting the Tennessee Department of Children's Services (DCS) Statewide Child Abuse Hotline. This information was consistent with the procedures outlined in the agency's PREA policy and the staff training curriculum.

Resident interviews confirmed that youth have regular access to writing utensils and grievance forms, which are visibly stocked and readily available in each housing unit. During the facility walk-through, the auditor observed grievance forms located next to the corresponding locked grievance boxes, which were clearly labeled, securely mounted, and positioned under camera view. Residents reported that they can submit written reports by giving them directly to staff or placing them in a grievance box for confidential collection.

Youth also described how they are able to make third-party reports by sending letters to family or friends or by communicating concerns during visits or phone calls. These interviews demonstrated that residents fully understand how to report sexual abuse, sexual harassment, retaliation, or staff neglect through multiple private and accessible avenues, consistent with PREA requirements.

PREA Investigative File Review:

The auditor reviewed all available PREA-related documentation, including the facility's grievance log, incident reports, and administrative investigation records, to verify whether any sexual abuse or sexual harassment allegations were reported during the audit review period. The review confirmed that there were no allegations of sexual abuse or sexual harassment involving residents since Rite of Passage (ROP) assumed operations of the facility in July 2022.

As part of this review, the auditor examined a sample of resident grievances submitted in 2025 and confirmed that none contained allegations of sexual abuse or sexual harassment. One grievance was reviewed in detail in which a resident alleged inappropriate physical contact with a staff member. The grievance was promptly investigated by the Program Director in accordance with agency policy. Documentation showed that surveillance footage was reviewed, relevant staff and residents were interviewed, and the matter was determined not to involve sexual abuse or sexual harassment. The investigation findings, documentation, and supervisory review were consistent with the ROP Administrative Investigation and Coordinated Response procedures.

This review, combined with staff and resident interviews, and confirmation from the Tennessee Department of Children's Services (DCS) Statewide PREA Coordinator via email dated November 5, 2025, verified that no PREA-related incidents have

	<p>occurred during the current audit cycle.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.352 - Exhaustion of Administrative Remedies</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Grievance Review • Tennessee Online Law Review • ROP Policy 100.407 (Child Abuse Reporting Policy) <p>Interviews:</p> <ul style="list-style-type: none"> • 12 Randomly Selected Staff Members • PCM • PC • Executive Director • Program Director • State of Tennessee PREA Coordinator <p>Site Review Observations:</p> <p>During the onsite audit, the auditor confirmed through interviews with the PCM, PC, Executive Director, Program Director, and direct care staff that all allegations of sexual abuse—regardless of the method of reporting, including those submitted in writing via a grievance form—are required to be immediately reported to external authorities. These authorities include local law enforcement and the Tennessee Department of Children’s Services (DCS), ensuring that a criminal or protective services investigation can be promptly initiated in accordance with state law and agency policy.</p> <p>This practice is consistent with the mandatory reporting requirements outlined in both the agency’s PREA policy and PREA Standard 115.361, ensuring that all</p>

credible allegations are addressed swiftly and referred for appropriate external review.

Explanation of Determination:

115.352 (a-g):

The auditor confirmed that the requirements of this PREA standard are fully incorporated within the agency's PREA Policy; however, it is important to clarify that the following provisions are explicitly included to ensure that grievances alleging sexual abuse are not handled through the facility's general grievance process but are instead immediately reported to external authorities and appropriate internal leadership. The policy specifies that:

- The program shall not impose a time limit on when a student may submit a grievance regarding an allegation of sexual abuse.
- The program may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- The program shall not require a student to use any informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with staff.

In addition to the agency's PREA Policy, ROP Policy 100.407 (Child Abuse Reporting Policy) reinforces the facility's zero-tolerance position and clearly mandates immediate reporting of any suspected, alleged, or observed incident of abuse, neglect, mistreatment, harassment, or sexual misconduct. The policy applies to all employees, contract workers, volunteers, vendors, interns, or any individual providing services in the facility and explicitly states that:

- Any person who receives information—regardless of its source—concerning possible student abuse or sexual misconduct must immediately report it verbally to the Shift Supervisor, Human Resources, and the Program Director, followed by a written report within one hour.
- The Program Director or designee must also immediately notify the local county Department of Children's Services or the police department.
- It is not the role of staff to investigate allegations but to report them without delay.
- Any individual who fails to report or interferes with another person's report is subject to disciplinary, administrative, or criminal action, even on a first offense.
- Individuals who make a good-faith report are granted immunity from civil or criminal liability, and their identities are protected.
- Retaliation against any person for reporting abuse, assisting in an investigation, or cooperating with authorities is strictly prohibited.

This policy structure ensures that no complaint involving allegations of sexual abuse, sexual harassment, or staff misconduct is ever processed through the

	<p>administrative grievance system. Instead, such allegations are immediately escalated to the Program Director and reported to DCS and law enforcement for investigation.</p> <p>Furthermore, through onsite interviews and review of evidentiary documentation, the auditor verified that, consistent with written agency policy, grievances related to sexual abuse or allegations of sexual abuse—including reports of abuse, fears of abuse, or concerns about the handling of such allegations—are not processed through the agency’s standard administrative grievance procedure. Instead, these reports are immediately referred for investigation and treated as formal allegations requiring prompt external notification and response by the TN DCS and local law enforcement.</p> <p>This confirmed policy and practice align with Tennessee state law, which mandates that all such allegations be reported immediately to local law enforcement and to the Tennessee Department of Children’s Services (DCS), the agency responsible for the welfare of juveniles in placement facilities. As such, the facility’s procedure effectively removes any requirement for residents to resolve these matters through internal grievance channels, ensuring immediate referral to investigative authorities and appropriate external oversight.</p> <p>In accordance with Tennessee law (T.C.A. § 37-1-403 and § 37-1-605), all persons—including staff in juvenile facilities—are mandatory reporters of suspected child abuse or neglect. Any staff member who knows or suspects that a child has been abused or sexually abused must immediately report the information to DCS or local law enforcement. Failure to do so may result in legal penalties.</p> <p>Because of these established policies, practices, and statutory mandates, the auditor determined that the provisions of PREA Standard §115.352 (Exhaustion of Administrative Remedies) are not applicable at this facility.</p> <p>The auditor also reviewed a random sample of resident grievances from the 12-month audit review period and confirmed that none involved allegations of sexual abuse or sexual harassment. All grievances were appropriately documented, and there were no instances where a sexual abuse-related concern was processed through the administrative grievance system.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion**PREA Standard 115.353 - Resident Access to Outside Confidential Support Services****Evidence Reviewed to Determine Compliance:**

- Agency's PREA Policy
- PAQ
- Memorandum of Understandings (MOUs)- Sexual Assault Center
- Sexual Assault Center Brochure and Posters
- Sexual Assault Center Website
- PREA Posters/Signs
- PREA Resident Brochure (English & Spanish)
- Resident Handbook (English & Spanish)

Interviews:

- 12 Randomly Selected Staff Members
- 6 Randomly Selected Residents
- 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening)
- PCM
- Program Director

Site Review Observations:

During the onsite phase of the audit, the auditor observed clearly posted signage throughout the facility providing youth with information on how to contact the local children's advocacy center, the Sexual Assault Center (SAC), for emotional support services related to sexual abuse. The SAC posters were visible in multiple high-traffic and resident-accessible locations, including housing units, hallways, the medical and therapy areas, visitation room, and the intake/release area. Each poster, available in both English and Spanish, contained the 24-hour SAC hotline number, mailing address, and website, and clearly indicated that advocacy services are free and confidential. The posters also informed residents of the limits of confidentiality and the facility's mandatory reporting obligations prior to making contact, ensuring youth understand their rights and options before speaking with an external advocate. The placement of the SAC materials alongside other PREA and zero-tolerance signage throughout the facility reinforces that residents have continuous, visible reminders of how to obtain outside emotional support and confidential reporting assistance.

In addition, the auditor reviewed the Davidson County Juvenile Detention Center PREA Brochure, which is distributed to each resident upon admission. The brochure provides detailed information regarding the facility's zero-tolerance policy toward sexual abuse, sexual harassment, and retaliation, as well as the multiple ways

residents can access internal and external support. It includes direct contact information for the Sexual Assault Center (SAC), the facility's designated victim advocacy organization, including the hotline phone number, physical address, and website. The brochure also contains contact details for the Tennessee Department of Children's Services (DCS) Child Abuse Hotline, the Social Services Hotline, and RAINN, ensuring residents have continuous access to confidential and external advocacy and reporting resources.

To further verify resident access to victim advocacy and emotional support services, the auditor contacted the Sexual Assault Center (SAC) serving Davidson County and confirmed that a victim advocate is available 24/7 to provide crisis intervention, emotional support, and advocacy for youth victims of sexual abuse. The SAC representative confirmed that services are provided free of charge to residents and their families. Additionally, the statewide network of Tennessee child advocacy centers, coordinated through the Children's Advocacy Centers of Tennessee (CACTN), ensures consistent access to trauma-informed services for children and non-offending caregivers across the state. CACTN confirms that all centers offer free services, including advocacy, forensic interviews, counseling referrals, and coordination with law enforcement and child protective services agencies.

In addition to these external resources, the facility employs full-time licensed therapists (as verified through staff interviews and credential documentation) who provide trauma-informed emotional support, counseling, and crisis intervention to residents as needed. The auditor also confirmed that Nashville General Hospital, the facility's designated medical provider, maintains on-call Sexual Assault Nurse Examiners (SANEs) and partners directly with the Sexual Assault Center to ensure that advocacy services are available whenever a juvenile requires medical care following a sexual abuse incident.

The auditor reviewed correspondence between the facility and the Sexual Assault Center, including the formal outreach letter, reply documentation, and executed Memorandum of Understanding (MOU) dated July 30, 2025, demonstrating the facility's established partnership to ensure ongoing access to professional, confidential advocacy services for all residents.

Explanation of Determination:

115.352 (a-d):

According to the agency's PREA Policy:

- The facility is required to provide students with access to outside victim advocates for emotional support services related to sexual abuse. This includes posting and making available mailing addresses and toll-free telephone numbers for local, state, or national victim advocacy and rape crisis organizations. The policy further mandates that students be informed, prior to engaging with such services, about the limits of confidentiality and mandatory reporting requirements. Additionally, the agency commits to

maintaining—or attempting to enter into—memoranda of understanding (MOUs) or other agreements with qualified community service providers to ensure access to confidential emotional support. The policy also affirms the right of students to reasonable, confidential access to attorneys, legal representation, and parents or legal guardians.

To evaluate implementation of these requirements, the auditor interviewed a representative sample of both staff and residents. All residents interviewed confirmed awareness of the advocacy center signs and explained that they could request contact with the advocacy center for emotional support related to sexual abuse. Residents described the process as being facilitated by staff in a confidential manner similar to requesting a counseling session or family call.

Staff interviews corroborated these accounts and demonstrated awareness of procedures for arranging youth contact with advocacy organizations. Staff explained that when a resident requests advocacy support, the call is arranged in a way that ensures both safety and privacy, allowing the resident to speak freely with the advocate without staff listening to the content of the call.

Residents, staff, and administrators also confirmed that all residents are provided access to their parents, guardians, and attorneys. The auditor verified that residents may contact their attorney or legal representatives at any time, with no restrictions other than those necessary for safety or security. Residents are also permitted to contact parents or guardians at least weekly through phone calls or visits and may send correspondence through the United States Postal Service to maintain family contact.

The auditor reviewed the facility's Student Handbook and PREA Brochure, which contain the names and contact information for both local and national victim advocacy organizations, consistent with the requirements of this standard. Additionally, documentation of correspondence with the local Children's Advocacy Center confirmed the facility's efforts to maintain a cooperative relationship ensuring ongoing access to emotional support and advocacy services for youth.

Review of the Children's Advocacy Centers of Tennessee (CACTN) and Sexual Assault Center (SAC) websites confirmed the availability of comprehensive services for juvenile victims of sexual abuse. CACTN provides statewide access to forensic interviews, advocacy, and counseling coordination at no cost, while SAC provides 24/7 crisis intervention, confidential counseling, hospital accompaniment, and long-term trauma recovery services specifically designed for youth.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

115.354	Third-party reporting
	<p data-bbox="331 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 247 596 279">Auditor Discussion</p> <hr/> <p data-bbox="331 319 1036 350">PREA Standard 115.354 - Third-Party Reporting</p> <p data-bbox="331 390 1010 422">Evidence Reviewed to Determine Compliance:</p> <ul data-bbox="396 485 945 632" style="list-style-type: none"> • Agency's PREA Policy • PAQ • Third Party Reporting Form and Posters • Agency Website <p data-bbox="331 669 496 701">Interviews:</p> <ul data-bbox="396 764 769 873" style="list-style-type: none"> • 12 Random Security Staff • 10 Total Residents • PCM <p data-bbox="331 913 721 945">Site Review Observations:</p> <p data-bbox="331 982 1432 1365">During the onsite audit, the auditor observed multiple postings throughout the Davidson County Juvenile Detention Center that clearly outline how residents, staff, and members of the public can make third-party reports of sexual abuse or sexual harassment. The uploaded photographic documentation shows bilingual PREA and ROP Safe Environmental Standards (SES) posters displayed in housing units, hallways, visitation areas, the medical corridor, and the facility's main lobby. These postings include instructions and contact information consistent with agency policy and PREA requirements, identifying both internal and external reporting options such as the Tennessee Department of Children's Services Child Abuse Hotline, the Metro Nashville Police Department, and the Sexual Assault Center.</p> <p data-bbox="331 1402 1438 1745">In addition to the PREA posters, the auditor verified that secure, clearly labeled grievance, medical, and mail drop boxes are mounted in accessible areas, providing residents with confidential and alternative means to submit written reports or requests. The Visitor/Vendor Daily Log Sheet posted near the entrance includes acknowledgement of PREA awareness for all visitors and vendors entering the facility, further reinforcing the availability of third-party reporting options to individuals outside of the program. Collectively, these measures demonstrate a strong and visible commitment to making reporting avenues accessible and understandable to both residents and the public.</p> <p data-bbox="331 1785 777 1816">Explanation of Determination:</p> <p data-bbox="331 1854 542 1885">115.354 (a-d):</p> <p data-bbox="331 1923 842 1955">According to the agency's PREA Policy:</p>

- Rite of Passage programs accept third-party reports of sexual abuse and sexual harassment. The policy requires that programs prominently display posters in the lobby, reception, visiting areas, and any other appropriate locations, outlining the process for third parties to report incidents involving students in the program. Additionally, third-party reporting forms must be made available upon request from the program receptionist. Any reports received from a third party must be immediately referred to the Program Director or Program Manager for appropriate action and follow-up in accordance with agency policy and PREA standards.

Additionally, the PCM provided the auditor with a copy of the official third-party reporting form used at all ROP facilities and programs, which was observed to be publicly posted and available in the facility's lobby. The auditor verified that the same form and related contact information are available through the agency's official website at <https://riteofpassage.com/safe-standards>, which provides comprehensive information consistent with PREA standards and the agency's zero-tolerance framework. Specifically, the site details Rite of Passage's commitment to a safe environment, outlines the rights of residents and third parties to report concerns confidentially, and provides direct access to the third-party reporting form, external hotline numbers, and the PREA Coordinator's contact information.

Key elements of the ROP website include:

- A clear Zero Tolerance Policy for sexual assault, sexual harassment, and sexual activity between students or between staff and residents.
- Assurance that residents have the right to report incidents of sexual abuse or harassment to staff, to outside agencies (with contact numbers posted throughout the program), or anonymously via grievance boxes or the outside reporting entities.
- A section dedicated to third-party reporting, affirming that reports can be made by friends or family members using a third-party reporting form, which is available at the facility and downloadable from the website. Reports may also be made directly to Rite of Passage or to local law enforcement.
- An explicit requirement for staff to immediately report any known or suspected sexual abuse or harassment to a supervisor. Private reporting options are also available through the Compliance Manager or Regional PREA Coordinator.
- A statement that all allegations of sexual abuse and sexual harassment will be thoroughly investigated, either administratively or by referral to the appropriate law enforcement agency when criminal behavior is suspected.
- Ongoing education and training for staff, students, contractors, and volunteers regarding Safe Environmental Standards and the importance of preventing and reporting sexual abuse.

Interviews:

Interviews with staff and residents confirmed that third-party reporting methods are

	<p>available and clearly understood. All students interviewed were able to describe, in their own words, what a third-party report is and provided examples of how someone outside the facility could make a report on their behalf. Examples included notifying a parent, guardian, caseworker, friend, or other trusted individual who could then contact the facility, the Sexual Assault Center, TN DCS, or law enforcement to report an incident. Staff interviews further confirmed their understanding of the process and their responsibility to respond appropriately to any report, regardless of the source.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>PREA Standard 115.361 - Staff and Agency Reporting Duties</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Agency PREA Policy 600.600 • ROP Policy 100.407 Child Abuse Reporting Policy • ROP Policy 100.125 Employee Protection (Whistleblower) Policy • PREA Incident Response Flowchart • PREA Notification & Responsibility Tree • ROP SES Zero Tolerance Acknowledgement • Reporting and First Responder Training Curriculum & Verifications • ROP Policy 800.407 ORR (Sexual Abuse Reporting and Follow-Up) <p>Interviews:</p> <ul style="list-style-type: none"> • 12 Randomly Selected Direct Care Staff • Full-Time Medical Professional (LPN) • Full-Time Mental Health Professional (MHP) • Contracted Licensed Professional Counselor (LPC) • PCM • Program Director

- Executive Director

Site Review Observations:

During the onsite review, the auditor observed multiple PREA posters prominently displayed in English and Spanish throughout the Davidson County Juvenile Detention Center, including in the housing units, dining area, visitation lobby, intake office, medical hallway, staff lounge, and classroom corridor. Each poster contained the agency's zero-tolerance statement and clear step-by-step reporting instructions for both residents and staff. The signage included contact information for external reporting entities such as the Tennessee Department of Children's Services (DCS) Child Abuse Hotline (1-877-237-0004), the Metro Nashville Police Department (MNPd), and the Sexual Assault Center of Nashville (1-866-811-7473), which provides confidential crisis response and victim advocacy services.

Additionally, the auditor verified the presence of clearly labeled grievance, medical, and mail drop boxes in accessible areas within each housing unit, consistent with the agency's Safe Environment Standards. These boxes provide residents with the ability to report concerns, including allegations of sexual abuse or sexual harassment, privately and confidentially.

The auditor also confirmed that PREA orientation materials and reporting instructions were provided in the Resident Handbook and Safe Environment Standards Student Brochure, both of which emphasize that youth have multiple avenues to report sexual abuse or harassment, including:

- Verbally to any staff member (who must report immediately);
- Directly to the PREA Compliance Manager (PCM) or Program Director
- Externally to DCS or MNPd;
- Through the PREA Hotline or Sexual Assault Center 24-hour hotline; and
- Via written grievance or third-party submission.

These procedures and contact options are consistent with the ROP PREA Incident Response Flowchart and Monarch PREA Notification & Responsibility Tree, which outline the sequence of internal notifications and external reporting to law enforcement within 60 minutes when sexual contact is alleged.

Staff confirmed during informal and formal interviews onsite that if they receive any report, suspicion, or allegation of sexual abuse or sexual harassment, they immediately notify their Shift Supervisor and PCM, who ensure that the Tennessee Department of Children's Services (DCS) and, for sexual abuse, the Metro Nashville Police Department (MNPd) are contacted without delay. Medical and mental health staff further confirmed that they are trained to report directly to these same agencies, consistent with state mandatory child abuse reporting laws.

Explanation of Determination:

115.361 (a-f):

(a & b):

As per the agency's PREA Policy:

- The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

In addition, according to ROP Policy 600.600 and ROP Policy 100.407 (Child Abuse Reporting Policy), all employees, contract workers, volunteers, vendors, interns, or any person providing services in the facility who receive any information, regardless of its source, concerning student abuse, harassment, neglect, mistreatment, or sexual misconduct—or who have reason to suspect or observe such behavior—are required to immediately report the incident to their Shift Supervisor, Human Resources, and Program Director. A verbal report must be made immediately, followed by a written report within one hour. Additionally, immediate notification must be made by the Program Director or designee to the local county Department of Children's Services or police department, consistent with the State of Tennessee's mandatory child abuse reporting law (Tenn. Code Ann. §37-1-403), which requires any person who suspects that a child has been subjected to abuse, sexual abuse, or neglect to immediately report such information to the Department of Children's Services or local law enforcement.

All 12 interviewed staff members accurately described this process. Each explained that upon learning of or suspecting sexual abuse, sexual harassment, retaliation, or staff neglect, they would immediately report to the Shift Supervisor and PCM, ensuring that the facility's Program Director and DCS are notified without delay. They further stated that when applicable, MNPD is contacted within one hour for any allegation involving sexual abuse of a resident at the facility, aligning with the requirements in the PREA Incident Response Flowchart and PREA Notification & Responsibility Tree, which specify that law enforcement must be notified within 60 minutes when sexual contact is alleged.

The agency's PREA training presentation (ROP PREA/SES Staff Training) reinforces that all staff are mandated reporters and must report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or neglect—whether involving staff or residents—without exception or delay.

(c):

Per the agency's PREA Policy:

- Apart from reporting to designated supervisors or officials and designated

State or local services agencies, staff shall be 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.

Staff interviewed confirmed that they have been trained in the confidentiality requirements associated with working with juveniles in the facility. They described how they are prohibited from discussing or disclosing any information related to a sexual abuse or sexual harassment report beyond those who have a legitimate need to know, such as the PCM, Program Director, or investigative authorities, in order to make treatment, safety, and management decisions.

The auditor reviewed the PREA training curriculum, which includes specific instruction on confidentiality obligations, documentation control, and limited information sharing. As detailed in section 115.331 of this report, all staff receive this training during pre-service onboarding and through annual in-service refresher sessions, ensuring ongoing compliance with both agency policy and state mandates.

(d) (1-2):

The agency's PREA Policy states:

- Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to this PREA standard, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The auditor interviewed the facility's full-time LPN, full-time MHP, and contracted LPC. Each confirmed that they are required to comply with the mandatory reporting requirements of the State of Tennessee and the agency's policies. All three professionals described how they immediately report any allegation or suspicion of sexual abuse, sexual harassment, retaliation, or staff neglect to their designated supervisor, the PCM, and DCS. They further explained that MNPD is notified only for allegations involving sexual abuse, in accordance with the agency's response protocols and Tennessee mandatory reporting law. Allegations of sexual harassment, retaliation, or staff neglect are reported internally to supervisory staff, the PCM, and DCS, with law enforcement notification determined on a case-by-case basis depending on the nature and severity of the allegation.

The auditor also reviewed the specialized PREA training curriculum for medical and mental health practitioners, which includes detailed instruction on mandatory reporting requirements under PREA and Tennessee law, confidentiality obligations, and reporting protocols. As further detailed in section 115.335 of this report, all medical and mental health staff have successfully completed this specialized

training and participate in continuing education throughout their career as a matter of ROP training requirements and their applicable state licensure. The auditor also confirmed that each of these professionals completed the required employee and/or contractor PREA training, consistent with the agency's policy that mandates all staff, contractors, and volunteers complete both pre-service and annual refresher PREA training prior to working directly with residents.

(e) (1-3) and (f):

According to the agency's PREA Policy:

- Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.
- If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
- If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.
- The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Program Director, PCM, and Executive Director were interviewed and confirmed that all allegations of sexual abuse, sexual harassment, retaliation, and staff neglect are taken seriously and are immediately reported up the chain of command and to external authorities to ensure a prompt and thorough investigation. Specifically, allegations are reported to DCS and to MNPD when the allegation involves sexual abuse, in accordance with state mandatory reporting law and agency protocol. The PCM also ensures that all notifications to parents, guardians, or caseworkers are completed as required by policy, and that such documentation is required to be maintained within the investigative file and the facility's PREA tracking system, with initial notification made to the agency-wide PC via the agency's Internal Notice Form.

In addition, the parent, guardian, and other legal notifications required by the PREA standards are incorporated into the agency's mandatory response plan protocols. The facility's PREA Incident Response Flowchart and Notification & Responsibility Tree outline that parent or guardian notification is made by the Therapeutic Manager, or by the caseworker when applicable, and that the juvenile's attorney or guardian ad litem is notified within the required 14-day timeframe. All notifications are documented to confirm compliance and provide accountability at each stage of the reporting process.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>PREA Standard 115.362 - Agency Protection Duties</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • ROP Employee PREA Training Sessions • Signed Memo from Program Director (Standard 115.362(a) Response) <p>Interviews:</p> <ul style="list-style-type: none"> • 12 Randomly Direct Care Staff Members • PCM • Program Director • Executive Director <p>Explanation of Determination:</p> <p>115.362:</p> <p>The agency's PREA Policy clearly states that when a resident is identified as being at substantial risk of imminent sexual abuse, the facility must take immediate action to protect that resident. This expectation was consistently reinforced through staff and administrative interviews conducted during the onsite audit.</p> <p>All direct care staff interviewed demonstrated a clear understanding of their duties in such situations. When asked to respond to a hypothetical scenario involving a youth reporting ongoing bullying and sexual harassment with fear of escalation, each staff member described the appropriate steps they would take, including:</p> <ul style="list-style-type: none"> • Immediately separating the at-risk youth from the potential aggressor. • Promptly notifying their on-duty supervisor or PCM. • Ensuring the youth is able to discuss the situation privately and is referred to a therapist or other qualified support staff.

- Reevaluating housing and programming assignments to maintain safety.
- Using additional protective strategies, including increased monitoring and possible disciplinary action.
- Documenting the incident thoroughly on an incident report and sharing relevant information with other staff to ensure continuity of care and safety.

The Program Director, PCM, and Executive Director confirmed that these procedures reflect agency policy and that staff are expected to act without delay to ensure youth safety. They also confirmed that the chain of command—including DCS, MNP (when applicable), and the agency-wide PC—is notified immediately when a resident is identified as being at risk of imminent sexual abuse, in accordance with state mandatory reporting laws and agency protocols.

The signed memo from the Program Director further supports these procedures. It documents that ROP at Davidson County Juvenile Detention Center has not had any incidents of substantial risk of imminent sexual abuse. However, if such a situation were to occur, ROP would follow the established response procedures by:

- Immediately removing the potential victim or alleged aggressor to ensure safety;
- Preserving any available evidence that may be used in an investigation;
- Complying fully with TCA §37-1-403, which mandates the reporting of child abuse and neglect;
- Notifying DCS and cooperating fully with MNP investigative procedures; and
- Providing timely written documentation of all incident actions and outcomes.

The memo also affirmed that all ROP staff receive training on these protective procedures and that staff are required to ensure youth victims or those identified as being at imminent risk of sexual abuse have immediate access to medical care and confidential support services through the Sexual Assault Center (SAC). The Program Director confirmed that ROP will continue to cooperate with all DCS and MNP investigations according to PREA standards, ensuring that response actions and reviews are documented through the agency's Sexual Abuse Incident Review process and internal tracking system.

Additionally, the auditor confirmed that all staff receive instruction on how to respond to imminent threat situations during their pre-service PREA training and are required to complete annual in-service PREA refresher training sessions.

Based on policy review, training verification, staff interviews, and the signed memorandum from the Program Director, the auditor concludes that the facility maintains and enforces effective practices to protect residents from imminent threats of sexual abuse and is in full compliance with PREA Standard §115.362.

Conclusion:

Based upon the review and analysis of all the available evidence, the

	auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.363 - Reporting to Other Confinement Facilities</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • PREA Incident Response Flowchart • Coordinated Response Plan • Internal Notice Form <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • Executive Director • PC • PCM <p>Explanation of Determination:</p> <p>115.363 (a-d):</p> <p>According to the agency's PREA Policy, the facility adheres to procedures in place requiring the prompt reporting of allegations of sexual abuse or harassment that are received regarding incidents occurring in another facility, as outlined below.</p> <ul style="list-style-type: none"> • Upon receiving an allegation that a resident was sexually abused at another facility, an administrator must report the allegation to the director of the facility where the abuse is alleged to have occurred, as well as notify the appropriate law enforcement and/or social services agency. • If the allegation involves sexual harassment, the receiving facility must notify the appropriate licensing or regulatory agency. • Notification must occur as soon as possible, but no later than 72 hours after the allegation is received. • All notifications must be documented in the student's case file. <p>The agency's PREA Incident Response Flowchart and Coordinated Response Plan further clarify that the PCM is responsible for initiating notification to the agency-</p>

	<p>wide PC through the Internal Notice Form to ensure centralized tracking and oversight. This notification process ensures accountability and timely coordination across ROP-operated programs when a report involves another facility.</p> <p>During interviews, the Program Director, Executive Director, PC, and PCM all confirmed their knowledge of and adherence to these requirements. Each stated that if an allegation of sexual abuse or sexual harassment occurring at another facility were to be received, they would ensure that:</p> <ul style="list-style-type: none"> • Reports are made immediately and within the required 72-hour timeframe. • Notification is made directly to the head of the facility where the alleged incident occurred and to the appropriate external authorities (DCS and, when applicable, MNPD). • The notification process and all correspondence—including phone calls, emails, and written records—are fully documented in both the resident’s file and the facility’s internal PREA log. • The agency-wide PC is informed of the allegation for tracking and quality assurance purposes. • A full investigation is conducted or supported as required by PREA and agency policy, and any necessary follow-up action or coordination with the involved facility is documented. <p>Administrators confirmed that there were no instances during the audit review period in which the Davidson County Juvenile Detention Center received or was required to report an allegation of sexual abuse or sexual harassment occurring at another facility. However, all administrators and staff interviewed demonstrated a clear understanding of their obligations and affirmed that all reporting procedures are reviewed regularly during administrative and pre-shift staff briefings and annual PREA refresher trainings.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.364 - Staff First Responder Duties
	Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- First Responder Training Curriculum & Verifications
- Samples of PREA Training Verifications (Initials & Refreshers)
- PREA Incident Response Flowchart
- Notification & Responsibility Tree
- Coordinated Response Plan
- PREA Internal Investigation Files

Interviews:

- 12 Randomly Selected Security Staff (*all are trained as First Responders in the facility)
- Program Director
- Executive Director
- PCM

Explanation of Determination:

According to the agency's PREA Policy, the facility has clearly defined procedures that require the first staff member who learns of an allegation of sexual abuse to take specific, immediate actions to protect the alleged victim and preserve potential evidence. These required actions include:

- Immediately separating the alleged victim and abuser;
- Preserving and protecting any crime scene until appropriate steps can be taken for evidence collection;
- In cases where the incident occurred recently enough to allow for evidence collection, instructing the alleged victim and abuser not to take actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, etc.);
- If the first responder is not security staff, they are instructed to request the alleged victim not take any actions that might destroy evidence and to immediately notify security staff.

These directives are reinforced by the agency's PREA Incident Response Flowchart, Notification & Responsibility Tree, and Coordinated Response Plan, which outline specific lines of notification and documentation procedures to ensure consistency across all facilities operated by ROP.

Interviews with Staff:

All 12 security staff interviewed were able to clearly articulate the appropriate first responder duties outlined in policy. Each confirmed they had received comprehensive instruction and scenario-based training on these procedures as part of their pre-service onboarding and annual in-service PREA refresher courses.

When asked to respond to a hypothetical scenario involving an in-progress sexual abuse incident in a resident room, all staff provided detailed, consistent, and policy-compliant responses. Every staff member accurately described that they would:

- Immediately separate the individuals involved to prevent further harm.
- Secure the area and call for supervisory and PCM assistance.
- Preserve the scene and instruct both parties not to perform actions that could compromise physical evidence.
- Notify their supervisor and ensure that DCS and MNPB are contacted, with MNPB responsible for conducting the criminal investigation and evidence collection.
- Ensure that the alleged victim receives medical attention and support services through the facility's nurse, mental health staff, or the Sexual Assault Center of Nashville.
- Document the incident immediately and completely, ensuring the PCM and Program Director are notified without delay.

During interviews, several staff showed the auditor their First Responder Reference Cards, which summarize immediate steps to take in the event of an allegation. Staff reported that these cards are reviewed regularly during pre-shift meetings and are part of the facility's ongoing PREA reinforcement efforts.

The Program Director, PCM, and Executive Director confirmed that all staff—security, support, educational, and clinical—are trained as first responders and are required to complete this component before assuming their duties. The PCM also explained that all staff must demonstrate competency through scenario-based exercises and knowledge checks during both pre-service and annual in-service training sessions.

No staff or resident interviewed during the onsite audit reported any knowledge of or involvement in a sexual abuse situation at the facility. All staff expressed confidence in their ability to respond appropriately if an allegation were to occur, and all residents interviewed stated they understood how to report abuse and believed staff would respond immediately and take their reports seriously.

Training Review and Verification:

The auditor reviewed the ROP PREA/SES Safe Environment Standards training materials, including the PREA 101 Staff Training Presentation and the Staff Training Lesson Plan. These materials provide detailed guidance on first responder expectations and emphasize the “Three Critical Duties” framework—Separate, Report, Preserve—as the foundation of immediate response.

Training slides reviewed by the auditor also include the “Immediate Response Plan” and “First Responder Duties” sections, which specify how to coordinate with law enforcement, DCS, and the PCM, as well as how to document all actions taken. Role-play exercises, instructor prompts, and scenario discussions are integrated into the lesson plan to test understanding of evidence preservation and correct notification

	<p>sequences.</p> <p>All employees, including non-security staff, are trained as first responders during pre-service orientation and must complete annual in-service refresher training. The PCM confirmed that staff complete written assessments and competency checks on these procedures, and that refresher sessions reinforce reporting, evidence preservation, and documentation responsibilities. Verification records reviewed by the auditor confirmed that all staff, contractors, and volunteers have been sufficiently trained on their applicable first responder protocols required at the facility.</p> <p>PREA Investigation Review:</p> <p>During the audit review period, the facility reported no allegations of sexual abuse at the Davidson County Juvenile Detention Center. Accordingly, there were no first responder deployments or sexual abuse investigative files at this site to review. The auditor confirmed this information through communication with the Tennessee Statewide PREA Coordinator, who verified that no PREA-related reports involving the facility were recorded during the audit review period.</p> <p>To assess readiness, the auditor reviewed the PREA Incident Response Flowchart, Notification & Responsibility Tree, and the Coordinated Response Plan; examined the first responder reference cards used by staff; and verified pre-service and annual refresher training records and competency checks. The auditor also conducted scenario-based interviews with 12 randomly selected security staff (all trained as first responders) to confirm understanding of immediate separation, evidence preservation, notification sequence (supervisor, PCM, DCS, and MNPD for sexual abuse), and documentation requirements.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.365 - Coordinated Response</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ

- ROP SES Coordinated Response Plan
- PREA Incident Response Flowchart
- PREA Notification & Responsibility Tree
- PREA Posters
- MOUs with MNP (pending) and Sexual Assault Center

Interviews:

- Program Director
- Executive Director
- PCM
- Full-Time Medical Professional (LPN)
- Full-Time Mental Health Professional (MHP)
- Contracted Licensed Professional Counselor (LPC)

Explanation of Determination:

115.365:

The agency's PREA policy mandates that each facility shall develop and maintain a written institutional plan that clearly defines and coordinates the responsibilities and actions of all relevant personnel in response to an incident of sexual abuse. The auditor reviewed the facility's written institutional plan and confirmed that it aligns with the requirements of PREA Standard 115.365.

The plan is consistent with the PREA Incident Response Flowchart and Notification & Responsibility Tree and clearly delineates the sequence of responsibilities and notifications required immediately following an allegation. It reflects a coordinated, multidisciplinary approach designed to ensure resident safety, evidence preservation, trauma-informed response, and compliance with state and agency reporting requirements.

The institutional plan comprehensively outlines the roles and responsibilities of:

- First responders - ensuring immediate separation of the alleged victim and alleged perpetrator, scene preservation, and notification to supervisory staff.
- Medical and mental health practitioners - providing immediate assessment, medical treatment, and emotional support; arranging for forensic medical exams at Nashville General Hospital or the Sexual Assault Center when indicated.
- Investigators - coordinating with MNP (pending) and DCS to ensure timely and appropriate investigations consistent with Tennessee law and agency procedure.
- Facility leadership - ensuring oversight, timely notifications, and documentation through the Internal Notice Form.
- External entities - including DCS, MNP (pending), and the Sexual Assault Center, to ensure victim advocacy, law enforcement coordination, and external

accountability.

The facility utilizes a standardized institutional response document to guide and document each stage of response following an allegation of sexual abuse. Upon review of this form, the auditor verified that it captures critical information including:

- Identification of all involved parties
- Nature and type of allegation
- Date, time, and location of the alleged incident
- Immediate separation of the alleged victim and alleged perpetrator
- Medical and mental health care referrals and follow-up
- Notifications to law enforcement, social services, parents or guardians, and other required entities
- Steps taken to preserve evidence
- Victim safety planning and provision of trauma-informed care
- Documentation of coordination between investigative and clinical teams
- Internal and external review processes
- Retaliation monitoring and protective measures

Additionally, the facility's coordinated response system is reinforced by visible PREA posters displayed throughout all housing units, intake and visitation areas, classrooms, and common areas. These posters outline the facility's zero-tolerance policy and provide immediate, easy-to-understand guidance on how residents and staff can report sexual abuse or sexual harassment. They also include the contact information for external reporting entities such as DCS, MNP, and the Sexual Assault Center, and mirror the reporting and notification pathways established in the agency's Coordinated Response Plan. The presence of these posters ensures that residents, staff, and visitors are aware of reporting options and reinforces the importance of immediate action and notification when an allegation arises.

The plan also designates that the Program Director or PCM serves as the lead coordinator during a PREA response. The PCM ensures that notifications are made in accordance with the Notification & Responsibility Tree and that the agency-wide PC is informed via the Internal Notice Form. The Program Director oversees communication with DCS, MNP, and medical providers, ensuring that all follow-up actions are completed and documented in both the resident's file and the facility's PREA tracking system. The auditor reviewed documentation confirming that an MOU with MNP is currently pending to formalize investigative coordination procedures for all sexual abuse allegations requiring law enforcement involvement. Additionally, an executed MOU is in place with the Sexual Assault Center of Nashville to provide 24-hour confidential victim advocacy and crisis intervention services for residents, including accompaniment during forensic medical exams conducted at Nashville General Hospital.

During interviews, the Program Director and Executive Director confirmed that the facility's coordinated response plan is actively implemented through a collaborative

	<p>approach involving leadership, security, and clinical staff. The PCM described how the process ensures consistent and timely communication between internal and external entities, and that all notifications, medical referrals, and documentation are completed promptly and reviewed for accuracy.</p> <p>The facility’s full-time LPN, MHP, and contracted LPC each confirmed that medical and mental health professionals are integral parts of the coordinated response process. Each described their specific role in ensuring that youth receive immediate access to medical assessment, mental health counseling, and trauma-informed care following an allegation. The LPN and MHP further explained that referrals for forensic exams are made through Nashville General Hospital or the Sexual Assault Center, with coordination provided by the Program Director and PCM.</p> <p>A review of agency-level reporting forms, including the PREA Incident Response Flowchart and Notification & Responsibility Tree, confirmed that the facility’s coordinated response procedures align with ROP policy and PREA Standard 115.365.</p> <p>During the audit review period, no allegations of sexual abuse were reported at the Davidson County Juvenile Detention Center. The auditor confirmed this information through communication with the Tennessee Statewide PREA Coordinator, who verified that no PREA-related reports involving the facility were recorded during the audit review period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.366 - Preservation of Ability to Protect Residents from Contact with Abusers
	Evidence Reviewed to Determine Compliance:
	<ul style="list-style-type: none"> • Agency's PREA Policy • PAQ
	Interviews:

- Executive Director
- Program Director

Explanation of Determination:

115.366 (a-b):

As per the agency’s PREA Policy:

- Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew 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 of whether and to what extent discipline is warranted.

The auditor reviewed the agency’s personnel and administrative policies and confirmed that ROP retains full authority to immediately reassign, suspend, or terminate any employee, contractor, or volunteer who is alleged to have engaged in sexual abuse or sexual harassment. These provisions are also reflected in the agency’s zero-tolerance and Safe Environment Standards policies.

During interviews, the Executive Director and Program Director confirmed that the Davidson County Juvenile Detention Center has never entered into, nor will it enter into, any collective bargaining agreements. They further verified that no contracts, memoranda, or personnel policies restrict the agency’s ability to remove staff or contractors from resident contact while an investigation is pending. The PCM’s responses in the PAQ also confirmed that no such agreements exist at either the facility or corporate level.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.367 - Agency Protection Against Retaliation
	Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- Retaliation Monitoring Documentation
- ROP Policy 200.400 Incident Reporting Policy
- ROP SES Administrative and Response Review Form
- ROP PREA/SES Lesson Plan (Employee Training Curriculum)
- Vulnerability Assessment Instrument Form
- Room Assignment Instrument Form

Interviews:

- Administrators Designated to Monitor Retaliation:
 - Executive Director
 - Program Director
 - PCM

Explanation of Determination:

115.367 (a-f):

(a):

As per the agency's PREA Policy:

- The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The facility designates the Program Director and Executive Director as the primary administrators responsible for retaliation monitoring, supported by the PCM and shift supervisors. The monitoring process begins as soon as an allegation of sexual abuse or sexual harassment is reported. Facility leadership confirmed that retaliation monitoring is considered an immediate and ongoing responsibility, consistent with the zero-tolerance expectations outlined in the agency's PREA Policy and Safe Environment Standards.

The Program Director and Executive Director explained that all reports of retaliation would be promptly reviewed and discussed during administrative meetings, with separate documentation maintained for each case. Allegations of retaliation would be investigated independently, and if necessary, referred to external authorities, including DCS or MNP, for follow-up.

No allegations of sexual abuse or harassment have been reported since ROP assumed operations in July 2022; therefore, no retaliation monitoring forms were available for review during this audit period.

(b):

According to the agency's PREA Policy:

- The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Program Director, Executive Director, and PCM each confirmed that these measures are in place and would be implemented immediately if any staff or resident expressed fear of retaliation. Examples include increased monitoring, additional staff check-ins, and reassignment of housing or work areas.

Administrators further advised that when a PREA-related allegation or fear of retaliation involves a youth, a risk screening would be completed immediately to determine the youth's vulnerability and ensure appropriate housing and safety measures are in place. This risk screening process is consistent with the agency's Safe Environment Standards and ensures that the safety needs of all youth are reassessed following any incident or disclosure.

If an allegation involves staff as a suspected perpetrator, that employee is immediately placed on administrative leave pending the outcome of the investigation. If the allegation is substantiated, termination of employment is the presumptive outcome, consistent with the agency's zero-tolerance policy and personnel practices.

The PCM also described that, in the event of a PREA-related allegation, the facility would document all protective steps in both the resident's file and the PREA tracking system, and notify the agency-wide PC through the Internal Notice Form.

(c):

The agency's PREA Policy states:

- For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Program Director and PCM confirmed that retaliation monitoring would occur for a minimum of 90 days and that documentation would be maintained on a

designated Retaliation Monitoring Form. This form tracks dates of review, staff observations, and any action steps taken. The monitoring process includes periodic check-ins with the resident or staff member, observation during daily operations, and review of facility logs and reports.

Administrators also shared that when a resident is involved in a PREA-related report, a risk screening and vulnerability reassessment would be conducted as part of the initial retaliation monitoring process. In conjunction with the Vulnerability Assessment, the Room Assignment Instrument form would also be re-conducted to ensure that all housing assignments and supervision levels remain appropriate and continue to promote resident safety. These reassessments ensure that housing placement, programming participation, and staff supervision levels continue to support the youth's safety and emotional well-being throughout the monitoring period.

(d-f):

According to the agency's PREA Policy:

- In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The Program Director, Executive Director, and PCM described how such monitoring could extend beyond 90 days if needed, based on the individual's continued perception of risk. They further explained that any staff or resident found to have engaged in retaliation would face disciplinary action, up to and including termination or referral for prosecution, depending on the severity of the conduct. In situations where a resident perpetrator remains in placement, sight and sound separation protocols are enforced to ensure ongoing safety and supervision.

The auditor also reviewed the ROP SES Administrative and Response Review Form (rev. 5/23/21), which includes retaliation monitoring as a post-incident review item during administrative debriefings. This documentation ensures that any ongoing or potential retaliation is identified, tracked, and addressed as part of the 30-day response review process following a PREA allegation.

Training & Documentation Review:

The ROP PREA/SES Lesson Plan reviewed by the auditor includes explicit objectives to ensure staff understand that retaliation against any individual who reports sexual abuse or sexual harassment is prohibited. The curriculum emphasizes that retaliation prevention is part of every staff member's duty to maintain a safe and supportive environment. Staff training sessions reinforce these expectations through discussion, case examples, and role-play exercises.

	<p>Additionally, PREA posters displayed throughout the facility reinforce zero tolerance for sexual abuse, sexual harassment, and retaliation. These posters provide residents and staff with clear, accessible reporting information for internal and external contacts, including DCS, MNP, and the Sexual Assault Center.</p> <p>During the audit review period, no incidents of sexual abuse or retaliation were reported at the Davidson County Juvenile Detention Center. This information was confirmed through communication with the Tennessee Statewide PREA Coordinator, who verified that no PREA-related reports were recorded for the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>PREA Standard 115.368 - Post-Allegation Protective Custody</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Resident Grievance Review <p>Interviews:</p> <ul style="list-style-type: none"> • Executive Director • Program Director • Program Manager • PCM • Full-Time Medical Professional (LPN) • Full-Time Mental Health Professional (MHP) • Contracted Licensed Professional Counselor (LPC) • 12 Randomly Selected Direct Care Staff <p>Site Review Observations:</p> <p>During the onsite review, the auditor confirmed that none of the residents at the facility were isolated in a room as a result of a PREA-related situation. The auditor did not observe any form of specialized housing or segregation for youth who</p>

identify as LGBTI. All male residents were appropriately housed in male units, and the facility's one female resident was housed individually on a designated unit for female residents. Only female staff were assigned to work in this pod, consistent with agency policy and PREA requirements regarding cross-gender supervision and privacy.

Explanation of Determination:

115.368:

According to the agency's PREA Policy:

- Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse must comply with the requirements of §115.342, which places strict limitations on the use of involuntary isolation or segregation as a protective measure.

The Executive Director, Program Director, Program Manager, and PCM confirmed that the facility is required to provide all residents—including those temporarily restricted to their rooms or placed under safety monitoring—with access to daily large-muscle exercise and all legally required educational programming, including special education services, without interruption. Medical and mental health staff are required to conduct daily wellness checks on any youth who may be separated from the general population for safety reasons. The auditor verified through observation and interviews that no residents were isolated for any PREA-related reason during the onsite visit, and no instances of isolation or restricted programming were reported or observed.

Interviewees consistently explained that, rather than isolating a resident to protect their well-being, staff take a series of less restrictive actions designed to maintain safety and stability. These measures include reassigning housing or relocating the alleged aggressor, reassessing room and unit placements, adjusting educational or program schedules, and increasing supervision or monitoring of the vulnerable youth. Staff and administrators further described frequent check-ins with the resident to assess emotional status, reinforce trust, and identify any additional needs. When appropriate, additional counseling or clinical sessions are arranged to provide ongoing support. These strategies ensure that residents remain safe, connected, and fully engaged in facility programming while avoiding any form of isolation.

Administrative staff also confirmed that, under Tennessee licensing regulations, the facility may only isolate a resident for a major disciplinary matter for a maximum of six hours before the Program Director must contact the Juvenile Court to request authorization for any extension. Even in those rare cases, youth continue to receive educational materials, large-muscle exercise, and access to medical and mental health services, ensuring compliance with both PREA standards and state licensing requirements.

	<p>The contracted LPC, full-time MHP, and LPN confirmed that they are able to provide services without restriction. They explained that they may either go directly to a resident in need of services or have the resident escorted to their office areas, ensuring uninterrupted access to care. Residents may also submit daily sick call forms or request mental health services by notifying staff directly or by submitting written requests in designated boxes located throughout the facility.</p> <p>The auditor also reviewed a random sample of resident grievances from the 12-month audit review period to assess for any reports of sexual abuse or sexual harassment. The review confirmed that none of the grievances involved such allegations. All grievances were properly documented, and there were no instances in which a sexual abuse- or harassment-related concern was submitted or processed through the administrative grievance system.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.371 - Criminal & Administrative Agency Investigations</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Agency's Reporting & Investigation Policy • ROP SES/PREA Administrative Investigation Report Instructional Form • Internal Notice of Potential SES Incident • ROP SES Coordinated Response Plan Form • ROP SES/PREA Administrative Investigation Report Form • PREA Response Flow Chart • PREA Notification and Responsibility Tree (for team members) • Memorandum of Understandings (MOUs) • PREA Investigative File Review • Local Hospital Website Review (Nashville General Hospital) • Email Communications from the Administrative Staff from Metro Nashville Police Department • Resident Grievance and Follow-up Investigation • Phone & Email Correspondence from the TN Department of Children's

Services Statewide PREA Coordinator

Interviews:

- 12 Randomly Selected Security Staff
- Program Director (Administrative Internal PREA Investigator)
- PCM (Administrative Internal PREA Investigator)
- Executive Director
- Full-time Mental Health Professional
- Full-time Medical Professional (LVN)
- TN DCS Statewide PREA Coordinator

Explanation of Determination:

115.371 (a-m):

(a):

According to the agency's PREA Policy:

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The auditor interviewed both designated internal administrative investigators for the facility—the Program Director and the PCM. Each confirmed that policy requires a prompt, thorough, and objective investigation for all allegations of sexual abuse or sexual harassment, regardless of the source. Both described that upon receiving a report, the Shift Supervisor completes the Internal Notice of Potential SES Incident form and immediately forwards it to the Program Director, PCM, and Program Director (FA). Notifications are made to the Tennessee Department of Children's Services (DCS) and the Metro Nashville Police Department (MNPd) within one hour if the allegation involves potential criminal behavior.

Both investigators emphasized that all internal investigations begin with ensuring the safety of the youth, separation of parties, and evidence preservation. They described using the ROP Coordinated Response Plan and the Administrative Investigation Report Form to guide the process. Each confirmed that they communicate with DCS and MNPd throughout any investigation and that the facility cooperates fully with state and local authorities.

(b):

The agency's PREA Policy states:

- Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile

victims pursuant to PREA standard §115.334.

Furthermore, as documented in Section 115.334 of this report, both internal investigators successfully completed ROP Module 13.44 - Investigator Training, which included instruction on interviewing juvenile victims, the use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate administrative and criminal cases.

The auditor verified that all internal PREA investigations conducted at the facility during the audit review period were performed by an administrative investigator who completed the specialized training required under §115.334.

(c):

According to the agency's PREA Policy:

- Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The facility only has authority to conduct administrative investigations and does not perform criminal investigations. When physical or DNA evidence may exist, the facility preserves and secures the area until law enforcement arrives to collect evidence.

The internal investigators described the distinction between responding to allegations of sexual abuse versus sexual harassment. Allegations of sexual abuse are immediately reported to MNP and DCS to initiate a criminal investigation. A simultaneous administrative investigation begins internally, but communication with law enforcement is maintained to avoid interference with the criminal case.

For sexual harassment allegations that do not involve potential criminal conduct, the internal administrative investigator notifies DCS, which may elect to conduct its own administrative investigation or delegate the matter to the facility. In all cases, the facility is required to complete a prompt, thorough, and objective administrative investigation, including interviews, review of video evidence, and examination of prior reports or related behavior.

The internal investigators confirmed that all evidence, notes, and findings from administrative investigations are shared with DCS and MNP when applicable. The Program Director and PCM serve as the primary facility contacts for PREA-related investigations and maintain communication with external investigators throughout the process.

(d-f):

As stated in the agency's PREA Policy:

- The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall 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.

The internal investigators confirmed that all investigations remain open until a finding—substantiated, unsubstantiated, or unfounded—is reached based on the preponderance of evidence standard.

(g) (1-2):

According to the agency's PREA Policy:

- Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interviews with the internal investigators confirmed that each investigation includes an analysis of staff conduct, supervision patterns, and policy compliance to determine whether any action or omission contributed to the allegation. The Administrative Investigation Report Form includes fields for policy violations, corrective measures, and final findings.

(h & i):

As per the agency's PREA Policy:

- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The internal investigators explained that all criminal investigations are conducted independently by MNPD and DCS. The facility cooperates fully with those entities and provides access to staff, records, and video footage as requested. Referral for prosecution is determined by MNPD and the assigned prosecutor.

(j):

The agency's PREA Policy states:

- The agency shall retain all written reports referenced in provisions (g) and (h) of PREA standard 115.371 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.

The internal investigators and Program Director confirmed adherence to this retention requirement.

(k):

As stated in the agency's PREA Policy:

- The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The internal investigators confirmed that all investigations remain open and are completed to final determination regardless of staff or resident departure.

(l): n/a

(m):

According to the agency's PREA Policy:

- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Program Director and PCM serve as primary points of contact for MNP and DCS investigators. They confirmed that law enforcement and state investigators have unrestricted access to the facility and that communication is maintained through regular phone calls and email updates until the case is closed.

The auditor also verified that the ROP Safe Environmental Standards (<https://riteofpassage.com/safe-standards/>) publicly outlines the agency's zero-tolerance stance, investigative expectations, and cooperation requirements with external law enforcement and state agencies.

PREA Investigative File Review:

The auditor verified through the PAQ, document review, and interviews that there were no reports of sexual abuse involving residents during the audit period since Rite of Passage (ROP) assumed operations in July 2022. All staff and resident

	<p>interviews consistently confirmed that they were not aware of any incidents, allegations, or investigations involving sexual abuse or sexual harassment at the facility. The auditor also contacted the Tennessee Department of Children’s Services (DCS) Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.</p> <p>In addition, the auditor reviewed seven randomly selected resident grievances from 2025. No grievances involved sexual abuse or sexual harassment. However, one grievance alleged that a resident touched a staff member’s buttocks. The Program Director promptly investigated the allegation, reviewed surveillance footage, conducted interviews, and implemented corrective measures. The Administrative Investigation Report demonstrated a thorough and objective process consistent with the ROP Administrative Investigation and Coordinated Response procedures. As a corrective step, additional mid-level supervisors (Group Leaders) were added to enhance staff supervision and reinforce professional boundaries.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.372 - Evidentiary Standard for Administrative Investigations</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Investigative Documents • PREA Investigative File Review <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PCM

	<p>Explanation of Determination:</p> <p>115.372:</p> <p>According to the agency’s PREA Policy:</p> <ul style="list-style-type: none"> • The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. <p>The internal investigators (Program Director and PCM) both confirmed during their interviews that the preponderance of evidence standard is the evidentiary threshold used in all administrative investigations. They explained that this standard—defined as “more likely than not”—is applied after all available physical, testimonial, and documentary evidence has been gathered and reviewed. The investigators further stated that the use of this standard is reinforced through their specialized investigator training under §115.334 and through review by the Regional Compliance Director for consistency and accuracy before final closure of any investigation.</p> <p>The auditor’s review of completed investigative documentation confirmed that all investigative findings were determined using this evidentiary standard. No documentation or interview suggested the use of a higher threshold of proof.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.373 - Reporting to Residents</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Investigative Documents • ROP Safe Environmental Standards/PREA Post-Investigation Student Notification (SES 115.373)

- PREA Investigative File Review

Interviews:

- Executive Director
- Internal Administrative Investigators (Program Director and PCM)

Explanation of Determination:

115.373 (a-f):

According to the agency's PREA Policy:

- Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
 - The staff member is no longer posted within the resident's unit;
 - The staff member is no longer employed at the facility;
 - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall 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; or
 - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- All such notifications or attempted notifications shall be documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The administrators interviewed confirmed that the facility is required to notify both the resident victim and the resident's parent or guardian of the outcome of any sexual abuse investigation conducted at the facility, consistent with this PREA standard. The auditor reviewed the ROP Safe Environmental Standards/PREA Post-Investigation Student Notification (SES 115.373) form, which is used to document all such notifications. The form captures the nature of the allegation (staff/student or student/student), identifies the allegation category (sexual abuse, sexual

	<p>harassment, sexual misconduct, or voyeurism), and records whether the victim received written, verbal, or third-party notice of the investigation. It also includes sections for documenting:</p> <ul style="list-style-type: none"> • Whether an outside agency was involved and the date notified; • The investigation start and end dates; • The outcome (substantiated, unsubstantiated, or unfounded); • Any resulting sanctions such as staff removal, termination, indictment, or conviction; and • Signatures and dates from the Program Director, Case Manager/Treatment Manager, Investigator, and Regional Compliance Director confirming review and completion. <p>This standardized form ensures that notifications are accurately documented, reviewed, and retained as part of the investigative record, verifying compliance with the notification and documentation requirements of this standard.</p> <p>The auditor verified through the PAQ, document review, and interviews that there have been no allegations or incidents of sexual abuse or sexual harassment at the facility since ROP assumed operations in July 2022. Therefore, no notifications were required or made during the audit period. However, the facility demonstrated preparedness to meet the notification requirements should an allegation occur, through established forms, policy, and staff understanding of procedures.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.376 - Disciplinary Sanctions for Staff
	Evidence Reviewed to Determine Compliance:
	<ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Personnel File Review • PREA Investigative File Review
	Interviews:

- Executive Director
- Program Director
- Internal Administrative Investigators (PCM & Program Director)
- HR Manager

Explanation of Determination:

115.376 (a-d):

According to the agency’s PREA Policy:

- Staff are subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary outcome for any staff member found to have engaged in sexual abuse.
- Sanctions for other policy violations are determined based on the nature of the violation, the staff member’s history, and consistency with sanctions imposed in similar cases. All terminations or resignations in lieu of termination are reported to law enforcement, unless the conduct is clearly non-criminal, and to relevant licensing bodies when applicable.

During interviews, facility leadership and the HR Manager confirmed that no staff, volunteers, or contractors were found to have engaged in sexual abuse during the current audit review period. This was corroborated through the auditor’s review of PREA documentation, random personnel files examined onsite with the HR Manager, and confirmation provided by the TN DCS Statewide PC. The administrators and HR Manager further confirmed that termination of employment would be the presumptive action taken for any employee found to have engaged in any form of sexual abuse involving a resident at the facility. Additionally, immediate termination of contract and/or services would be enforced for any contractor, intern, or volunteer determined to have engaged in sexual abuse of a resident.

In addition, interviews with direct care staff further confirmed their understanding that any substantiated act of sexual abuse or sexual harassment would result in immediate termination and referral to local law enforcement and TN DCS.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.377 - Disciplinary Sanctions for Contractors and Volunteers

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- Personnel File Review
- PREA Investigative File Review

Interviews:

- Executive Director
- Program Director
- Internal Administrative Investigators (PCM & Program Director)
- HR Manager

Explanation of Determination:

115.377 (a & b):

According to the agency's PREA Policy:

- Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
- The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During interviews, facility leadership and the HR Manager confirmed that no staff, volunteers, or contractors were found to have engaged in sexual abuse during the current audit review period. This was corroborated through the auditor's review of PREA documentation, random personnel files examined onsite with the HR Manager, and confirmation provided by the TN DCS Statewide PC. The administrators and HR Manager further confirmed that termination of employment would be the presumptive action taken for any employee found to have engaged in any form of sexual abuse involving a resident at the facility. Additionally, immediate termination of contract and/or services would be enforced for any contractor, intern, or volunteer determined to have engaged in sexual abuse of a resident.

In addition, interviews with direct care staff, two contractors, and one volunteer further confirmed their understanding that any substantiated act of sexual abuse or sexual harassment would result in immediate termination of services and referral to local law enforcement and TN DCS.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.378 - Interventions & Disciplinary Sanctions for Residents</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • PREA Investigative File Review • Resident Grievance Review • Staff PREA Training Curriculum <p>Interviews:</p> <ul style="list-style-type: none"> • Internal Administrative Investigators (PCM & Program Director)) • 12 Randomly Direct Care Staff • 10 Random Residents • Full-Time Medical Professional (LPN) • Full-Time Mental Health Professional (MHP) • Contracted Licensed Professional Counselor (LPC) <p>Site Review Observations:</p> <p>During the onsite visit, the auditor confirmed that no youth at the facility had been isolated or confined in response to a PREA-related situation. Additionally, the facility does not utilize specialized or segregated housing for youth who identify as LGBTI. At the time of the review, no residents were identified or reported as identifying as gay, bisexual, transgender, or intersex, and there were no instances of specialized housing or room confinement related to a PREA matter observed.</p> <p>Explanation of Determination:</p> <p>115.378 (a - g):</p> <p>(a & b):</p>

The agency's PREA Policy states that residents may only be subject to disciplinary sanctions following a formal disciplinary process resulting in an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Sanctions must be proportionate to the nature and circumstances of the offense, the resident's disciplinary history, and comparable sanctions imposed on other residents with similar records. If disciplinary isolation is imposed, the resident must retain access to large-muscle exercise, legally required educational and special education services, daily medical or mental health visits, and other programming and work opportunities as feasible.

Interviews with 12 randomly selected direct care staff confirmed that no residents have been sanctioned for sexual abuse during the audit period. Staff consistently reported that isolation requires management approval and that youth may only be confined in their room for a maximum of six hours, with most seclusions being only for a short period of time. All staff affirmed that residents continue to receive access to large-muscle exercise, educational programming, and medical and mental health care, even if temporarily restricted to their room.

The medical and mental health professionals interviewed verified that they have unrestricted access to residents and can provide daily visits as needed, regardless of a resident's disciplinary status. They further explained that residents can request to meet with medical or mental health staff either by verbally notifying a staff member or by submitting a written request through the designated drop boxes.

The auditor also reviewed a random sample of resident grievances from 2025, confirming that none involved resident disciplinary sanctions related to sexual abuse or sexual harassment. The review further verified that no grievances alleged disciplinary isolation, denial of services, or retaliation following a PREA-related report. Documentation demonstrated that grievances were reviewed and addressed promptly, consistent with agency policy and PREA standards.

(c):

The agency's PREA Policy affirms that the disciplinary process must consider whether a resident's mental disabilities or mental illness contributed to the behavior when determining appropriate sanctions.

The Program Director and PCM confirmed this practice in interviews, explaining that any known mental health diagnoses or documented behavioral concerns are reviewed as part of the decision-making process before disciplinary action is determined. Sanctions, when applicable, are adjusted to ensure fairness and alignment with the resident's mental health status and treatment plan.

(d):

According to the agency's PREA Policy, if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying causes of sexually abusive behavior, it shall consider offering such services to residents found to have engaged in sexual abuse. Participation in these interventions may be

required as a condition for access to a rewards-based behavior management system, but not as a condition for access to general programming or education.

The MHPs and the medical professional confirmed that, following a substantiated finding of resident-on-resident sexual abuse, the facility assesses the resident's need for therapeutic interventions. When clinically indicated, services are provided onsite or through external counseling referrals. The facility maintains partnerships with local agencies, including the Sexual Assault Center and the local medical emergency center, to ensure residents have access to appropriate mental health and victim-support services, consistent with PREA standards.

(e-g):

The agency's PREA Policy affirms the following:

- A resident may be disciplined for sexual contact with staff only if there is a finding that the staff member did not consent to the contact.
- A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not be considered a false report or lying, even if the allegation is unsubstantiated.
- While the agency prohibits all sexual activity between residents and may discipline residents for such activity, it will not classify such conduct as sexual abuse unless it is determined that coercion was involved.

During interviews, all residents affirmed their understanding that they can report sexual abuse or sexual harassment without restriction and without fear of disciplinary action or retaliation for reporting. Staff interviews and documentation reviewed during the audit confirmed that the facility enforces a prohibition on sexual activity between residents; however, any disciplinary response is contingent upon a determination of coercion, consistent with agency policy and the requirements of §115.378.

Staff PREA Training Review:

Upon review of the facility's PREA training materials and verified through staff interviews, the auditor confirmed that employees receive instruction on the disciplinary and reporting protections outlined in this standard. The training emphasizes that residents cannot be punished for reporting sexual abuse or harassment made in good faith, that isolation may only be used under limited circumstances and for short durations, and that consensual sexual activity is not classified as sexual abuse unless coercion is involved.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="331 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 247 594 279">Auditor Discussion</p> <hr/> <p data-bbox="331 319 1409 390">PREA Standard 115.381 - Medical and Mental Health Screenings; History of Sexual Abuse</p> <p data-bbox="331 426 1008 457">Evidence Reviewed to Determine Compliance:</p> <ul data-bbox="399 522 1435 947" style="list-style-type: none"> • Agency's PREA Policy • PAQ • Risk Screening Form (ROP Davidson County Youth Pre-Trial Housing Facility - Vulnerability Assessment Instrument {VA}: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk) • Samples of Risk Screenings Completed • Staff PREA Training Curriculum & Verifications • Room Assignment Instrument (ROP Davidson County Youth Pre-Trial Housing Facility) Form • Mental Health Follow-up Documentation • Davidson County Juvenile Detention Center Medical Intake Forms <p data-bbox="331 982 496 1014">Interviews:</p> <ul data-bbox="399 1079 1414 1465" style="list-style-type: none"> • 6 Randomly Selected Residents • 4 Targeted Residents (Cognitive, Mental, or Intellectual Disability; LEP; and prior victimization on risk screening) • Intake Officer • Case Manager • Program Manager • PCM • Full-Time Medical Professional (LPN) • Full-Time Mental Health Professional (MHP) • Contracted Licensed Professional Counselor (LPC) <p data-bbox="331 1501 721 1533">Site Review Observations:</p> <p data-bbox="331 1568 1414 1875">During the site review, the auditor observed both the physical and electronic storage areas where PREA-related information and resident documentation are maintained. All Vulnerability Assessments, medical records, and other PREA documentation are securely stored in digital format within the agency's electronic case management system. The auditor confirmed that access to this system is password protected, role-based, and restricted to authorized personnel only, consistent with the confidentiality and data protection requirements of this standard.</p> <p data-bbox="331 1908 1414 1940">In addition, the auditor inspected the physical file storage area where limited hard</p>

copies of PREA documentation are kept. These records are maintained in a locked filing cabinet located in a secured administrative office accessible only to authorized management staff. The area is covered by 24-hour video surveillance and requires key access, ensuring that sensitive resident and PREA information remains protected at all times.

The auditor also spoke informally with staff responsible for handling PREA documentation, including the PCM, medical and mental health professionals, and intake personnel, to verify their understanding of the facility's information security procedures. Each demonstrated clear awareness of who is authorized to access PREA-related records and how confidentiality is maintained across both electronic and hard copy systems.

Based on these observations and interviews, the auditor found no concerns or evidence of non-compliance related to record storage or information security practices.

Explanation of Determination:

115.381 (a-d):

(a & b):

According to the agency's PREA Policy:

- Any resident who discloses prior sexual victimization or abusiveness during the PREA risk screening (per §115.341) is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The auditor interviewed one contracted LPC, one full-time MHP, and one full-time LPN, all of whom confirmed that residents disclosing prior sexual victimization or abusiveness during the intake process are promptly referred to mental health. In accordance with ROP Safe Environmental Standards (Agency's PREA Policy), the Student Vulnerability Assessment (SSVAB) is completed within 24 hours of admission to identify risk of victimization or sexually aggressive behavior. Any disclosure of prior unwanted sexual experience is immediately reported to the appropriate internal staff and outside authorities in compliance with agency policy and state mandatory child abuse reporting laws. Staff further confirmed that all youth admitted to the facility are seen by a medical professional on the day of admission and by a therapist within days—exceeding the minimum requirements of this standard. Additionally, the auditor interviewed two residents identified by the PCM as having disclosed prior sexual victimization through review of their SSVABs. Both youth confirmed that the screening questions from the agency's Vulnerability Assessment were asked, that they met with a nurse within hours of arrival, and that they were seen by a counselor within two weeks. These findings demonstrate that screening, documentation, and referral procedures are consistent with agency policy and the PREA training curriculum reviewed by the auditor.

The intake staff member responsible for conducting the facility's Vulnerability

Assessment in accordance with PREA Standards 115.341 and 115.342 confirmed that therapists and medical staff have access to screening data, allowing for timely follow-up and effective information sharing to support individualized care and supervision planning.

The auditor reviewed a random sample of twelve completed Vulnerability Assessment forms from youth admitted within the past 12 months. Of these twelve, two indicated prior sexual victimization, and documentation was provided to confirm that a mental health professional and/or medical professional met with each youth within the required 14-day timeframe following admission. Supporting documentation included Counseling Program Notes and completed Medical Intake Forms. This practice was further validated through resident interviews, during which the youth confirmed meeting with a nurse and/or mental health professional shortly after arrival.

Note: During discussions with the PCM, PM, Case Manager, and mental health staff, the auditor noted the benefit of developing a formal procedure to ensure the mental health unit is promptly notified whenever a Vulnerability Assessment indicates prior sexual victimization or abusiveness. The group discussed the possibility of implementing a process in which such assessments are emailed directly to the mental health unit to streamline referrals and ensure timely access to relevant information. The PCM indicated that she would begin working on developing this procedure, and all parties involved expressed agreement with this approach.

(c):

In accordance with the agency's PREA Policy, information regarding a resident's sexual victimization or abusiveness that occurred in an institutional setting is shared only with medical and mental health practitioners and other staff, as necessary, to inform treatment plans and support appropriate housing, bed, work, education, and program assignments, or as otherwise required by law.

The specialized mental health and medical professionals and random staff interviewed all demonstrated a clear understanding of the limits of confidentiality in a juvenile facility. They confirmed that such sensitive information is disclosed only to personnel with a legitimate need to know, consistent with policy and PREA requirements.

(d):

Pursuant to the agency's PREA Policy, medical and mental health practitioners are required to obtain informed consent from residents before reporting prior sexual victimization that occurred outside an institutional setting—unless the resident is under the age of 18.

The auditor verified through interviews and onsite documentation review that the facility exclusively serves residents 18 and under, making mandatory reporting applicable. Both the medical professional and the MHP confirmed that all residents

	<p>are informed of confidentiality limits and the informed-consent process before receiving medical or mental health services.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.382 - Access to Emergency Medical and Mental Health Services</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • ROP SES Coordinated Response Plan Form • ROP SES/PREA Administrative Investigation Report Form • PREA Response Flow Chart • PREA Notification and Responsibility Tree (for team members) • Memorandum of Understanding (MOU) with The Sexual Assault Center (SAC) • ROP Safe Environmental Standards Student Services Offered Acknowledgement • Local Hospital Website Review (Nashville General Hospital) • Email Communications from the Administrative Staff from Metro Nashville Police Department • Resident Grievance and Follow-up Investigation • Phone & Email Correspondence from the TN Department of Children's Services Statewide PREA Coordinator • PREA Investigative File Review <p>Interviews:</p> <ul style="list-style-type: none"> • Full-Time Medical Professional (LPN) • Full-Time Mental Health Professional (MHP) • Contracted Licensed Professional Counselor (LPC) • 12 Random Direct Care Staff • Program Director • Executive Director • PCM

Explanation of Determination:

115.382 (a-d):

According to the agency's PREA Policy:

- Resident victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.
- Resident victims of sexual abuse while incarcerated shall be 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.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor interviewed one contracted LPC, one full-time MHP, and one full-time LPN, all of whom confirmed during their individual interviews that emergency medical and mental health services would be provided to any resident victim of sexual abuse. The level of emergency care available on site would be based on professional judgment and within each practitioner's scope of practice. For additional emergency services, staff would call 911 to transport a resident victim of sexual abuse to the local hospital. The professionals explained that the local children's advocacy center (Sexual Assault Center, SAC) would also be contacted to provide advocacy and crisis services at no cost. They confirmed that all follow-up victim services are provided without financial cost to the resident. Each professional reported that they have not encountered a sexual-abuse incident at the facility but demonstrated clear understanding that immediate, unimpeded access to emergency medical treatment and crisis intervention services would be provided to any resident victim.

The professionals also noted that a contracted physician visits the facility at least twice per week to provide medical care and is available to assist with evaluations and follow-up related to PREA incidents as needed. This arrangement ensures continuity of care between the facility, the local hospital, and the Sexual Assault Center, allowing timely coordination of both emergency and follow-up medical services.

Interviews with the PD, ED, and PCM confirmed a strong understanding of the agency's evidence-handling and sexual-abuse response protocols. Leadership accurately described the coordinated steps required under the ROP SES Coordinated Response Plan, including immediate victim protection, scene preservation, medical

response, and documentation procedures.

Twelve randomly selected direct-care staff consistently and accurately described their responsibilities following a report of sexual abuse, including immediate separation of the alleged victim and suspect, preservation of potential physical evidence, and prompt notification to the Shift Supervisor, PD, and PCM. Each staff member confirmed awareness that victims of sexual abuse would be transported to the nearest hospital for forensic medical services provided by a SANE nurse, accompanied by an advocate from SAC.

The facility LPN and mental-health staff also confirmed their understanding of and participation in the coordinated response process. The LPN described the steps followed when a report is received: stabilizing the youth, notifying the Shift Supervisor and PD, and arranging for transport to Nashville General Hospital (NGH), Ascension Saint Thomas Hospital, or Vanderbilt for a forensic medical exam and emergency medical services. Medical staff do not perform evidence collection on site; rather, they ensure the youth's immediate safety, document observations, and coordinate with law enforcement and SAC advocates to maintain chain of custody and confidentiality.

The two MHPs confirmed that they provide crisis intervention, emotional support, and follow-up counseling consistent with the ROP Coordinated Response Plan and PREA standards. They explained that mental-health staff participate in post-incident debriefings, safety planning, and trauma assessments to ensure that youth receive both medical and psychological care in a trauma-informed manner. Both the nurse and mental-health professionals reiterated that victims are never billed for services and that care is provided regardless of whether the youth chooses to cooperate with law enforcement.

Interviews also confirmed that a contracted physician visits the facility twice weekly to provide routine and follow-up medical care and is available to assist with PREA-related evaluations as needed, ensuring continuity of care following any forensic examination or emergency treatment. The LPN and mental-health staff noted that outside referrals to medical or behavioral-health specialists are available when clinically indicated, depending on the nature of the incident or specific needs of the youth.

Overall, staff interviews demonstrated consistent understanding and implementation of evidence protocols, forensic response, and victim-advocacy procedures. All personnel interviewed were familiar with the designated SANE provider, the 24/7 advocacy availability through SAC, and the agency's zero-tolerance policy toward sexual abuse and harassment.

Website Reviews for The Sexual Assault Center (SAC) and Nashville General Hospital (NGH):

- The SAC website confirms that the center provides 24/7 advocacy, crisis intervention, and accompaniment during forensic medical exams conducted

	<p>at local hospitals, including NGH. SAC services are confidential, free of charge, and available to youth.</p> <ul style="list-style-type: none"> • The NGH website confirms that its Emergency Department houses a dedicated SANE Program staffed by advanced-practice nurses who conduct trauma-informed forensic exams for adults, adolescents, and children. Services include evidence collection, STI treatment, injury documentation, and coordination with SAC and the Our Kids Clinic for pediatric and adolescent survivors. Exams are available 24/7, and survivors may receive care without insurance or a police report. <p>PREA Investigative File Review:</p> <p>The auditor verified through the PAQ, document review, and interviews that there were no reports of sexual abuse involving residents during the audit period since ROP assumed operations in July 2022. All staff and resident interviews consistently confirmed that they were not aware of any incidents, allegations, or investigations involving sexual abuse or sexual harassment at the facility. The auditor also contacted the TN DCS Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual-abuse or sexual-harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.</p> <p>Additionally, the auditor reviewed seven randomly selected resident grievances from 2025; none contained reports of sexual abuse or sexual harassment. One grievance alleged that a resident touched a staff member's buttocks. The PD promptly investigated the allegation, reviewed surveillance footage, conducted staff and resident interviews, and implemented corrective measures. The Administrative Investigation Report demonstrated a thorough and objective investigation consistent with the ROP Administrative Investigation and Coordinated Response procedures. As a corrective step, additional mid-level supervisors (Group Leaders) were added to enhance staff supervision and reinforce professional boundaries.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.383 - Access to Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- ROP SES Coordinated Response Plan Form
- ROP SES/PREA Administrative Investigation Report Form
- PREA Response Flow Chart
- PREA Notification and Responsibility Tree (for team members)
- Memorandum of Understanding (MOU) with The Sexual Assault Center (SAC)
- ROP Safe Environmental Standards Student Services Offered Acknowledgement
- Local Hospital Website Review (Nashville General Hospital)
- Email Communications from the Administrative Staff from Metro Nashville Police Department
- Resident Grievance and Follow-up Investigation
- Phone & Email Correspondence from the TN Department of Children's Services Statewide PREA Coordinator
- PREA Investigative File Review

Interviews:

- Full-Time Medical Professional (LPN)
- Full-Time Mental Health Professional (MHP)
- Contracted Licensed Professional Counselor (LPC)
- PCM

Explanation of Determination:

115.383 (a-h):

According to the agency's PREA Policy:

- The facility shall 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. The evaluation and treatment of such victims shall 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.
- The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all

lawful pregnancy-related medical services.

- Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with the contracted LPC, full-time MHP, and full-time LPN confirmed that resident victims would receive immediate, unimpeded access to emergency medical treatment and crisis intervention services. On-site medical and mental health care would be provided within each professional's scope of practice, and 911 would be called for any emergency requiring transport to Nashville General Hospital (NGH) for forensic medical services by a SANE, accompanied by an advocate from the Sexual Assault Center (SAC). All professionals confirmed that treatment services would be provided at no cost to residents, regardless of their willingness to participate in a law enforcement investigation.

The professionals explained that the facility maintains a Memorandum of Understanding (MOU) with the SAC to ensure that residents have 24/7 access to confidential advocacy and crisis intervention services. The SAC provides trained advocates who accompany victims to NGH during forensic exams, assist with crisis counseling, and provide follow-up emotional support. The MHP and LPN also confirmed that SAC services are free of charge, confidential, and consistent with trauma-informed care practices.

The auditor reviewed the SAC website, which confirms that the center provides 24/7 advocacy, crisis intervention, and accompaniment during forensic medical exams conducted at local hospitals including NGH. SAC services are confidential, provided at no cost, and available to youth survivors of sexual abuse. The NGH website confirms that its Emergency Department hosts a dedicated SANE Program staffed by advanced-practice nurses trained to provide trauma-informed forensic medical exams for adults, adolescents, and children. Services include evidence collection, STI testing and treatment, injury documentation, pregnancy testing and counseling, and coordination with SAC and the Our Kids Clinic for pediatric and adolescent survivors.

The medical and mental health professionals further explained that a contracted physician visits the facility at least twice per week to provide medical care and is available to assist with evaluations and follow-up related to PREA incidents as needed. This arrangement ensures continuity of care between the facility, NGH, and SAC, allowing timely coordination of both emergency and follow-up medical and mental health services.

	<p>Mental health staff confirmed that follow-up care would include trauma assessments, crisis counseling, and development of treatment plans, with referrals to outside behavioral health or medical specialists as needed. They also stated that, in accordance with policy, the facility attempts to complete a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of the abuse history and provides treatment as clinically indicated.</p> <p>As noted in 115.382, leadership and line staff interviews consistently described the coordinated response: immediate separation/protection, scene/evidence preservation, notification of PD/PCM/SS, transport to NGH for SANE, and SAC involvement for 24/7 advocacy. Clinical staff reiterated these steps and their roles in crisis intervention, safety planning, and trauma-informed follow-up.</p> <p>PREA Investigative File Review:</p> <p>Consistent with 115.382, the auditor verified through the PAQ, documentation review, interviews, and confirmation from the TN DCS Statewide PREA Coordinator (email dated November 5, 2025) that there were no allegations or reports of sexual abuse or sexual harassment involving residents during the audit period since ROP assumed operations in July 2022. Consequently, no treatment episodes were recorded; however, interviews confirmed that medical and mental health staff are fully prepared to implement the required evaluation, treatment, and referral procedures if an incident occurs.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.386 - Sexual Abuse Incident Reviews</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • Sexual Abuse Incident Review (SAIR) Documentation • ROP SES Administrative & Response Review (Form SES 115.386, rev. 5/23/21) • ROP Post-SES/PREA Investigation Recommendation & Implementation Form (SES 115.386, rev. 5/23/21)

- PREA Investigation File Review

Interviews:

- Designated Administrators Involved in SAIRs:
 - Program Director
 - PCM
 - Executive Director

Explanation of Determination:

115.386 (a-e):

According to the agency's PREA Policy:

- The facility shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team shall:

- Consider 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; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

As part of the facility's post-investigation process, the ROP Post-SES/PREA Investigation Recommendation and Implementation Form (rev. 5/23/21) is used to document any findings, corrective actions, and follow-up steps identified through the review. The form provides a detailed record of issues or contributing factors

	<p>identified during the SES/PREA Administrative and Response Review and outlines specific recommendations, the responsible staff, and the timeline for completion. It includes sections for describing any policy or procedural deficiencies, summarizing recommendations, and recording the implementation plan and verification of completion. The Program Director and PCM sign and date the form to confirm the plan's approval and progress, and the Regional Compliance Director signs to document regional oversight and ensure the site has appropriately addressed each item.</p> <p>The ROP SES/PREA Administrative and Response Review Form (rev. 5/23/21) serves as the foundation of the review process. It provides a structured checklist that prompts evaluators to consider staffing adequacy at the time of the incident, staff tenure and training, room assignments, physical-plant or camera coverage issues, policy adherence, the completion of Student Vulnerability Assessments, and whether any factors such as race, gender identity, sexual orientation, or gang affiliation may have influenced the incident. It also requires the review team to determine if additional monitoring technology or procedural changes are warranted and whether a Recommendations and Implementation Plan should be developed.</p> <p>Together, these forms establish a consistent and accountable system for analyzing each sexual abuse allegation and implementing corrective measures when necessary. By requiring signatures from the Program Director, PCM, and Regional Compliance Director, the agency ensures multi-level oversight, documentation integrity, and continuous monitoring of outcomes. This structured approach supports agency-wide learning and promotes continuous improvement in prevention, detection, and response practices related to sexual abuse incidents.</p> <p>Interviews with the Executive Director, Program Director, and PCM confirmed a clear understanding of the SAIR process, including the 30-day timeframe, the composition of the review team, and the specific evaluative elements required under this standard. Administrators explained that the purpose of each review is to identify lessons learned and determine whether changes to policy, staffing, supervision, or monitoring technology are warranted to enhance facility safety.</p> <p>Although the facility has not received a sexual-abuse allegation during the past three-year audit review period, the auditor verified that comprehensive procedures, documentation tools, and staff awareness are in place to ensure full compliance should an incident occur.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.387 - Data Collection and Review

Evidence Reviewed to Determine Compliance:

- Agency's PREA Policy
- PAQ
- Memo from PC and PCM

Interviews:

- PCM
- PC
- Program Director
- Executive Director

Explanation of Determination:

115.387 (a-f):

According to the agency's PREA Policy:

- The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

During interviews, the PCM, PC, ED, and PD each described that the facility's leadership team meets regularly to review PREA-related practices, discussions, and any potential incidents or concerns. These routine meetings are intended to ensure continued compliance and promote awareness across all program areas. However, all interviewees consistently reported that there have been no allegations or incidents of sexual abuse or sexual harassment at the facility during the audit period, and therefore no data has been available for collection or comparison.

The auditor also contacted the TN DCS Statewide PREA Coordinator to verify this

	<p>information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.388 - Data Review for Corrective Action</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • ROP and Davidson County Juvenile Detention Center Websites • Corrective Action Proof Documentation • Quarterly Report <p>Interviews:</p> <ul style="list-style-type: none"> • PCM • PC • Executive Director • Program Director <p>Explanation of Determination:</p> <p>115.388 (a-d):</p> <p>According to the agency's PREA Policy:</p> <ul style="list-style-type: none"> • The agency shall review data collected and aggregated pursuant to PREA Standard §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: <ul style="list-style-type: none"> ◦ Identifying problem areas;

- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be 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. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

During interviews, the PCM, PC, ED, and PD each described that the facility's leadership team meets regularly to review PREA-related practices, discussions, and any potential incidents or concerns. These routine meetings are intended to ensure continued compliance and promote awareness across all program areas. However, all interviewees consistently reported that there have been no allegations or incidents of sexual abuse or sexual harassment at the facility during the audit period, and therefore no data has been available for collection or comparison.

The auditor also contacted the TN DCS Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.

The auditor reviewed both the agency's and the Davidson County Juvenile Detention Center's websites and found no annual PREA data review or report publicly posted, as required by this standard. Additionally, the facility was unable to provide documentation demonstrating that such a data review or corrective action report had been completed or approved by agency leadership.

Non-Compliance Summary:

The facility did not provide documentation demonstrating that annual data reviews, comparisons, or corrective action reports were conducted or published. Although administrators meet regularly to discuss PREA compliance, the absence of documented data reviews and a publicly available annual report prevents verification of compliance.

*It should be noted that the facility has posted a quarterly report on their website (<https://juvenilecourt.nashville.gov/pre-trial-housing>) that was conducted by the Program Director in June of 2025. However, this report does not include any incident-based sexual abuse data or documentation for how this data was reviewed. The auditor concluded that it is reasonable to assume that the absence of this data stems from the lack of reported sexual abuse allegations in the past three years.

	<p>Nonetheless, the PREA standards are clear that sexual abuse data and a report of reviewing said data is required (even if the number of sexual abuse allegations is zero).</p> <p>Corrective Action Documentation Review & Compliance Summary:</p> <p>During the corrective action period, the PCM provided the auditor with the facility’s corrective action plan related to the deficiencies identified for PREA standards 115.388 and 115.389. This plan was signed by facility leadership and outlines the facility's commitment to add annual reports to the facility’s website that includes the required elements of these two PREA standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, including the corrective action documentation provided, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.389 - Data Storage, Publication, and Destruction</p> <p>Evidence Reviewed to Determine Compliance:</p> <ul style="list-style-type: none"> • Agency's PREA Policy • PAQ • ROP and Davidson County JDC Websites • Quarterly Report • Corrective Action Proof Documentation <p>Interviews:</p> <ul style="list-style-type: none"> • PCM • PC • Executive Director • Program Director <p>Site Review Observations:</p> <p>During the assessment of the facility’s data security measures, the auditor observed that resident files and other sensitive PREA-related information were securely maintained within locked filing cabinets and offices inside the secure facility. All data</p>

storage areas were under camera view—either directly within the room or at the entry points—ensuring an added layer of accountability and protection. No concerns were identified regarding the physical security of confidential PREA materials.

Explanation of Determination:

115.389 (a-d):

According to the agency’s PREA Policy:

- The agency shall ensure that all PREA related resident data collected are securely retained. The agency shall 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. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

During interviews, the PCM, PC, ED, and PD each described that the facility’s leadership team meets regularly to review PREA-related practices, discussions, and any potential incidents or concerns. These routine meetings are intended to ensure continued compliance and promote awareness across all program areas. However, all interviewees consistently reported that there have been no allegations or incidents of sexual abuse or sexual harassment at the facility during the audit period, and therefore no data has been available for collection or comparison.

The auditor also contacted the TN DCS Statewide PREA Coordinator to verify this information. In an email sent to the auditor on November 5, 2025, the Statewide PREA Coordinator confirmed that DCS has not received any report or allegation of a resident being involved in a sexual abuse or sexual harassment incident at this facility since ROP assumed operations in July 2022. The information reported by the detention facility was verified as accurate.

The auditor reviewed the ROP and Davidson County Juvenile Detention Center websites and found no aggregated sexual abuse data or annual PREA reports publicly available, as required under this standard. The facility did not provide documentation demonstrating that aggregated data had been prepared, redacted for personal identifiers, or made publicly accessible.

Non-Compliance Summary:

The facility securely maintains resident and PREA-related information and has appropriate systems in place for data collection and retention. However, the facility did not provide documentation verifying that aggregated sexual abuse data has been published online as required. The absence of publicly available annual data on the internet prevents verification of full compliance with the publication requirement of PREA Standard 115.388.

	<p>*It should be noted that the facility has posted a quarterly report on their website (https://juvenilecourt.nashville.gov/pre-trial-housing) that was conducted by the Program Director in June of 2025. However, this report does not include any incident-based sexual abuse data or documentation for how this data was reviewed. The auditor concluded that it is reasonable to assume that the absence of this data stems from the lack of reported sexual abuse allegations in the past three years. Nonetheless, the PREA standards are clear that sexual abuse data and a report of reviewing said data is required (<i>even if the number of sexual abuse allegations is zero</i>).</p> <p>Corrective Action Documentation Review & Compliance Summary:</p> <p>During the corrective action period, the PCM provided the auditor with the facility’s corrective action plan related to the deficiencies identified for PREA standards 115.388 and 115.389. This plan was signed by facility leadership and outlines the facility’s commitment to add annual reports to the facility’s website that includes the required elements of these two PREA standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, including the corrective action documentation provided, the auditor has determined that the facility meets all elements of this PREA standard, and no further corrective action is required at this time.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.401 - Frequency & Scope of Audits</p> <p>Evidence Reviewed to Determine Compliance:</p> <p>(a): The Executive Director and PCM confirmed during their interviews that this PREA audit represents the facility’s first PREA audit since Rite of Passage (ROP) assumed operational control in July 2022. It was further shared that this is the first PREA audit ever conducted for this facility.</p> <p>(b): This audit was conducted in the first year of the fifth audit cycle.</p> <p>(h): During the onsite phase of the audit and the facility inspection, the auditor had full access to, and the ability to observe, all areas of the facility. No issues of concern were experienced or identified by the auditor during the onsite pursuant to the requirements of this PREA standard.</p> <p>(l): During all phases of the audit, the auditor was permitted to request and</p>

	<p>received copies of any relevant document including electronically stored information from administrative files and records.</p> <p>(m): During the onsite phase of the audit, the auditor was able to conduct interviews with residents and staff members in a private office type setting that ensured the residents and staff were able to communicate to the auditor privately, without other individuals able to listen to their responses.</p> <p>(n): During all three phases of the audit process, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, the auditor has not received any confidential information or correspondence from a resident and or staff to date.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standard 115.403 - Audits Contents & Findings</p> <p>Evidence Reviewed to Determine Compliance:</p> <p>The Executive Director and PCM confirmed during their interviews that this PREA audit represents the facility's first PREA audit since Rite of Passage (ROP) assumed operational control in July 2022. It was further shared that this is the first PREA audit ever conducted for this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	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.)	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.)	na
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
115.313 (a)	Supervision and monitoring	
	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
115.313 (b)	Supervision and monitoring	
	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
115.313 (c)	Supervision and monitoring	
	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.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
115.313 (e)	Supervision and monitoring	
	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)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	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
115.315 (d)	Limits to cross-gender viewing and searches	
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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: Residents who have speech 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: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	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
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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	yes

	maintained by the State or locality in which the employee would work?	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	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.)	yes
115.321	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.)	yes
	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.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
115.321 (d)	Evidence protocol and forensic medical examinations	
	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
115.321	Evidence protocol and forensic medical examinations	

(e)		
	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
115.321 (f)	Evidence protocol and forensic medical examinations	
	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.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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))	yes
115.331 (a)	Employee training	
	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

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
115.331 (b)	Employee training	
	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
115.331 (c)	Employee training	
	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
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	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
115.333 (b)	Resident education	
	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 sexual abuse and sexual harassment?	yes
	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	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	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
115.333 (d)	Resident education	
	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	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	yes

	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).)	
115.334 (b)	Specialized training: Investigations	
	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).)	yes
	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).)	yes
	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).)	yes
	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).)	yes
115.334 (c)	Specialized training: Investigations	
	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).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	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.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	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.)	
	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.)	yes
	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.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	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
115.335 (c)	Specialized training: Medical and mental health care	
	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.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	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.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
115.341 (a)	Obtaining information from residents	
	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
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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 the agency attempt to ascertain information about: Age?	yes
	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
115.341 (d)	Obtaining information from residents	
	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
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	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
115.342 (b)	Placement of residents	
	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
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (h)	Placement of residents	
	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?)	yes
	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?)	yes
115.342 (i)	Placement of residents	
	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
115.351	Resident reporting	

(a)		
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
115.351 (c)	Resident reporting	
	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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	
	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
115.352 (c)	Exhaustion of administrative remedies	
	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
115.352 (d)	Exhaustion of administrative remedies	
	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	na

	standard.)	
	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
115.352 (e)	Exhaustion of administrative remedies	
	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
115.352	Exhaustion of administrative remedies	

(f)		
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
115.353 (d)	Resident access to outside confidential support services and legal representation	
	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
115.354 (a)	Third-party reporting	
	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

115.361 (a)	Staff and agency reporting duties	
	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 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?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	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
115.364 (b)	Staff first responder duties	

	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
115.365 (a)	Coordinated response	
	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
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?	yes
115.367 (a)	Agency protection against retaliation	
	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
115.367 (b)	Agency protection against retaliation	
	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
115.367 (c)	Agency protection against 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 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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	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).)	yes
	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).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	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
115.371 (g)	Criminal and administrative agency investigations	
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	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).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	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
115.373 (b)	Reporting to residents	
	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	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	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 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?	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 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
115.373 (d)	Reporting to residents	
	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	yes

	within the facility?	
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
115.377 (a)	Corrective action for contractors and volunteers	
	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
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
115.378	Interventions and disciplinary sanctions for residents	

(c)		
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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	yes

	medical and mental health practitioners?	
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
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	yes

	addressing sexual abuse?	
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 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?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or	na

	<p>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.)</p>	
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