

PREA Facility Audit Report: Final

Name of Facility: Lake Granbury Youth Services

Facility Type: Juvenile

Date Interim Report Submitted: 07/25/2023

Date Final Report Submitted: 01/12/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Derek Craig Henderson	Date of Signature: 01/12/ 2024

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	06/18/2023
End Date of On-Site Audit:	06/19/2023

FACILITY INFORMATION	
Facility name:	Lake Granbury Youth Services
Facility physical address:	1300 Crossland Road, Granbury, Texas - 76048
Facility mailing address:	

Primary Contact	
Name:	Chris Harvey
Email Address:	chris.harvey@rop.com
Telephone Number:	817-579-0852

Superintendent/Director/Administrator	
Name:	Chris Harvey
Email Address:	chris.harvey@rop.com
Telephone Number:	817-579-0852

Facility PREA Compliance Manager

Facility Health Service Administrator On-Site	
Name:	Dr. Ric Bonnell
Email Address:	ric.bonnell@rop.com
Telephone Number:	817-964-1701

Facility Characteristics	
Designed facility capacity:	95
Current population of facility:	61
Average daily population for the past 12 months:	55
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	Moderate to High

Number of staff currently employed at the facility who may have contact with residents:	76
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-18
2. End date of the onsite portion of the audit:	2023-06-19

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 spoke with the Program Director (PD) of the Paluxy River Child Advocacy Center (PRCAC) in Granbury, TX, who explained the services the PRCAC provides to a juvenile victim of sexual abuse. The PD confirmed that PRCAC conducts forensic interviews and family advocacy services are available to a victim and the victim's family. If a forensic medical examination is necessary, the PD advised law enforcement is responsible for scheduling the SANE/SAFE with one of the local hospitals, either Cook Children's or John Peter Smith in Fort Worth, TX. The PD verified that LGYS referred two students to PRCAC for forensic interviews related to a staff-on-resident sexual abuse allegation in 2022, with this being the most recent situation involving a student from LGYS being referred to PRCAC for a sexual abuse allegation. Furthermore, the alleged perpetrator in the case was released on bond and currently pending court on the charges related to the alleged sexual assault at LGYS. The PD explained that in her years as the organization's Program Director, this incident from 2022 is the only situation that she can recall that involved a staff member from LGYS being arrested for sexual abuse.

-The auditor also spoke with the Executive Director of the PRCAC to assess if the advocacy services provided by her organization are compliant with the requirements of set forth in this PREA Standard. In speaking with the Executive Director, the auditor determined that the PRCAC is an outside entity that is able to provide student victims of sexual abuse a specially trained victim advocate, who can accompany and support a student victim through the forensic medical examination process and investigatory interviews. It was further confirmed that the PRCAC is able to enlist the services of a specially trained victim advocate from the PRCAC who can provide emotional support, crisis intervention, information, and referrals to students at LGYS. The Executive Director clarified that the

PRCAC is unable to provide on-site services to a student who is an alleged or adjudicated perpetrator of sexual abuse due to safety concerns; however, emotional support services for a perpetrator of sexual abuse can be referred out to other entities who specialized in such services. Additionally, it was confirmed that the MOU between the two agencies is current and fully effective, with the Executive Director explaining that she has been in recent communication with the PCM of LGYS to ensure the requirements of the MOU are able to be fully implemented at the LGYS facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	95
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	8
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	59
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38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	24
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1

<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>69</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

14

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

Selected a representative sample from the student roster provided during the onsite.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<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>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</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 checked="" 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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite. However, the facility identified youth in the facility at the time of the onsite who spoke English as a second language; however, all youth in the facility at the time of the onsite were able to effectively communicate and understand English.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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>Through the documentation review, interviews conducted, and in observations made onsite, the auditor determined that no such youth were in the facility during the onsite.</p>
<p>70. 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>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. 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>73. 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>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. 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:	4
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. 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 type="checkbox"/> Other
83. 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.

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

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

During the onsite, the auditor examined the entire facility to ensure key PREA information is continuously and readily available and visible to students through posters, pamphlets, and a provided student handbook.

Upon the auditor's inspection, PREA related signage was confirmed to be posted in English and Spanish in each housing unit, intake area, public lobby, visitation, hallways, gymnasium, classrooms, etc. The auditor confirmed that the signage posted was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.

Furthermore, the signage language was clear, easy to understand, and at an appropriate reading level for the students in the facility, with information also provided specific to services associated with emotional support services available to all students.

The auditor also made a successfully test call to the student toll-free 24/7 TJJJ Reporting Hotline (which, provides state operated professional translation services to youth who are confined in the LGYS facility); and examined the facility's intake process. The onsite test call was proven successful by the auditor having a youth from the facility call the TJJJ Hotline from one of the housing units.

After the student placed the Hotline call, the auditor took over the call with confirming with a TJJJ Incident Reporting Center (IRC) Police Communications Operator that this third-party reporting system managed by the Office of Inspector General of Texas was fully operational at the facility. Furthermore, the auditor was provided the email sent by the IRC to the FA of LGYS, which further proved that the third-party reporting system in place was fully functional and properly institutionalized. The onsite phase of the auditor confirmed that residents with disabilities and residents who are limited English proficient 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. Furthermore, PREA pamphlets and other PREA related documents, which are provided to all youth during the intake process, were found in the housing units, with some students having their intake documents inside their room. The auditor also verified that the facility has an internal grievance process, with all students having access to a pencil and a grievance form on each housing unit. The students are able to submit a grievance confidentially by placing a completed grievance form in one of the three white locked grievance boxes in the facility, as confirmed by the auditor. The students are also able to mail out letters if so desired.

Documentation Sampling

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

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

Yes

No

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

As noted throughout the PREA report, the auditor reviewed a large sample of PREA verification documents and no barriers or restrictions were experienced in any aspect of the PREA audit process. For example, the auditor selected random verification documents from student files (Vulnerability Assessments and PREA education acknowledgements), staff personnel files (background verification documents), PREA investigative files, staffing training files, etc.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	2	2	2
Total	3	2	3	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	1	1	0
Total	0	1	1	1	0

95. 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	1	0	0	0
Total	1	0	0	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - Rite of Passage Agency Organizational Chart - Lake Granbury Youth Services (LGYS) Organizational Chart 2023 - Rite of Passage Position Descriptions (PREA Coordinator- PC & PREA Compliance Manager- PCM) - Rite of Passage Safe Environmental Standards Zero-Tolerance Acknowledgement Forms - LGYS Website (Lake Granbury Youth Services Center - Improving the Lives of Youth) <p>Interviews:</p>

- The auditor interviewed the agency-wide PREA Coordinator (PC) for Rite of Passage (ROP) and the PREA Compliance Manager (PCM) for Lake Granbury Youth Services (LGYS) Center in Granbury, TX. The PC explained her role as the agency-wide PC for the ROP company and described how she has the necessary time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at LGYS. She emphasized that she lives locally in Granbury, TX and conducts frequent site visits, as well as monthly meetings with facility leadership to review recent PREA related situations and conduct PREA refresher trainings with management and staff. The PC expressed her full involvement in all PREA related matters at LGYS, working directly with the PCM and Executive Director to identify deficiencies related to PREA compliance at the facility and develop plans of action to resolve any issues discovered. The PC furnished the auditor with the latest records verifying completion of her PREA-specific training. These documents encompassed a comprehensive education on the duties intrinsic to the role of a PREA Coordinator, specialized training for PREA investigators, and a general refresher on the training elements set forth in PREA Standard 115.331. This evidence solidifies the PC's compliance with PREA protocols and affirms her dedication to enhancing sexual safety practices within the ROP facilities she supervises, ensuring they meet and exceed standards set for PREA compliance.

- The PREA Compliance Manager (PCM) confirmed the PC's involvement, as outlined above, and also described her own role as the facility's designated PCM and the Program Director (PD) of the facility. She explained that she works continuously with the agency's PC and the facility's management team to ensure compliance with the PREA standards. The PCM stated that she is able to prioritize and delegate PREA related duties as needed to ensure that the most important and critical functions are continually assessed and any identified issues are addressed by the administrative team to maximize the safety of everyone at the facility through PREA compliance at all levels. Additionally, the PCM mentioned that she has been working at LGYS for approximately one year and that the PCM designation will soon be transferred to the facility's newly hired Compliance Supervisor. This re-organization will allow the Program Director to focus more on programming and the daily operations of the facility, while the Compliance Supervisor takes on the role of PCM and ensures standard compliance as their primary duty.

Site Review Observations:

During the onsite phase of the audit, the facility's PCM was observed as having sufficient time and authority to coordinate efforts to comply with PREA standards and provided the auditor with access to all areas of the facility. Throughout the audit process, the PCM was the primary point of contact and provided the auditor with the proof documentation requested in a timely manner. The auditor also observed several PREA posters throughout all areas of the facility, which documented the facility's zero tolerance policy on all forms of sexual abuse and sexual harassment and how to report.

Explanation of Determination:

115.311 (a-c):

Lake Granbury Youth Services (LGYS) is operated by Rite of Passage (ROP), and ROP designed the ROP's Safe Environment Standards manual in order to ensure compliance with the Juvenile Facility PREA Standards in each of the ROP facilities. This manual was provided to the auditor in the PREA Online Audit System & will be referred to going forth as the facility's PREA Policy. The auditor reviewed this Policy and concluded that each Juvenile Facility PREA Standard is included therein, with the first section titled, "PREA Standard 115.311- Zero Tolerance of Sexual Abuse and Sexual Harassment," including the required elements of this PREA Standard, as highlighted below:

- Rite of Passage has a zero tolerance policy against all forms of sexual abuse and sexual harassment. Rite of Passage prohibits all sexual activity between or with any student(s) under our care and supervision. No staff may work at an ROP program before completing PREA training.
- Rite of Passage will assign and train an upper level, staff member to assume the duties of Regional Improvement Imbedded Coordinator (RIIP), as PREA Coordinator (PC). The responsibilities of this assignment include (but are not limited to) assisting in the development, implementation and oversight of the PREA standards within the organization. The RIIP will be afforded the sufficient time and authority to develop, implement and oversee the organization's efforts to comply with PREA standards.
- The RIIP will ensure that PREA Site Compliance Managers, along with the Program Directors, will conduct an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate to ensure the protection of students against sexual abuse.
- In addition to above responsibilities, the RIIP will develop and oversee the implementation of training to all staff on PREA standards (PREA Standards 115.331, 115.332, 115.334 & 115.335).

The agency's PREA Policy also includes the PREA definitions related to sexual abuse in the above section, as well as first responder duties, multi-disciplinary team response plan, the facility's staffing plan, appropriate staffing levels, and sanctions imposed for acts of sexual abuse and sexual harassment.

The auditor was provided the agency's Position Description forms for the PC and PCM positions, which further demonstrate how the facility complies with provisions (b) and (c) of this PREA Standard, as noted below:

- The PREA Compliance Coordinator (PC) works with the Director of CQI and coordinates the activities of the PREA Site Compliance Managers. The duties of this position are additional functions attached to an existing position of CQI/QA Manager. Primarily responsible for monitoring and reporting for PREA compliance. This position reports to the Director of CQI/Treatment/Executive Director of the Eastern Region and supervises Site PREA Compliance

Managers.

- The PREA Site Compliance Manager (PCM) works with the Student Services team. The duties of this position are additional functions attached to an existing position of the site's choosing. Primarily responsible for monitoring and reporting for PREA compliance. This position reports to the PREA Coordinator (CQI/QA Manager).

The ROP and LGYS Organizational Charts were provided in the OAS, and the auditor determined that each chart sufficiently demonstrates the authority the PC and PCM have within the entire ROP organization and at the LGYS facility. The PC of ROP is also the agency's Compliance Director (Texas District) and reports directly to the Chief Administrative Officer of the agency, who is a part of the agency's overall leadership team. The PCM at LGYS is also the facility's Program Director who reports directly to the Executive Director of the facility. The PCM is second in command at the LGYS facility and also reports to the agency-wide PC directly.

The PCM noted in the PAQ that she meets with the PC on a monthly basis to discuss cases and strategies to prevent, and the PC conducts a monthly training/education/supervision call with all the site PREA Managers across the agency every month on the 3 Tuesday of every month. This is when training is done and cases and strategies are discussed.

In order to ensure all students, employees, volunteers, contractors, and interns who enter the LGYS facility understand the agency's zero tolerance policy, the facility has implemented a ROP Safe Environment Standards Zero-Tolerance Acknowledgment form, which includes the following information:

- Rite of Passage has ZERO-TOLERANCE of sexual abuse, sexual harassment and sexual activity. The intent of the Rite of Passage Safe Environmental Standards and Prison Rape Elimination Act (PREA) is to ensure a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all students, employees, volunteers, contractors and intern workers.
- You have an obligation to maintain clear boundaries with students to maintain an ethical supervision relationship with objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional, or sexual relationship to occur with students.
- Any sexual contact between a student and an employee, volunteer, contractor, or intern IS sexual abuse.
- All forms of sexual contact and sexual harassment between students and employees/volunteers/contractors/interns are prohibited by Rite of Passage and may be against the law.
- If you are aware of any such incidents, you have a duty to report them.
- I acknowledge that I have received training on and understand Rite of Passage's Safe Environment Standards and PREA. ____ (initials)
- I acknowledge that I understand Rite of Passage's position on zero tolerance

of sexual abuse and sexual harassment. ____ (initials)

- I acknowledge that I will report any knowledge of sexual abuse or sexual harassment immediately. ____ (initials)
- Print Name
- Signature
- Date
- Date of Training
- Signature of Trainer

Lastly, per the LGYS website, Rite of Passage is committed to providing a safe environment free from sexual abuse for the students in our care. To this end, Rite of Passage has developed Safe Environmental Standards in accordance with the Prison Rape Elimination Act (PREA). Further, the facility also includes information on their website explaining:

- the agency's Zero Tolerance Policy regarding sexual assault, sexual harassment and sexual activity;
- students right to be free from sexual assault or harassment, as well as free from retaliation for reporting; and
- there is no "consensual" sexual activity between students or between staff and students at Rite of Passage programs.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following is a list of evidence used to determine compliance: <ul style="list-style-type: none">- Pre-Audit Questionnaire (PAQ)- Lake Granbury Youth Services Center Website (https://lakegranburyyouthservices.com/)- Agency's PREA Policy (Rite of Passage Safe Environment Standards) Explanation of Determination: 115.312 (a-b):

	<p>Per the information provided in the PAQ, the agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies; therefore, the agency is not required to adhere to the requirements of this PREA Standard. Per the Lake Granbury Youth Service's (LGYS) website, "LGYS is a <u>residential treatment center</u> that is operated by Rite of Passage (ROP), a leading National provider of evidence-based therapeutic and educational programs for youth. ROP provides a diverse continuum of care with evidence-based programs in education, youth shelter programs, family and community aftercare and intensive treatment for youth involved in the juvenile justice system." Furthermore, per the agency's PREA Policy on page 7, PREA Standard 115.313 is not applicable to Rite of Passage."</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - LGYS Annual Review of Staffing Assignment and Video Monitoring January 2023 - ROP Vulnerability Assessment Team - Site Visit Reporting Form (January 2023) - Daily Site Unannounced Rounds Sheets - LGYS Facility Diagram, with Cameras Marked - LGYS AM/PM Reports - Staff Timesheets <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the facility's PCM, who also serves as the facility's designated Facility Administrator (FA) and Program Director (PD). The PCM explained the facility's Staffing Plan and discussed the deviations from the required staff to resident PREA ratio of 1:8 during waking hours in the year 2023. The PCM explained that the facility leadership, with approval from their Juvenile Board and ROP, decided to transition to the Texas Administrative Code (TAC) minimum supervision ratio of 1:12 instead of the PREA ratio of 1:8 for waking hours during the COVID-19

pandemic period. This change was made due to the low number of certified Juvenile Supervision Officers (JSOs) working at the facility at the time. The facility is actively working on recruiting new applicants to increase the number of JSOs but has faced challenges as a direct result of the exigent circumstances caused by COVID-19. The PCM confirmed that there have been no issues with the sleeping hour PREA supervision ratio of 1:16. The PCM demonstrated a thorough understanding of the Staffing Plan and explained how the facility conducts annual reviews with facility leadership and the management team. These reviews include a formal meeting with the agency-wide PC. The PCM explained the review process, which involves assessing, determining, and documenting any necessary modifications to the Staffing Plan. This includes reviewing staffing patterns, the video monitoring system, and the available resources to ensure adherence to the plan. Any deficiencies in complying with the plan are addressed and corrective action is taken as needed. The PCM indicated that the staffing situation is assessed daily by the management team, with a weekly meeting held on Mondays to discuss the dynamics of the student population, staffing levels and schedules, staffing assignments, and other elements related to the Staffing Plan to ensure compliance and student and staff safety. The PCM also described the process of conducting and documenting supervisory unannounced PREA rounds, which are conducted randomly and unpredictably at least once per shift per month.

Site Review Observations:

During the facility inspection, the auditor noticed that the facility largely met the requirement for a 1:8 ratio of staff to residents during their waking hours. However, based on the information gathered from interviews and the auditor's own observations, it was discovered that the facility had difficulty consistently adhering to the required 1:8 ratio during waking hours while the auditor was onsite. One noteworthy instance occurred at one of the housing units identified as Dream Cottage, where the auditor observed 10 students under the supervision of only one male staff member, resulting in a staff to student ratio of 1:10 during waking hours. Another example was observed in the facility's gymnasium, where there were 9 male residents being supervised by one female staff member, leading to a ratio of 1:9. Additionally, the auditor did not receive any documentation regarding these deviations, and the facility's leadership explained that they had obtained a waiver from LGYS Juvenile Board and ROP to deviate from the required 1:8 ratio required by PREA in favor of complying with the 1:12 ratio specified by the Texas Administrative Code (TAC) during certain programming hours.

Furthermore, during the onsite visit, the auditor had the opportunity to observe recorded surveillance footage of unannounced supervisory level PREA rounds that were carried out for both shifts in the facility in May 2023. These video recordings served as evidence that the unannounced rounds were being implemented in practice at the facility. However, as mentioned in subsection (e) below, the auditor suggested that refresher training be provided to Supervisors responsible for conducting the rounds to ensure a clear understanding of the expectations associated with documenting the rounds, and to ensure that these expectations are consistently followed.

During the onsite, the auditor did not observe any other issues associated with the facility complying with the elements outlined in their Staffing Plan. The auditor confirmed that the agency has sufficient camera coverage in operation throughout the facility. The facility's surveillance system captures views of each housing unit, the hallways, visitation, lobby, gymnasium, classrooms, cafeteria, counseling rooms, and each exit/entry door. However, despite the clear prohibition of students entering the laundry room and the presence of a camera capturing the only door leading into that room, the auditor identified the absence of a camera inside the laundry room as a vulnerability. It was recommended, although not mandatory, that the facility install a camera in the laundry room as a best practice. Additionally, it is important to note that the facility's key control policy requires facility keys to certain areas, such as the laundry room and cleaning closet, to be checked out from the Control Room. Only designated staff members, like Supervisors, are permitted to check out these keys.

Finally, the Control Room of the facility operates the electronic security door system and is equipped with five large monitors that can display around 88 camera views simultaneously for the Control Room staff member to observe. The Control Room is staffed continuously throughout the day and night, allowing staff members to adjust the views on the monitors in order to ensure continuous monitoring of all areas within the facility.

Explanation of Determination:

115.313 (a-e):

(a):

Based on the agency's PREA Policy, which can be found on pages 5 and 7, Rite of Passage programs are required to have enough staff members to ensure the protection of students from sexual abuse. Staff members are instructed to stay in areas where they can be observed by another staff member or through a video monitoring system when they are with a student. If additional staff members are needed, the Program Director/Manager will be notified and more staff will be provided. Additionally, secure ROP programs must have a staffing ratio of 1 staff member for every 8 students (1:8) during waking hours, and 1 staff member for every 16 students (1:16) during sleeping hours, as mandated in provision (c) of PREA Standard 115.313. The Policy also explains that the ROP will ensure that PREA Site Compliance Managers, along with the Program Directors, conduct an annual assessment to determine if the staffing patterns, video monitoring systems, and other resources are sufficient to protect students from sexual abuse.

The aforementioned policy, along with the facility's Staffing Plan Review document, adequately demonstrated to the auditor how the agency adheres to the required supervision and monitoring aspects of this PREA Standard in practice at the facility. The Policy and Staffing Plan Annual Review document stipulates that the facility must take into account the eleven (1-11) provision elements in order to calculate appropriate staffing levels and determine the necessity for video surveillance. The facility has implemented a completely compliant Staffing Plan to ensure that the

ratios of 1 staff member to 8 residents and 1 staff member to 16 residents, as mandated by PREA, are consistently met. Additionally, the facility employs a video monitoring system that offers supplementary supervision and covers all areas to prevent and detect sexual abuse and harassment. To ensure the highest level of resident safety, as specified in the agency's PREA Policy on page 5, staff members are required to remain in a location that can be observed by another staff member directly or through the video monitoring system when they are with a student. If additional staff is necessary, the Program Director/Manager will be notified and extra staff will be provided. Furthermore, the facility's Staffing Plan review document includes a table on page 2, which outlines the areas of the facility that are under video surveillance. According to this document, LGYS has at least 104 operational cameras at the facility.

Additionally, the PCM sent an email to the auditor containing a diagram of the layout of the LGYS facility, with each camera clearly indicated. This document provides further evidence of the facility's utilization of surveillance monitoring technology in order to ensure the safety of both students and staff, as well as to discourage and identify instances of sexual harassment and sexual abuse.

(b):

The PCM stated in the PAQ that there have been no situations since the facility's last PREA audit that caused the facility to deviate from their Staffing Plan. However, if such a deviation were to occur, the facility will follow the requirements of this PREA Standard and fully document the circumstances surrounding each Staffing Plan deviation. Additionally, the PCM mentioned in the PAQ that the average daily number of residents has been 49 since the facility's last PREA audit, while the facility's Staffing Plan was based on 65 residents.

After a thorough review of the evidence provided and interviews with onsite staff, the auditor concluded that in the past 12 months, the facility has not consistently complied with the 1:8 waking hours supervision ratio mandated by this PREA Standard, the agency's PREA Policy, and the facility's Staffing Plan. Furthermore, since the facility did not provide the required documentation for each of the Staffing Plan deviations related to the 1:8 ratio, the auditor determined that the agency is not compliant with this aspect of the PREA Standard provision.

(c):

According to the agency's PREA Policy, LGYS maintains a ratio of 1 staff member for every 8 students during waking hours, and 1 staff member for every 16 students during sleeping hours. In the facility's Staffing Plan Review on page 1, it is stated that Lake Granbury Youth Services Center is currently in compliance with all Federal PREA-related ratios of 1:8 during normal operating/program hours and 1:16 during non-programming/sleeping hours.

To assess the facility's compliance with the 1:8 and 1:16 staff to resident ratios in the past 12 months, the auditor randomly selected six dates and requested proof documentation from the facility that shows the number of staff and residents

present on each date. After reviewing the provided LGYS AM/PM Reports, the auditor determined that the facility was compliant with the applicable ratios on each of the 6 dates selected, and no issues were found. However, based on interviews conducted on site, as well as observations made by the auditor during the inspection, it was discovered that the facility was not consistently in compliance with the required 1:8 staff to resident ratio during waking hours. For example, during the onsite inspection of one housing unit (Dream Cottage), the auditor counted 10 students and only one male staff member providing supervision, resulting in a 1:10 waking hours staff to student ratio. Another situation where the ratio was not compliant was observed in the facility's gymnasium, where there were 9 male residents and one female Juvenile Supervision Officer (JSO) providing supervision (1:9 ratio). The auditor was not provided documentation for each of the observed deviations, and agency leadership confirmed that the facility had obtained a waiver from the LGYS Juvenile Board and ROP to deviate from the required 1:8 ratio and instead comply with the Texas Administrative Code (TAC) programming hours staff to resident ratio of 1:12. It was explained that due to ongoing issues with hiring and retaining security staff (JSOs), the facility was unable to consistently meet the 1:8 staff to resident waking hours ratio required by PREA and ROP. As a result, facility leadership requested the waiver in order to continue operating with a 1:12 ratio according to TAC.

(d):

The agency's PREA Policy on pages 5 and 6 describe the following procedures as related to the annual review of the facility's Staffing Plan:

- The RIIP will ensure that PREA Site Compliance Managers, along with the Program Directors, will conduct an annual assessment to determine if **staffing patterns, video monitoring systems, other technologies and resources** are adequate to ensure the protection of students against sexual abuse.

Upon reviewing the facility's January 2023 Annual Review of Staffing Assignment and Video Monitoring document, the auditor determined that the facility conducts the required annual review and documents how each element required by this PREA Standard is assessed to determine if adjustments are necessary. The signed Annual Review was provided by the PC and Program Director of LGYS (the PCM).

Furthermore, the facility also provided the auditor with a Vulnerability Assessment Team- Site Visit Reporting Form, which was completed in January of 2023. This document is a vulnerability assessment of the LGYS facility and shows how the PC for ROP conducted the assessment in the past 12 months to identify potential vulnerabilities and document recommendations for improving safety within the facility.

(e):

According to the agency's PREA Policy on pages 5 and 7, Rite of Passage will

conduct unannounced rounds on all shifts, including overnight shifts, to ensure adequate supervision, and to identify and deter staff from sexual misconduct and sexual abuse. The agency provided the auditor with the facility's "Days and Nights 12-Hour Shift Schedule," which outlines how the facility schedules security staff (JSOs) on each of the two 12-hour shifts (7a-7p and 7p-7a).

In addition, per the agency's PREA Policy, all staff are prohibited from alerting other staff members that the unannounced rounds are being conducted, and the following unannounced round procedures are included in the agency's PREA Policy on page 7:

(a) Unannounced rounds will be conducted by a Shift Supervisor (or designee) at least once per shift.

(b) Site Vulnerability Assessments using the "Site Visit Reporting Form" will be conducted by a Shift Supervisor (or designee) at least once per quarter.

(c) All rounds shall be random and unannounced.

(d) Documentation of these rounds will be maintained in a log in the Shift Supervisor or designee's office.

(e) Documentation/ findings of these rounds and the "Site Visit Reporting Forms" will be sent quarterly to the RIIP.

To evaluate compliance with the practice of conducting unannounced supervisory rounds at the facility, the auditor reviewed examples of Daily Site Unannounced Round sheets. These sheets contain a record of the unannounced supervisory PREA rounds conducted at the facility over the past 12 months (March 2022 - March 2023). The entries on these sheets demonstrate the frequency and randomness of the rounds. For instance, in one random month, the facility conducted a total of thirty-four (34) individual PREA unannounced supervisory rounds. The auditor found no discernible patterns or predictability in the checks based on the documentation provided.

The auditor requested video evidence of the most recent PREA unannounced rounds conducted in May 2023, which the auditor was able to review during his onsite visit. The videos confirmed that the facility follows the required procedures for conducting unannounced rounds. However, during an interview conducted on-site, the auditor discovered that a supervisor assigned to conduct these rounds had not consistently documented the rounds they had recently completed. After evaluating the evidence and discussing the matter with administrators on-site, it was determined that the facility does conduct and document the minimum requirement of one PREA unannounced round per shift each month. As a best practice, it is recommended that all supervisors and administrators who conduct these rounds receive periodic refresher trainings on the facility's specific procedures for unannounced rounds.

Furthermore, it is highly recommended that the facility make some modifications to their Daily Site Unannounced Rounds document. These modifications include adding the staff to student ratios observed in each relevant area of the facility (rather than

just providing a total), requiring the staff conducting the round to document their full name (instead of just initials), and providing more specific instructions and required written details on which areas of the facility to inspect (instead of just stating "All Areas"). An example of a more detailed form can be provided by the auditor upon request.

Non-Compliance Determination Summary:

115.313

(b): Upon conducting a thorough review of the evidence provided and interviewing staff at the facility, the auditor determined that over the past 12 months, the facility has not consistently met the required ratio of 1 staff member for every 8 residents during waking hours, as outlined in the facility's Staffing Plan. Additionally, the facility did not provide the auditor with the necessary documentation regarding any deviations from this ratio that occurred during the past 12 months. As a result, the auditor concluded that the facility is not in compliance with this requirement.

(c): To assess the facility's compliance with the staff to resident ratios of 1:8 and 1:16 in the past 12 months, the auditor randomly selected six dates and requested proof documentation from the facility to demonstrate the number of staff and residents present on each of those dates. After reviewing the provided LGYS AM/PM Reports, the auditor determined that the facility met the required ratios for all six selected dates and no issues were found. However, based on information gathered from interviews and observations during the onsite inspection, it was found that the facility did not consistently meet the 1:8 staff to resident ratio during waking hours. During the inspection, for example, there were 10 students and only one male staff member present in the Dream Cottage housing unit, resulting in a ratio of 1:10. A similar non-compliant ratio was observed in the facility's gymnasium, with 9 male residents and one female JSO providing supervision (1:9 ratio). The auditor did not receive documentation for each observed deviation, but the facility's leadership confirmed that a waiver had been obtained from the LGYS Juvenile Board and ROP to deviate from the required 1:8 ratio and instead comply with the Texas Administrative Code (TAC) programming hours ratio of 1:12. This was due to ongoing challenges in hiring and retaining security staff (JSOs) since the COVID-19 pandemic, which made it difficult for the facility to consistently meet the PREA and ROP required 1:8 staff to resident waking hours ratio. As a result, facility leadership sought the waiver to operate at the TAC 1:12 ratio.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility took the necessary corrective action to correct the deficiencies of non-compliance with this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan during the corrective action period after the onsite:
 - Provide a memorandum, stating the action plan to move to 1:8. (Perhaps release students in a timeline, and keep in ratio until more staff are hired or fill units to capacity to aid in perhaps closing units.)

- PCM to monitor ratios and report to Program Director on a monthly basis for 12 months.
- The Program Director submitted proof documents to the auditor, demonstrating how the facility consistently complied with the required PREA ratios, as outlined below:
 - LGYS AM Reports for the month of October 2023 (*these shift reports include an entire outline of student population, staff assignments, number of students on each housing units, etc.).
 - Staff timesheets for 10 randomly selected staff who were documented to have been working on a variety of Shift Reports from the month of October 2023.
 - Memo signed by the Executive Director outlining the acknowledgement of the corrective action implemented at the facility and the training provided to the staff at the LGYS facility related to the requirements associated with PREA standard 115.313.
- Upon the auditor's review of the verification documents described above, the auditor determined that the facility is fully compliant with all the elements of this PREA standard in policy and practice and no further corrective action is required at this time. Additionally, it is critical to note that all Shift Reports submitted unequivocally demonstrated that throughout the entire month of October 2023, the facility consistently maintained a staff-to-student ratio of 1:4, significantly surpassing the minimum PREA requirement of 1:8 for waking hours.

Note: In response to the recommendation for best practices related to the PREA supervisory unannounced round requirements of provision (e) of this PREA standard, the Program Director implemented the following sustainable corrective action plan, with providing the auditor with examples of PREA unannounced round logs that were conducted after this corrective action plan was initiated:

- Conduct and document training for all supervisory staff completing unannounced rounds within the next 30 days.
- Provide Auditor with training documentation and memorandum stating training has been completed.
- PCM will monitor weekly documentation of unannounced rounds and report to Program Director, monthly, for 12 months or until compliance is sustained, after the 12-month period.
- Provide memorandum explaining action plan and quality assurance processes moving forward.

Conclusion:

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PREA Training PowerPoint Presentation (<i>107 Slides</i>) - LGYS Training Attendance Rosters - PREA Training Acknowledgement Assessments - Opposite Gender Announcement Signs (Pictures) <p>Interviews:</p> <ul style="list-style-type: none"> - During the onsite visit, the auditor interviewed a total of 17 students. Out of these, 14 students were randomly selected while 3 were targeted for interview using the applicable PREA Targeted Resident Interview Protocols. All the residents expressed that there were no issues regarding cross-gender viewing and searches. To specify, the residents were individually asked if they had ever been searched by a staff member of the opposite gender in any way. All 17 residents confirmed that this had not happened while they were in the facility. Moreover, the residents were asked if they had privacy while showering, using the restroom, and changing their clothes. They all confirmed that they had the ability to do these activities in private without staff members of the opposite gender viewing. There were no concerns raised by the residents regarding this matter. The residents explained that they were able to shower in private, with only one resident allowed out of their room at a time. The showers were individual stalls, located off camera and behind a wall and shower curtain. The residents also expressed that if they used the restroom in their room, they could cover their room door window with toilet paper. Additionally, they could inform staff members conducting room checks that they were using the restroom. In such cases, the staff member would either make a verbal check or wait until the resident was finished. The students were also asked if they had ever heard a staff member of the opposite gender announce their entry into the housing unit. Each student explained that this did not consistently occur at the facility. - The auditor also interviewed a total of 12 security staff (JSOs) during the onsite visit. Each staff member confirmed that they have received training on how to conduct respectful and professional searches of students at the facility. However, none of the JSOs expressed involvement in or knowledge of any situations involving opposite gender staff searches of students. Furthermore, the JSOs confirmed that students are able to shower, change their clothes, and use the restroom in private without any opposite gender staff members viewing. They all explained that students can cover their windows with toilet paper when going to the restroom in their rooms, and only one student is allowed out of their room at a time during

showers. Each JSO described the shower process, stating that before showers begin, all students are secured in their assigned rooms, and only one student is let out at a time. Additionally, it was clarified by all staff members that they are prohibited from searching or physically examining a transgender or intersex resident solely for the purpose of determining their genital status. Instead, the staff provided examples of how the biological sex of a youth in such a situation would be determined, by reviewing intake documents, consulting with facility supervisors or administrators, contacting the youth's parent or guardian, consulting with medical or mental health professionals, or having a respectful and professional conversation with the resident and their parent or legal guardian. When asked if an announcement is made upon entering an opposite gender housing unit, the majority of staff confirmed that this is not a normal practice.

Site Review Observations:

- During the onsite phase of the audit, the auditor observed how the intake process is carried out in a private and confidential area by the PCM demonstrating how a resident is processed when first admitted into the facility. The auditor also observed how searches are conducted and examined the layout of the housing units, which included individual shower stalls and rooms for single occupants. Throughout the onsite, the auditor did not witness any searches being conducted by staff of the opposite gender. The auditor noticed the signs saying "Showering in Progress" placed on the outside door of each housing unit during showers. Throughout the entire inspection, the auditor did not hear any staff members making announcements about opposite gender staff entering a housing unit. For example, when female staff members entered a male unit or when male staff members entered a unit with a female student, no announcement was made. Furthermore, on the first day of the inspection, the auditor was given a handheld radio by the staff to inform them when a resident had completed their interview. At no point did the auditor hear any type of announcement about opposite gender staff while conducting the student interviews.

Explanation of Determination:

115.315 (a-f):

The auditor confirmed that LGYS includes the requirements of this PREA Standard in the agency's PREA Policy on page 10, as outlined below:

- Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room.
- Rite of Passage prohibits cross-gender pat down searches.
- Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes or performing bodily functions except when such view is incidental during routine cell (bed) checks.
- Rite of Passage programs shall not search or physically examine a

transgender or intersex students for the sole purpose of determining the student's genital status.

- If required in exigent circumstances, when a cross-gender strip or visual body cavity search is conducted, it will be done by a qualified medical professional, with a same gender witness. It will be conducted in a private setting and documented in the student's medical file.
- Students shall notify staff verbally prior to changing their clothes, showering or using the restroom. When staff are entering opposite sex housing units, they will announce their presence.
- If a student's genital status is unknown, it may be determined during conversations with the students, 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.

To evaluate the facility's compliance with this PREA Standard, the auditor reviewed the facility's PREA Training PowerPoint Presentation as well as examples of completed LGYS Training Attendance Rosters and Competency Based Knowledge Assessments. These documents effectively demonstrated to the auditor how the facility ensures that all security staff are trained on the restrictions regarding cross-gender viewing and searches of residents, as required by PREA Standard 115.313, specifically provision (f). Based on the information provided in the PAQ and the auditor's review of documentation, it was determined that the facility adequately trains their security staff (JSOs) on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner that aligns with security requirements. Additionally, the PCM mentioned in the PAQ that LGYS does not conduct cross-gender strip searches or visual body cavity searches of students, and there have been no instances of cross-gender strip searches or cross-gender visual body cavity searches of residents within the past 12 months. Furthermore, the PCM stated in the PAQ that there have been no situations within the past 12 months involving cross-gender pat-down searches of residents or incidents of searching or physically examining a transgender or intersex resident solely to determine their genital status.

Non-Compliance Determination Summary:

115.315 (d): During the onsite visit, the auditor did not hear any staff members making announcements when a staff member of the opposite gender entered a housing unit. For example, there were no announcements made when female staff members entered a male unit, and vice versa when male staff members entered a unit with a female student. Additionally, on the first day of the onsite visit, the auditor was given a handheld radio to be informed when a resident finished their interview, but at no point did they hear any announcements regarding staff of the opposite gender. This lack of announcements was also confirmed through interviews with 17 students and 12 JSOs, all of whom mentioned that there is no consistent practice of announcing opposite gender staff when they enter a unit.

Corrective Action Review & Compliance Determination:

	<ul style="list-style-type: none"> • In response to the non-compliance outlined above, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed: <ul style="list-style-type: none"> ◦ Conduct and document training for all staff within the next 30 days. ◦ Provide Auditor with training documentation and memorandum stating training has been completed. ◦ PCM will monitor weekly documentation of cross gender announcements and report to Program Director, monthly, for 12 months or until compliance is sustained, after the 12-month period. ◦ Memorandum explaining action plan and quality assurance processes moving forward. • In order to demonstrate compliance with the previously identified non-compliance issue related to this PREA standard, the Program Director emailed the auditor training verification documents that sufficiently confirmed staff were trained during the corrective action period on the opposite gender announcement requirements of this PREA standard. In addition, the PCM emailed the auditor opposite gender announcement signs that are posted next to each housing unit entry/exit door. The signs state, "Opposite Gender Must Announce Their Presence When Entering." The Executive Director also provided the auditor with a signed memo clarifying the successful implementation of the corrective action steps taken and the applicable staff training provided. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard and no corrective action is required.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards) - ROP- LGYS Language Services Associates Instructions - ROP Zero Tolerance and Reporting Spanish Sign - ROP PREA Resident Brochure

- Spanish Third-Party Reporting and Acknowledgement Documents
- LGYS Staff Training Summary and Training Attendance Rosters
- Language Services Associates Website
- List of Students who Receive Special Education Services and English as a Second Language

Interviews:

- The auditor interviewed two students who had been identified as having a disability and who receive Special Education Services (SPED) at the facility. Each of the targeted students interviewed was able to adequately explain their understanding of the Prison Rape Elimination Act, such as the various methods in place at the facility for reporting PREA-related incidents; their rights related to zero tolerance for all forms of sexual abuse, sexual harassment, retaliation, and staff neglect; and the staff at the facility who are able to provide special assistance on an as needed basis (such as counselors, teachers, JSOs, supervisors, etc.). The two students interviewed did not express any issues or concerns regarding their safety and were able to explain how they had been educated about PREA in a way that they fully understood.

- The auditor also interviewed the Executive Director of the facility during the onsite visit. He mentioned that LGYS has employees who are fluent in Spanish. If additional interpretation services are required, a professional interpreter would be contacted for assistance. It was also confirmed that the agency takes appropriate measures in order to ensure that residents who have limited English proficiency have meaningful access to all of their efforts to prevent, detect, and respond to sexual abuse and harassment. This includes providing interpreters who are able to effectively, accurately, and impartially interpret using any necessary specialized vocabulary.

- The auditor interviewed 12 JSOs who were selected at random, and all the JSOs stated that they would never use a resident to interpret for another resident in a situation related to PREA. Instead, they would call a staff member or a professional interpreter from outside for assistance with translation. Additionally, the interviewed staff members explained how the training they received at the facility includes effective communication with all students to guarantee complete access to all relevant programs and to ensure the safety of the students.

- The auditor interviewed the facility's contracted Principal and a teacher who both provide educational services to students in the facility. Each educator confirmed that students who are identified as receiving SPED services or are limited English proficient are provided specialized attention to ensure all the educational components are provided.

Site Review Observations:

During the onsite, the auditor observed signs related to PREA in both English and Spanish. These signs included the agency's zero tolerance policy, the multiple ways

for making a PREA report, and resident rights. The 24/7 TJJJD Reporting Hotline was successfully tested during the facility inspection process, with this outside reporting entity able to receive anonymous resident reports and provide translation services on an as needed basis. Additionally, the auditor examined the facility's intake process and conducted interviews with mental health, medical, and educational professionals who provide specialized services to students with disabilities or limited English proficiency (LEP). The onsite phase of the audit confirmed that residents with disabilities and those who are LEP have an 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. The facility is also capable of providing specialized services on a case-by-case basis.

Explanation of Determination:

115.316 (a-c):

According to the agency's PERA Policy on page 11, the program {LGYS} shall take appropriate steps to ensure that students with disabilities (*including, for example, students 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 program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Furthermore, this Policy includes the following facility specific procedures for ensuring the requirements of PREA Standard 115.316 are adhered to:

(a) When necessary to ensure effective communication with students who are deaf or hard of hearing, the program will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the program shall ensure that written materials are provided in formats or through methods that ensure effective communication with students with disabilities, including students who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Note: A program is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The program shall take reasonable steps to ensure meaningful access to all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to students 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.

(c) The program shall not rely on student interpreters, student readers, or other types of student assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the student's safety, the performance of first-response duties under PREA Standard §115.364, or the investigation of the student's allegations.

The facility adequately demonstrated to the auditor how LGYS complies with the requirements of this PREA Standard in practice at the facility. The auditor was provided documentation to prove how residents with disabilities and limited English proficiency are given interpreting services to ensure equal opportunities and effective communication of their PREA rights and how to report incidents. For instance, the facility utilizes Language Services Associates to give residents access to a qualified interpreter whenever necessary. To ensure that this interpreter service provider is legitimate and capable of providing the required services, the auditor reviewed the company's website (<https://lsaweb.com/>) and successfully made a test call to the toll-free number provided in the instructional sheet uploaded in the OAS. Additionally, the facility uploaded Spanish PREA posters in the OAS, providing further evidence that residents whose primary language is Spanish receive PREA information in a language they can understand. The auditor was also given Spanish Third-Party Reporting and Acknowledgement documents, which further display the facility's efforts to ensure that Spanish-speaking residents and other relevant parties comprehend PREA and how to make a PREA-related report.

To demonstrate how the facility complies with this PREA Standard in practice at the facility, the auditor was provided PREA staff training documents that sufficiently prove staff working at the facility understand their responsibility to ensure disabled or limited English proficiency students have equal opportunity to understand their rights to be free of sexual abuse, sexual harassment or retaliation for reporting. For example, the PREA PowerPoint Presentation provided includes information related to the facility's intake screening, prohibitions for using a resident interpreter, and disabled and language limitation considerations to respond to on a case-by-case basis.

As noted above, the auditor reviewed Language Services' website, which highlights the following information:

"Language Services Associates (LSA) offers a full suite of language interpretation solutions to help optimize the experience of limited English proficient customers and patients. Providing native language support improves the efficiency and productivity of staff, raises customer satisfaction levels, and builds loyalty. For more than 2,000 clients worldwide, in more than 200 languages, LSA provides a competitive differentiator in the healthcare, government, financial, insurance, banking, entertainment, hospitality and manufacturing industries."

Lastly, the PCM noted in the PAQ that in the past 12 months, there have been zero instances where resident interpreters, readers, or other types of resident assistants have been used in the facility. The facility keeps track of the residents who receive Special Education Services, who have a 504 Plan, and who have been identified to utilize English as a second language and provided the auditor with a current list of such residents, which was used by the auditor to select certain targeted students to be interviewed.

Conclusion:

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

auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards)
- ROP Policy 100.205 (Employee References and Information Request)
- ROP Policy 100.209 (Background Record Clearance)
- ROP Form 100.209 (Background Notification and Authorized Form)
- PREA Questionnaire
- Institutional Reference Checks
- TJJJ Child Abuse Registry Check Consent Forms
- Email Correspondence from TJJJ Central Office (Clearing of Background Process)
- Hood County Youth Services 355th Judicial District Criminal History Check Memo (Signed by the Chief JPO)

Interviews:

The auditor interviewed the Human Resource (HR) Manager of the facility. The HR Manager has five years of experience working in HR at LGYS. During the interview, the HR Manager explained the facility's process for reviewing applicants for employment at LGYS, as well as the process for promoting employees. The HR Manager also described the procedure for screening contractors and volunteers who may come into contact with students. According to the HR Manager, all individuals who might have contact with students at the facility undergo a background check to ensure they do not have a criminal or administrative history that would disqualify them. This check is done using the TJJJ (state of Texas- national and state criminal history databases) and the Hood County databases. Additionally, any applicant, volunteer, intern, or contractor who is approved for hire or allowed to provide services is required to subscribe to the FACT Subscription Criminal History Service with the TX Department of Public Safety. Furthermore, all volunteers, interns, contractors, and applicants are screened through the TJJJ and the TX Department of Family & Protective Services to check for any history of child abuse, neglect, or exploitation. The HR Manager confirmed that all new hires must complete a PREA questionnaire and undergo institutional reference checks. Additionally, during the

promotion process, the administration reviews the completed PREA questions. The HR Manager also confirmed that employees have a responsibility to report any misconduct. This includes disclosing any past incidents. The HR Manager demonstrated a good understanding of the PREA requirements and referenced facility HR policies that align with those requirements.

Explanation of Determination:

115.317 (a-h):

The auditor verified that the requirements set forth in this PREA Standard are included in the agency's PREA Policy on pages 12 and 13, as well as in Policies 100.205 and 100.209, as outlined below.

- Rite of Passage will require every candidate for employment, as well as contractors, within the program to undergo and pass background checks, to include state and federal, prior to hiring. Every staff is required to undergo an additional background check every five years, or more frequently per state, licensing or contractual requirements.
- Every volunteer will have background checks conducted prior to volunteering in the program. The background checks will be conducted in accordance with state, licensing or contractual requirements.
- A volunteer is never to be left alone with a student without at least sight observation by staff.
- The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:
 - Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, 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 this policy.
- The program 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 students.
- Before hiring new staff who may have contact with students, the program shall:
 - Perform a criminal background records check;
 - Consult any child abuse registry maintained by the State or locality in which the staff 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 program 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 students.
- The program shall either conduct criminal background records checks of current staff and contractors may have contact with students or have in place a system for otherwise capturing such information for current staff. Criminal background checks will occur at least every five years, or more often as required by licensing, regulatory or contractual requirements.
- The program shall also ask all applicants and staff who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct.
- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work. All such requests will be forwarded to Corporate Director of Human Resources who is the sole individual who may respond to such requests (as noted in ROP Policy 100.205).

Furthermore, as noted in ROP Policy 100.209:

- Rite of Passage values its reputation for honesty and integrity. Therefore, in order to ensure the hiring of employees of the highest integrity and to maintain a safe environment for our employees, students, visitors, interns, volunteers, contractors, and/or the public, Rite of Passage will conduct pre-employment background investigations on all individuals for whom employment is to be tendered and volunteers, interns, and independent contractors.
- Additionally, background checks will be conducted after employment when required by state and/or local laws, licensing, regulations and periodically to ensure compliance with eligibility requirements to work with children.
- Rite of Passage conducts background checks consisting of the following based on the type of employment, volunteer services offered, contract services and internships, as applicable:
 - Social Security Verification;
 - Prior Employment Verification;
 - Education Verification (highest level);
 - Legal Right and Eligibility to work;
 - Criminal Background Investigation - Local, State, & Federal;
 - Sexual Offender Database Search;
 - Motor Vehicle Record;

- Professional Reference Checks;
 - Credit Verification (**only as related to the position and will be conducted by Corporate HR*);
 - Corporate Filing and Status Search;
 - Media Search;
 - Professional Licensing Check;
 - List of Excluded Individuals and Entities (**only as related to positions involved in providing services under federally funded healthcare programs*).
- No external employment candidates, interns, volunteers or independent contractors may begin work or provide services for ROP until the appropriate screenings have been completed. All offers of employment are considered contingent upon an acceptable background report.
 - Pending Criminal Charges and/or arrest must be disclosed at the time of application for employment, internship, volunteer offers, and/or contracted services. Failure to do so will result in the immediate stop of proceedings and disqualify the individual for consideration.
 - All employees, interns, volunteers and contractors must also notify Human Resources within 24 hours or prior to coming on a ROP site, whichever is first, of any arrest, charge and/or any conviction. Failure to report will lead to consideration for immediate termination of employment, internship, volunteer status or contracted services.
 - When ROP is made aware of an individual's arrest/conviction and/or other unfavorable information pertaining to this policy and no disposition has yet been made, ROP shall assess the situation on a case- by-case basis to determine if the information is job-related and possesses a negative impact on ROP and its employees, students, visitors, interns, volunteers, contractors, and/or the public.
 - All applicants, employees, interns, volunteers and/or contractors must consent to a background investigation and provide their authorization/ consent on the appropriate ROP Form. Failure to give consent will immediately make the individual ineligible for employment, internships, and/ or volunteer/contractor services.
 - All employees, interns, volunteers and contractors credentials shall be verified through primary sources. This shall be documented through verbal, written or electronic confirmation of credentials from state/provincial or other jurisdictional boards, schools or institutions and/or trade associations. Verification through a credentials verification organization is also acceptable.
 - If an applicant, employee, intern, volunteer and/or contractor attempts to withhold information or falsify information pertaining to previous convictions or unfavorable background information, the individual will be disqualified from further consideration in any position with the company due to falsification.
 - If an applicant, employee, intern, volunteer and/or contractor receives a positive match during the pre-hire screen on an LEIE search that individual shall be ineligible for employment or contracting. If an applicant, employee,

intern, volunteer and/or contractor receives a positive match during a check post-employment that individual shall be removed from his/her position immediately.

The agency's Background Notification and Authorization Form (#100.209) also includes important elements of the facility's hiring and continued employment process, as noted below:

- In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer or contract services I have been advised and I hereby consent and authorize either Rite of Passage (Hereafter referred to as ROP) or its agent, at any time during my application process and/or employment, volunteer and/or contract period to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Rite of Passage or its agent to use any information provided during the application process in obtaining the investigative consumer report.
- To facilitate Rite of Passage's background investigation, I hereby authorize, request and require any persons, government agencies, educational institutions, corporations, or any other public or private entity contacted by the Rite of Passage or their agents to disclose and release to Rite of Passage or their agents any information and records they have regarding my employment history, educational records, motor vehicle history and standing, criminal history, reference information, licensing, credentials, etc.
- I hereby release those providing requested information such as employees, agencies, employers, etc. for any damage whatsoever for the release of this information. I also authorize educational institutions, law enforcement, regulatory or other agency to release to ROP or its representatives any information pertaining to me and also hold them harmless for the release of requested information.
- I hereby release Rite of Passage and its representatives from liability for seeking such information. I also authorize Rite of Passage to give information concerning me to prospective employers in the future and release the Company and its employees from any liability whatsoever.

Personnel File Review:

The PCM noted in the PAQ that the facility hired a total of 128 staff in the past 12 months, in which all 128 were screened according to the agency's hiring policies, as outlined above. The auditor reviewed the personnel files of the last 10 staff members hired in the past year, as well as two volunteers, two interns, and two contracted teachers, to assess their compliance with the requirements of the PREA Policy. After reviewing their records, the auditor confirmed that each of these individuals had been properly vetted in accordance with the PREA Standard. It is

	<p>worth noting that the auditor found the agency to surpass the minimum requirements of the PREA Standard by conducting criminal history checks (TCIC, NCIC, and sex offender searches) and child abuse registry checks for all volunteers and interns, just as they do for employees and contractors.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards) - PAQ - Facility Floor Plan with Cameras Identified <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor discussed the facility plant and video surveillance system with the facility's Executive Director and Program Director, who both advised that the only recent modification to facility was the addition of a new roof and the installation of skylights in each housing unit. The Executive Director advised that a TIPS grant was awarded for the skylights that were installed in 2022, which provides for enhanced natural lighting in the day rooms of each housing unit. Furthermore, it was explained that the recent TIPS grant also included an award of funds to replace the analogue video monitoring system with an enhanced digital system that is currently being installed throughout the facility. This improvement, per the administrators, will improve monitoring from central control and administration (<i>administrators will be able to view from monitors in their offices and on their phones</i>), display clearer images for enhanced monitoring, and increase the data storage to allow for additional historical analysis. The installation process is currently in progress, with the estimated date of completion set for the end of summer 2023. Per the Executive Director, the new monitoring technology will significantly enhance the site's ability to provide enhanced protection from sexual abuse. <p>Site Review Observations:</p> <p>During the onsite, the auditor made note of the sky lights on each housing unit; however, there was no other evidence of a recent substantial expansion or</p>

modification to the existing facility. The auditor also took note of the newly installed cameras throughout the facility, and it was clarified during the onsite inspection that the new digital camera system project is pending completion soon.

Explanation of Determination:

115.318 (a-b):

According to the agency's PREA Policy on page 14, "programs will consider the effect of the design, acquisition, expansion, or modification of facilities upon the program's ability to protect residents from sexual abuse." In addition, the following procedures pursuant to the requirements of this PREA Standard are also included on page 14:

- When designing or acquiring any new program and in planning any substantial expansion or modification of existing facilities the CEO, Regional Executive Director and Director of Program Operations will consider and document the effect of the design, acquisition, expansion or modification upon the organization's ability to protect students from sexual abuse. The Director of Program Operations will formulate the documentation as mentioned above.
- When installing or updating a video monitoring system, the electronic surveillance system or other monitoring technology, the CEO, Regional Executive Director, Director of Program Operations, Program Director/ Manager and Corporate IT Director will consider how such technology may enhance the organization's ability to protect students from sexual abuse. The Director of Program Operations will formulate documentation of the review.

Per the PAQ, the agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since their last PREA audit. However, per the PCM's notes added in the PAQ for provision (b), "Lake Granbury Youth Services was a TIPS Grant recipient and is currently in the process of upgrading the camera and locking system. Phase one of the project has been completed, which included analog cameras being replaced with digital. The second phase is set to be completed in late May, which will merge the locking system to the new camera system."

In order to assess the facility layout and identify the camera placements, the auditor was provided a Facility Floor Plan sheet, with each surveillance camera marked.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards) - MOU between ROP/LGYS & Paluxy River Children's Advocacy Center (PRCAC) - MOU between ROP/LGYS & the Hood County District Attorney's Office - Memo from LGYS to the Hood County District Attorney - ROP Safe Environment Standards Student Services Offered Acknowledgement - Uniform Definitions for Sexual Violence- "Sexual Violence Surveillance: Uniformed Definitions and Recommended Data Elements" - "A National Protocol for Sexual Assault Medical Forensic Examinations" / Adult and Adolescents 2nd Edition - Sexual Abuse Investigative File Review <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor spoke to the Program Director (PD) of the Paluxy River Child Advocacy Center (PRCAC) in Granbury, Texas. The PD explained the services provided by PRCAC to juvenile victims of sexual abuse. The PD confirmed that PRCAC conducts forensic interviews and offers family advocacy services to victims and their families. If a forensic medical examination is required, the PD advised that law enforcement is responsible for arranging the examination with either Cook Children's or John Peter Smith, local hospitals in Fort Worth, Texas. The PD verified that LGYS referred two students to PRCAC for forensic interviews in relation to an allegation of sexual abuse by a staff member in 2022. This is the most recent occurrence of a LGYS student being referred to PRCAC for a sexual abuse allegation. Additionally, the accused perpetrator in the case has been released on bond and is currently awaiting court proceedings for charges related to the alleged sexual assault at LGYS. The PD explained that in her years as the organization's Program Director, this incident from 2022 is the only instance she can recall that involved a staff member from LGYS being arrested for sexual abuse. - The auditor also spoke with the Executive Director of the PRCAC to determine if the advocacy services provided by her organization comply with the requirements set forth in this PREA Standard. During the conversation, the auditor found out that the PRCAC is an external organization that can offer student victims of sexual abuse a specifically trained victim advocate. This advocate is capable of accompanying and supporting a student victim throughout the forensic medical examination process and investigative interviews. It was also confirmed that the PRCAC can

provide emotional support, crisis intervention, information, and referrals to students at LGYS by enlisting the help of a specially trained victim advocate from their organization. The Executive Director clarified that the PRCAC is unable to deliver on-site services to a student who is accused or has been found guilty of sexual abuse due to safety concerns. However, emotional support services for perpetrators of sexual abuse can be referred to other organizations specialized in providing such services. Additionally, it was confirmed that the Memorandum of Understanding (MOU) between the two agencies is up to date and completely effective. The Executive Director explained that she has recently been in contact with the PCM of LGYS to ensure that the requirements of the MOU can be fully implemented at the LGYS facility.

- The auditor interviewed 12 randomly selected Juvenile Supervision Officers (JSOs) while on site. Each staff member adequately explained the process of responding to an incident or allegation of sexual abuse. This included providing examples such as immediately separating the victim from the perpetrator, promptly reporting to the supervisor, law enforcement, TJJD, medical professionals, mental health professionals, etc. Furthermore, instructing the victim and perpetrator not to engage in any activities that could contaminate or destroy physical evidence (such as showering, changing clothes, eating, drinking, using the restroom, cleaning up, washing hands, etc.). It is crucial to contact emergency services, document the incident on an Incident Report or Witness Statement, ensure the victim's safety, and reassure them that all their needs will be taken care of. The JSOs understood that their primary responsibility when responding to a sexual abuse incident is the safety of the victim. It is vital to report the incident, preserve and protect the crime scene, and allow specially trained criminal investigators to collect evidence and conduct a criminal investigation.

- The auditor interviewed a student who was involved in a PREA situation involving alleged non-contact sexual abuse by a staff member towards the student. The investigation was still ongoing at the time of the interview. The student mentioned that there were no problems with the initial reporting process and that the investigation started promptly. The youth also described how a forensic interview was conducted offsite and mentioned that a therapist was provided shortly after the report was made. The student explained that an administrative investigator from TJJD OIG had a meeting with the youth regarding the accusation. Additionally, the student confirmed that the accused staff member has not been present at the facility since the report was made.

- The PCM at the facility was interviewed and explained the entire investigative process. This process starts from the time the initial report is made and goes on until the end of the administrative and criminal investigation. The PCM confirmed that all allegations of sexual abuse are taken seriously and must be immediately reported to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department and local law enforcement. The PCM explained that LGYS is required to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings. The Hood County District Attorney's Sexual Abuse Task Force and/or OIG with TJJD are responsible for

conducting the criminal investigation and prosecution. The PCM is also one of the facility's specially trained administrative investigators and explained that their primary responsibilities when responding to a sexual abuse incident or allegation include ensuring the safety of the victim and preserving and protecting the crime scene until law enforcement takes over. Furthermore, the process of transporting a student victim of sexual abuse to the local hospital for a forensic examination by a SANE/SAFE, providing victim advocacy services with the PRCAC, and conducting a forensic interview was explained. The PCM described in detail the investigative process, which includes conducting a prompt, thorough, and objective internal administrative investigation for all allegations or incidents of sexual abuse and sexual harassment. The PCM also indicated that she received training in 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 PCM identified the standard required to substantiate an allegation of sexual abuse administratively as no higher than a preponderance of evidence. Finally, she advised that all investigations involving substantiated and unsubstantiated allegations of sexual abuse are reviewed by the administrative team through the requirements associated with conducting a Sexual Abuse Incident Review (SAIR).

Explanation of Determination:

115.321 (a-f):

Upon the auditor's review of the agency's PREA Policy, it was confirmed that each element of this PREA Standard is included therein on pages 15 and 16, as outlined below:

- The site PREA Compliance Manager will establish a written Memorandum of Understanding (MOU) with a medical facility that has Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) personnel and with a Rape Crisis Center. ROP programs will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations.
- To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol to be used is the "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."
- The program shall offer all students who experience sexual abuse access to forensic medical examinations whether on-site or at an outside program, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners informed on the protocols listed above.

The program shall document its efforts to provide SAFEs or SANEs medical practitioners and place in the student's medical file.

- The program 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 program shall make available to provide these services a qualified staff member from a community-based organization or a qualified program staff member. The program shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The program may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (*such as a law enforcement program*) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
- As requested by the victim, the victim advocate, qualified program 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.
- To the extent the program itself is not responsible for investigating allegations of sexual abuse, the program shall request that the investigating program follow the applicable PREA requirements.
- When outside agencies investigate sexual abuse, the program shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

According to the notes added in the PAQ by the agency's PCM, the agency-wide PC and the LGYS's PCM are the trained internal administrative PREA investigators for LGYS. Additionally, the Hood County District Attorney's Sexual Abuse Task Force is the law enforcement entity responsible for conducting any criminal investigations. The DA's Office and Paluxy River Child Advocacy Center will arrange forensic medical exams with Cooks Children's Hospital as needed. If they cannot arrange an exam with a SANE or SAFE, they will arrange it with a local doctor in the community. It was also mentioned in the PAQ that LGYS has a strong working relationship and MOU with Paluxy River Child Advocacy Center to ensure that victim advocates are available. The LGYS also provides a qualified agency staff member as needed based on the situation. The site employs three therapists, and the agency has numerous therapists available for virtual sessions if needed.

The auditor was provided signed MOU's between ROP/LGYS and Paluxy River Children's Advocacy Center (PRCAC) and the Hood County District Attorney's Office. Both MOU's were reviewed by the auditor and include the required victim services and evidence protocol requirements of this PREA Standard, as highlighted for each MOU below:

- MOU with Hood County District Attorney's Office {Community Provider}:
 - A Community Provider shall accept reports of sexual abuse and/or harassment alleged to have occurred at Agency which shall include a 24-hour hotline number for reporting, as well as providing counseling services for victims and victim support.
 - Community Provider shall provide victim services to students reporting sexual abuse. Services shall be consistent with the community level of care.
 - Community Provider represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of services.
 - All employees of Community Provider shall have such knowledge and experience as will enable them to perform the duties assigned to them. Any employee of Community Provider who, in the opinion of Agency, is incompetent or by his conduct becomes detrimental to the project shall, upon request of Agency, immediately be removed from association with the project.
 - Community Provider has agreed to provide services at no cost to Agency.
 - Community Provider acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to Agency. Any and all information of any form obtained by Community Provider or its employees or agents from Agency in the performance of this Agreement shall be deemed to be confidential information of Agency ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by Community Provider shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Community Provider) publicly known or is contained in a publicly available document; (b) is rightfully in Community Provider's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of Community Provider who can be shown to have had no access to the Confidential Information.
- MOU with PRCAC {Community Provider}:
 - The Community Provider shall provide the Agency with state mandated hotline numbers to report allegations of sexual abuse alleged to have occurred at Agency. The PRCAC is a member of a Multidisciplinary team which includes. Prosecution, Law Enforcement, Child Protective Services, Medical Providers and Mental Health providers. The multidisciplinary team approach to investigating child abuse brings together the various professionals involved in a child

abuse case. It allows professionals from different entities to develop strategies for working together to meet their specific obligations while reducing the amount of trauma felt by the child victim. The benefits of the multidisciplinary approach are more credible evidence, stronger criminal cases, stronger civil cases, faster prosecution, and better assessment of children's needs.

- The Community Provider shall respond to requests from Agency to provide advocacy when students are brought to the PRCAC for forensic interviews.
- Have trained staff on call 24 hours to assist LE and CPS in investigations.
- Assist with legal advocacy as needed and provide updates when appropriate.
- Participate in collaborative intervention across the continuum of care.
- Community Provider represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of services.
- Each person attending MDT case reviews shall sign a pledge of confidentiality at each MDT meeting.
- All information maintained and discussed at the CAC or regarding the cases seen at the CAC, is confidential, is not subject to public release under government code, and may be disclosed only for the purposes consistent with applicable federal or state law. Sharing of information between MDT members shall be done in a confidential manner in order to protect the rights of the clients and follow all legal, ethical, and professional standards.
- CAC staff, CAC volunteers, MDT members, and Ad-Hoc Committee members involved with the operations of the CAC, agree to maintain confidentiality of all records and information gathered on all child sexual and physical abuse cases as outlined by the Texas Family Code, section 261.201, and other applicable law.

The auditor reviewed the PRCAC's website (<https://paluxyrivercac.org/>) in order to further analyze the services provided to a victim of sexual abuse, and the following information was identified from the site:

- Paluxy River Children's Advocacy Center opened its doors on September 1, 2006. It was the 61st center to open in the state of Texas.
- Our CAC serves Erath, Hood and Somervell Counties. We provide services for children under the age of 18 who are involved in a case related to sexual abuse and/or severe physical abuse.
- Vision Statement:
 - Bearing in mind the best interest of each individual child, the vision of Paluxy River Children's Advocacy Center is to reduce the trauma to child abuse victims and their non-offending family members and

to work toward improving the justice system's response to child abuse by uniting the efforts of public agencies and enlisting community support.

- Purpose:
 - To provide a child friendly environment where children who are alleged victims of sexual abuse, severe physical abuse or witnesses to a crime may be interviewed.
 - To minimize the trauma of child abuse victims by reducing the number of interviews with the child;
 - To coordinate a multidisciplinary team approach among the agencies involved in the prevention, investigation and prosecution of child abuse;
 - To support the proper investigation of child abuse cases;
 - To provide referrals for services to abused children and non-offending family members to appropriate counseling and other services within the community;
 - To support the prosecution and conviction of those responsible for the abuse, when appropriate;
 - To coordinate and cooperate with other child-oriented agencies in the community in order to provide services to abused children and non-offending family members.
 - To involve the entire community in education and prevention programs regarding all aspects of child abuse.
- Services:
 - Forensic Interviews: Once referred to us by law enforcement agencies, a fact-finding interview is conducted by a trained forensic interviewer in an age appropriate and child-friendly environment. Investigative team members watch the interview and take their investigative notes via closed circuit television as the interview is taking place so the child only has to speak to one person.
 - Multi-Disciplinary Team (MDT) Investigation: The team consists of law enforcement officers, Child Protective Services case workers, local prosecutors, healthcare providers, and Children's Advocacy Center staff. The team approach to investigations & victim assistance insures a continuum of services to help stabilize the lives of child abuse victims while streamlining the investigative process.
 - Case Review: The MDT meets monthly for case review which monitors cases as they are moving through the civil & criminal justice systems.
 - Victim Support and Advocacy: Support services & referrals are provided for children & their protective family members. Services are designed to meet the immediate emotional, physical, financial and safety needs for the family.
 - Counseling: If a child makes an outcry of abuse or if there are extenuating circumstances, they are referred for counseling services. The counselors at the PRCAC are trained in Trauma Focused -

Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Play Therapy.

The auditor was also provided a letter sent from the LGYS Program Director to the Hood County District Attorney, which complies with the requirements of provision (f) of this PREA Standard.

In order to demonstrate how the agency's evidence protocol is appropriate for youth & adapted from 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"; the auditor was provided a document that outlines uniformed definitions for sexual violence and the 2nd edition of A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. These two documents, as well as the agency's PREA Policy and MOU with the County's District Attorney's Office, sufficiently demonstrated to the auditor that when conducting a sexual abuse investigation at the facility, the LGYS and local law enforcement investigators follow a uniform evidence protocol. Furthermore, to ensure resident victims of sexual abuse are provided the required victim services, the facility utilizes ROP Safe Environment Standards Student Services Offered Acknowledgement form, which includes the following information:

- I have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence.
Services Accepted ____ Services Declined ____
- If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive and a medical exam is important so proper services can be provided.
Services Accepted ____ Services Declined ____
- I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today.
Services Accepted ____ Services Declined ____

Note: Per the TJJJD website (Inspector General (texas.gov): The Office of the Inspector General (OIG) of the Texas Juvenile Justice Department was created by the Texas Legislature to investigate crimes committed by the departmental employees, and crimes and delinquent conduct committed at departmental facilities. This investigative authority extends to parole officers, and other facilities operating under contract with the department. The chief inspector is a commissioned peace officer, and is authorized to appoint additional peace officers to fulfill the statutory

duties of the office. The chief inspector is appointed by, and reports directly to the board. The inspectors general have all of the power and duties afforded to peace officers under the Texas Code of Criminal Procedure.

(g-h): Auditor is not required to audit this provision.

Sexual Abuse Investigative File Review:

The facility reported three sexual abuse allegations reported at LGYS since 2022, with a summary of the facility response to each allegation outlined below:

1. March 2022: Student-on-student alleged sexual abuse- unknown disposition.

- The facility was found to have significant deficiencies in providing the necessary proof documentation to demonstrate how they followed the required procedures for addressing the specific allegation. The Program Director and the agency's PC have explained that the previous administrative staff who were involved in this March 2022 allegation and subsequent investigation no longer work at the facility, which has made it challenging, if not impossible, to locate the necessary documentation. The only documents provided to the auditor were an incomplete Coordinated Response Plan document and a statement (a written apology of sorts) from one of the residents involved, which confirms that a consensual sexual encounter between two students at the facility did occur.

2. April 2022: Staff-on-students alleged sexual abuse contact- substantiated with staff terminated and arrested.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Facility's Coordinated Response Plan;
 - Internal Notice of Potential SES Incident;
 - PREA Administrative Investigative Report;
 - PREA Administrative & Response Review;
 - Post Investigation Student Notification;
 - TJJD Incident Report;
 - Incident Notification Form;
 - Email Communications to and from TJJD OIG Investigator;
 - Notification documents for notifying parents/guardians;
 - Email notifications from Paluxy River Children's Advocacy Center (forensic interview, victim advocate, and other necessary victim services provided and/or offered); and
 - Completed DOJ Survey of Sexual Victimization Incident Forms for the DOJ.
- However, the facility was unable to provide the auditor with sufficient proof

documentation that the required retaliation monitoring was conducted for this April 2022 allegation of sexual abuse. The facility was found non-compliant with PREA Standard 115.367 and corrective action is, therefore, required.

3. May 2023: Staff-on-student alleged sexual abuse non-contact- substantiated with staff terminated and pending criminal prosecution.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Email communications to and from TJJJD OIG investigator to facility leadership;
 - OIG Memo- requesting for the facility to conduct an internal investigation and provide a full report within 30 days;
 - Therapy Notes related to mental health victim services provided to victim;
 - TJJJ Internal Investigative Report
 - Facility's Coordinated Response Plan;
 - Retaliation Log; and
 - LGYS Training Attendance Rosters and other PREA Training Verifications for the staff perpetrator.
- Upon the auditor's analysis of the above proof documentation provided to assess compliance with the requirements of this PREA Standard, there were no issues of non-compliance discovered by the auditor for this particular sexual abuse situation.

Sexual Harassment Investigative File Review:

The facility reported one instance of sexual harassment that occurred in June of 2023. It involved indecent exposure between students and was taken seriously by the facility, being treated as a possible incident of sexual abuse. The auditor was provided with various documents, including a form notifying the facility to handle the allegation internally, a response plan, a form completed by the youth involved, and a log of retaliation. These documents demonstrated to the auditor that the appropriate protocols for responding to a sexual harassment allegation were followed, potentially preventing the situation from escalating. Additionally, the auditor concluded that many of the actions taken, such as promptly reporting the allegation and monitoring for retaliation, went beyond the minimum requirements set by the PREA Standards.

Note:

- The only other PREA allegation provided to the auditor was a grievance that alleged inappropriate student-on-student touching; however, this situation

was promptly investigated by facility management and video surveillance proved the allegation to be false, as confirmed by the proof documentation provided and interviews with the administrators involved (Program Director and Assistant Program Director). Furthermore, it was also documented and explained by the Program Director that the student who made the initial allegation reported that the allegation was made in order to move housing units, and the youth fully recanted the allegation initially made (confirming that it was made in bad faith in order to move housing units because the youth knew that if a PREA allegation is made, the facility will move students). The auditor recommended for this situation, it would have been best practice to immediately report the initial allegation to TJJD and begin the administrative investigation promptly after notifying this state oversight agency. The PCM understood the recommendation and advised this will be the facility's practice going forth in order to err on the side of caution and ensure all such allegations are reported to an outside law enforcement agency (TJJD OIG).

- The auditor verified the reporting mechanisms utilized by the alleged resident victims in the three sexual abuse allegations and the one sexual harassment allegation described in this report, which confirmed how students in the facility were able to report sexual abuse and sexual harassment through the internal grievance process, by making a verbal report to staff, and through the TJJD 24/7 Reporting Hotline.

Non-Compliance Determination Summary:

115.321 (a), (c), & (d): Due to the facility's inability to provide enough proof documentation or corroborating evidence to adequately demonstrate that an administrative and/or criminal investigation was completed for a reported youth-on-youth sexual abuse allegation in March 2022 (which was documented in the facility's "2022 PREA Annual Report"), the facility was found to be out of compliance with the investigation, notification, and follow-up requirements set forth in several of the Juvenile PREA Standards. The only documentation provided for this March 2022 allegation was an incomplete Coordinated Response Plan and a written apology statement from one of the involved youths.

Regarding the non-compliance determination made for PREA Standard 115.321, the auditor concluded that there was insufficient proof documentation provided to sufficiently demonstrate the facility's implementation of their uniform evidence protocol, and there was insufficient documentation provided to verify whether a forensic medical exam or forensic interview was conducted (if applicable for this situation). Additionally, there was no documentation provided to support the facility's obligation to offer a victim advocate for providing necessary victim support services after the initial allegation was made.

A corrective action plan must be implemented to ensure that the requirements of this PREA Standard are met in response to all allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.
- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that the PC will ensure there is a trained PREA investigator assigned to the LGYS at all times, and explained how the PC will ensure that the designated person has met all the DOJ PREA Investigator Training requirements, monitor all investigations, ensure investigations are completed in accordance policy, ensure each element of the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigation, and work with facility investigators to correct any problem areas identified. Additionally, the auditor was emailed the investigative documents of a student-on-student sexual harassment allegation in order to demonstrate how a PREA investigation was fully carried out at the facility during the corrective action period. The provided documentation adequately demonstrated that the facility took the initial allegation seriously and conducted a prompt and comprehensive internal investigation into the allegation, which ultimately found the allegation to be unfounded. Furthermore, it is important to note that this sexual harassment allegation was reported to the TJJJ Office of Inspector General by the student who was

the alleged victim of the harassment (through the TJJJ Reporting Hotline), and the OIG advised the facility to "handle internally." This incident was reported as the only PREA related investigation conducted during the corrective action period.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards) - Sexual Abuse & Sexual Harassment Investigative Files - MOU between ROP/LGYS & the Hood County District Attorney's Office - Memo from LGYS to the Hood County District Attorney <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed 12 randomly selected juvenile supervision officers (JSOs) on-site. Each staff member sufficiently explained the process of responding to an incident or allegation of sexual abuse. This included providing examples such as separating the victim from the perpetrator, immediately reporting to a supervisor, law enforcement, the Texas Juvenile Justice Department (TJJJ), medical professionals, mental health professionals, etc. In addition, the staff members were instructed to advise the victim and perpetrator not to engage in any actions that could contaminate or destroy physical evidence (such as showering, changing clothes, eating, drinking, using the restroom, cleaning up, washing hands, etc.). They were also told to contact emergency services and document the incident through an Incident Report or Witness Statement. Furthermore, they were required to ensure the victim's safety and reassure them that all their needs will be taken care of. The JSOs understood their primary responsibility when responding to a sexual abuse incident, which includes prioritizing the victim's safety, separating the victim from the perpetrator, reporting the incident, and preserving and protecting the crime scene. These duties are crucial and all staff members receive training on them as first responders.

- The PCM at the facility was interviewed and explained the entire investigative process. This process starts from the time the initial report is made and goes on until the end of the administrative and criminal investigation. The PCM confirmed that all allegations of sexual abuse are taken seriously and must be immediately reported to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department and local law enforcement. The PCM explained that LGYS is required to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings. The Hood County District Attorney's Sexual Abuse Task Force and/or OIG with TJJD are responsible for conducting the criminal investigation and prosecution. The PCM is also one of the facility's specially trained administrative investigators and explained that their primary responsibilities when responding to a sexual abuse incident or allegation include ensuring the safety of the victim and preserving and protecting the crime scene until law enforcement takes over. Furthermore, the process of transporting a student victim of sexual abuse to the local hospital for a forensic examination by a SANE/SAFE, providing victim advocacy services with the PRCAC, and conducting a forensic interview was explained. The PCM described in detail the investigative process, which includes conducting a prompt, thorough, and objective internal administrative investigation for all allegations or incidents of sexual abuse and sexual harassment. The PCM also indicated that she received training in 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 PCM identified the standard required to substantiate an allegation of sexual abuse administratively as no higher than a preponderance of evidence. Finally, she advised that all investigations involving substantiated and unsubstantiated allegations of sexual abuse are reviewed by the administrative team through the requirements associated with conducting a Sexual Abuse Incident Review (SAIR).

Explanation of Determination:

115.322 (a-c):

According to the agency's PREA Policy on page 17, "the program {LGYS} shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment." Furthermore, this Policy also outlines the following procedures related to referring allegations for investigations:

- Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Program Director and Corporate Director of Human Resources.
- The organization shall publish such policy on its website.
- All referrals shall be documented.

- If a criminal investigation is conducted, the program will provide the following:
 - Incident/ Information Reports
 - Access to program and location of the incident
 - Access to students and / or staff involved
 - Access to all records deemed necessary to complete the investigation

The auditor confirmed that the facility's website includes the investigative procedures set forth in the agency's PREA Policy, as highlighted below:

- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. 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. (Safe Environmental Standards Policy/PREA Standard §115.322).

In addition to the procedures included in the agency's PREA Policy described above, a signed MOU between ROP/LGYS and Hood County District Attorney's Office was provided. The following protocols are included therein, as confirmed by the auditor:

- A Community Provider {Hood County District Attorney's Office} shall accept reports of sexual abuse and/or harassment alleged to have occurred at Agency which shall include a 24-hour hotline number for reporting, as well as providing counseling services for victims and victim support.
- Community Provider shall provide victim services to students reporting sexual abuse. Services shall be consistent with the community level of care.
- Community Provider represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of services.
- All employees of Community Provider shall have such knowledge and experience as will enable them to perform the duties assigned to them. Any employee of Community Provider who, in the opinion of Agency, is incompetent or by his conduct becomes detrimental to the project shall, upon request of Agency, immediately be removed from association with the project.
- Community Provider has agreed to provide services at no cost to Agency.
- Community Provider acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to Agency. Any and all information of any form obtained by Community Provider or its employees or agents from Agency in the performance of this Agreement shall be deemed to be confidential information of Agency ("Confidential Information"). Any reports or other documents or items (including software) that result from the

use of the Confidential Information by Community

- Provider {LGYS} shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Community Provider) publicly known or is contained in a publicly available document; (b) is rightfully in Community Provider's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of Community Provider who can be shown to have had no access to the Confidential Information.

The auditor was also provided a letter sent from the LGYS Program Director to the Hood County District Attorney, which outlines LGYS's responsibility to contact Granbury, Texas Police Department and the Hood County Texas District Attorney's Office/Child Exploitation Unit upon receiving notice or suspecting sexual abuse of a resident within the facility.

Per the notes added in the PAQ by the agency's PCM, the agency wide PC and the LGYS's PCM are the trained internal administrative PREA investigators for LGYS. Further, the Hood County District Atty's Sexual Abuse Task Force is the law enforcement entity responsible for conducting any criminal investigations, and the DA's Office and Paluxy River Child Advocacy Center will set up forensic medical exams with Cooks Children's Hospital on an as needed basis.

(d-e): Auditor is not required to audit this provision.

Sexual Abuse Investigative File Review:

The facility reported three sexual abuse allegations reported at LGYS since 2022, with a summary of the facility response to each allegation outlined below:

1. March 2022: Student-on-student alleged sexual abuse- unknown disposition.
 - Throughout this report, it is noted that the facility was found to have significant deficiencies in providing the necessary proof documentation to demonstrate how they followed the required procedures for addressing the specific allegation. The Program Director and the agency's PC have explained that the previous administrative staff who were involved in this March 2022 allegation and subsequent investigation no longer work at the facility, which has made it challenging, if not impossible, to locate the necessary documentation. The only documents provided to the auditor were an incomplete Coordinated Response Plan document and a statement (a written apology of sorts) from one of the residents, which confirms that a consensual sexual encounter between two students at the facility did occur.
2. April 2022: Staff-on-students alleged sexual abuse contact- substantiated with staff terminated and arrested.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Facility’s Coordinated Response Plan;
 - Internal Notice of Potential SES Incident;
 - PREA Administrative Investigative Report;
 - PREA Administrative & Response Review;
 - Post Investigation Student Notification;
 - TJJD Incident Report;
 - Incident Notification Form;
 - Email Communications to and from TJJD OIG Investigator;
 - Notification documents for notifying parents/guardians;
 - Email notifications from Paluxy River Children’s Advocacy Center (forensic interview, victim advocate, and other necessary victim services provided and/or offered); and
 - Completed DOJ Survey of Sexual Victimization Incident Forms for the DOJ.
- However, the facility was unable to provide the auditor with sufficient proof documentation that the required retaliation monitoring was conducted for this April 2022 allegation of sexual abuse. The facility was found non-compliant with PREA Standard 115.367 and corrective action is, therefore, required.

3. May 2023: Staff-on-student alleged sexual abuse non-contact- substantiated with staff terminated and pending criminal prosecution.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Email communications to and from TJJD OIG investigator to facility leadership;
 - OIG Memo- requesting for the facility to conduct an internal investigation and provide a full report within 30 days;
 - Therapy Notes related to mental health victim services provided to victim;
 - TJJD Internal Investigative Report
 - Facility’s Coordinated Response Plan;
 - Retaliation Log; and
 - LGYS Training Attendance Rosters and other PREA Training Verifications for the staff perpetrator.
- Upon the auditor’s analysis of the above proof documentation provided to assess compliance with the requirements of this PREA Standard, there were no issues of non-compliance discovered by the auditor for this particular

sexual abuse situation.

Sexual Harassment Investigative File Review:

The facility reported one instance of sexual harassment that occurred in June of 2023. It involved indecent exposure between students and was taken seriously by the facility, being treated as a possible incident of sexual abuse. The auditor was provided with various documents, including a form notifying the facility to handle the allegation internally, a response plan, a form completed by the youth involved, and a log of retaliation. These documents demonstrated to the auditor that the appropriate protocols for responding to a sexual harassment allegation were followed, potentially preventing the situation from escalating. Additionally, the auditor concluded that many of the actions taken, such as promptly reporting the allegation and monitoring for retaliation, went beyond the minimum requirements set by the PREA Standards.

Note:

- The only other PREA allegation provided to the auditor was a grievance that alleged inappropriate student-on-student touching; however, this situation was promptly investigated by facility management and video surveillance quickly proved the allegation to be false, as confirmed by the proof documentation provided and interviews with the administrators involved (Program Director and Assistant Program Director). Furthermore, it was also documented and explained by the Program Director that the student who made the initial allegation reported that the allegation was made in order to move housing units, and the youth fully recanted the allegation initially made (confirming that it was made in bad faith in order to move housing units because the youth knew that if a PREA allegation is made, the facility will move students). The auditor recommended for this situation, it would have been best practice to immediately report the initial allegation to TJJJ and begin the administrative investigation promptly after notifying this state oversight agency. The PCM understood the recommendation and advised this will be the facility's practice going forth in order to err on the side of caution and ensure all such allegations are reported to an outside law enforcement agency (TJJJ OIG).
- The auditor verified the reporting mechanisms utilized by the alleged resident victims in the three sexual abuse allegations and the one sexual harassment allegation described in this report, which confirmed how students in the facility were able to report sexual abuse and sexual harassment through the internal grievance process, by making a verbal report to staff, and through the TJJJ 24/7 Reporting Hotline.

Non-Compliance Determination Summary:

115.322 (a): The facility was found to be in violation of the Juvenile PREA Standards because it could not provide enough evidence to show that they had completed an

investigation for a youth-on-youth sexual abuse allegation that was reported in March 2022. The only documentation provided was an incomplete Coordinated Response Plan and a written apology statement from one of the youth involved.

Specifically regarding the violation of PREA Standard 115.322, the facility was unable to provide enough evidence that an investigation had been conducted for the aforementioned allegation. It is important to note that the Coordinated Response Plan shows that the Office of Inspector General and the Hood County Sheriff's Department were both notified of the allegation within five hours of it being received by the facility. However, the auditor determined that this notification alone was not sufficient proof of an investigation as no other supporting evidence, such as investigative reports or incident reports, were provided.

A corrective action plan must be put in place to ensure that the requirements of this PREA Standard are followed in response to any allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit
 - Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.
- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that the PC will

ensure there is a trained PREA investigator assigned to the LGYS at all times, and explained how the PC will ensure that the designated person has met all the DOJ PREA Investigator Training requirements, monitor all investigations, ensure investigations are completed in accordance policy, ensure each element of the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigation, and work with facility investigators to correct any problem areas identified. Additionally, the auditor was emailed the investigative documents of a student-on-student sexual harassment allegation in order to demonstrate how a PREA investigation was fully carried out at the facility during the corrective action period. The provided documentation adequately demonstrated that the facility took the initial allegation seriously and conducted a prompt and comprehensive internal investigation into the allegation, which ultimately found the allegation to be unfounded.

Furthermore, it is important to note that this sexual harassment allegation was reported to the TJJJ Office of Inspector General by the student who was the alleged victim of the harassment (through the TJJJ Reporting Hotline), and the OIG advised the facility to "handle internally." This incident was reported as the only PREA related investigation conducted during the corrective action period.

Conclusion:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ - Staff Roster - Sample of LGYS Training Acknowledgement Roster forms - PREA Training Lesson Plan Outline - PREA Training PowerPoint Presentation (<i>107 Slides</i>)

- PREA Training Acknowledgement Assessments

Interviews:

- The auditor interviewed 12 randomly selected Juvenile Supervision Officers (JSOs) while on-site. Each staff member adequately explained the training they received regarding responding to incidents or allegations of sexual abuse or sexual harassment. This training included examples of immediate separation of the victim from the perpetrator, immediate reporting to a facility supervisor and law enforcement/ TJJJ (Texas Juvenile Justice Department)/medical/mental health personnel, instructing the victim and perpetrator not to do anything that could contaminate or destroy physical evidence (such as showering, changing clothes, eating, drinking, using the restroom, cleaning up, washing hands, etc.), contacting emergency services if necessary, documenting the incident on an Incident Report or Witness Statement, and ensuring the victim's safety. The JSOs understood that their primary responsibilities in responding to a sexual abuse incident were to ensure the victim's safety, report the incident, and preserve and protect the crime scene for specially trained criminal investigators. The staff members also discussed the protocols in place for responding to a sexual harassment incident or allegation. In such cases, a facility supervisor would be promptly notified to investigate the situation and implement an appropriate level of response. The specific actions taken in response to a sexual harassment incident would depend on the seriousness of the situation and the type of sexual harassment alleged, as explained by the JSOs interviewed. Additionally, the staff were asked open-ended questions about topics covered in their most recent PREA training. Each staff member was able to adequately articulate several topics, such as resident rights, reporting protocols, dynamics of sexual abuse and sexual harassment in a facility, effective communication with juveniles who identify as LGBTI, ensuring residents understand their rights and how to report, maintaining professional boundaries, student searches (with cross-gender searches being prohibited), and detecting and responding to situations where a resident may feel threatened or scared of being abused. All the JSOs confirmed that they received PREA training upon being hired at the facility, and periodic refresher trainings are provided annually. The staff also mentioned that a PREA video is played on each housing unit on weekends for the students, providing additional opportunities for staff and residents to learn about PREA.

Explanation of Determination:

115.331 (a-d):

The auditor has confirmed that every aspect of this PREA Standard is included in the agency's PREA Policy, which can be found on pages 17 and 18. According to this Policy, Rite of Passage programs will provide appropriate training to all staff before they begin their service, and then every six months after their last on-site training. The Policy also outlines the required PREA training topics, categorized as provision (a) (1-11), stating that the training should be tailored to the specific needs and characteristics of students in the programs, as well as their genders. Staff members

who are reassigned from a program that only houses male students to one that only houses female students, or vice versa, will receive additional training. The facility mandates that staff attend PREA refresher trainings every six months to ensure that they are aware of the program's sexual abuse and sexual harassment policies and procedures, in accordance with the agency's PREA Policy on page 18. Furthermore, the agency's PREA Policy stipulates that LGYS is required to have staff members attending PREA training provide their name and signature on an attendance sheet and Form 13.44, which confirms their understanding of the training they have received. As per this Policy, the training documentation will be kept in employee files, and the trainings will be added to the program's yearly training calendar.

Furthermore, in order to assess the level of compliance in practice at the facility with the staff PREA training requirements of this PREA Standard, the auditor cross-examined a sample of completed LGYS Training Attendance Rosters with the provided Staff Roster List. The auditor was able to confirm that 100% of the current security staff have completed PREA training within the applicable required time frame set forth by this PREA Standard. The Attendance Roster documents also include an acknowledgement that the instructor affirms to the following:

- Each person listed attended the entirety of the course provided. No person shall receive credit for a course when missing more than 20% of the class. Documentation should be maintained for any person who is required to leave training.
- This attendance verification form was not signed off on until the course has been completed and can verify that individuals have attended in full in order to receive credit.
- And understanding that attendance rosters are considered a government record and Section 34.10 of the Texas Penal Code prohibits tampering or altering these documents as they were originally created.

It is important to note that the PCM documented in the PAQ that all new hires are provided PREA training during pre-service and then trained again annually, and this was sufficiently proven through the auditor's staff training file review. To ensure all staff are provided PREA training when first hired and before having contact with residents, the auditor was provided PREA training verification forms for nine (9) of the most recently hired JSOs. Upon the auditor's review, it was determined that the each of the nine staff selected received and understood the PREA training provided when they were first hired at the facility.

Lastly, the facility's PREA training 107 slide PowerPoint presentation and corresponding PREA Training Lesson Plan was uploaded in the OAS, and upon the auditor's review, it was clear that the PREA training provided to all staff includes not only the required eleven (11) training topics set forth in this PREA Standard but also additional PREA related information not required by this Standard. For example, the training presentation includes slides covering statistics related to PREA incidents in confinement settings, grooming and red flags, healthy boundaries, and scenarios related to responding or detecting sexual abuse or sexual harassment. Additionally, the auditor confirmed that the training curriculum is tailored to the unique needs

and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. In addition to the training presentation highlighted above, the auditor was also provided a document that includes the following information and is completed by each student, employee, volunteer, contractor, and intern:

- In order to ensure all students, employees, volunteers, contractors, and interns who enter the LGYS facility understand the agency's zero tolerance policy, the facility has implemented a ROP Safe Environment Standards Zero-Tolerance Acknowledgment form, which includes the following information:
 - Rite of Passage has ZERO-TOLERANCE of sexual abuse, sexual harassment and sexual activity. The intent of the Rite of Passage Safe Environmental Standards and Prison Rape Elimination Act (PREA) is to ensure a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all students, employees, volunteers, contractors and intern workers.
 - You have an obligation to maintain clear boundaries with students to maintain an ethical supervision relationship with objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional, or sexual relationship to occur with students.
 - Any sexual contact between a student and an employee, volunteer, contractor, or intern IS sexual abuse.
 - All forms of sexual contact and sexual harassment between students and employees/volunteers/contractors/interns are prohibited by Rite of Passage and may be against the law.
 - If you are aware of any such incidents, you have a duty to report them.
 - I acknowledge that I have received training on and understand Rite of Passage's Safe Environment Standards and PREA. ____ (initials)
 - I acknowledge that I understand Rite of Passage's position on zero tolerance of sexual abuse and sexual harassment. ____ (initials)
 - I acknowledge that I will report any knowledge of sexual abuse or sexual harassment immediately. ____ (initials)
 - Print Name
 - Signature
 - Date
 - Date of Training
 - Signature of Trainer

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards) - Volunteer/Contractor PREA/SES Information Handout - ROP Safe Environment Standards/PREA Training Independent Contractor/Volunteer Lesson Plan - ROP Safe Environment Standards/PREA Training Test Volunteer and Independent Contractor - PREA Training Verifications <p>Interviews:</p> <ul style="list-style-type: none"> - Four volunteers and two contractors, who have contact with students at LGYS, sufficiently explained to the auditor the PREA training they have received while working at the facility. Each person was able to clearly articulate and explain their responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and harassment. The level and type of PREA training provided matched the level of service provided to the youth in the facility. For instance, the two teachers (contractors) interviewed stated that they receive a comprehensive PREA refresher course at the beginning of each school year. They explained that the most recent training was presented through an in-person presenter who verbally discussed the PREA information, provided relevant documents, and showed a PREA video. Furthermore, the teachers and volunteers all affirmed their understanding of the agency's zero tolerance policy and their knowledge of how and when to report any suspected or witnessed instances of sexual abuse or harassment. <p>Explanation of Determination:</p> <p>115.332 (a-c):</p> <p>According to the agency's PREA Policy on page 19, "all volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures." In addition, this Policy also outlines the following relevant procedures:</p> <ul style="list-style-type: none"> • 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 students, but all volunteers and contractors who have contact with students

	<p>shall be notified of the program’s zero- tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <ul style="list-style-type: none"> • The program shall maintain documentation confirming that volunteers and contractors understand the training they have received. <p>To evaluate how well the facility complies with the requirements of this PREA Standard, the auditor received the PREA training curriculum and lesson plan outline that are given to all volunteers, contractors, and interns before they interact with residents. Additionally, the auditor received training verification documents for two church volunteers, two college interns, and two teachers. After reviewing the training curriculum and verification documents, it was clear that all volunteers, contractors, and interns receive the necessary training elements required by this PREA Standard. The signed training verifications also show that individuals who received the training understood it. It is worth mentioning that volunteers, interns, and contractors also take the facility's PREA Training Test after completing the training, further ensuring that they understood the training they received.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - LGYS Student Handbook - LGYS Safe Environment Standards PREA Resident Brochure (<i>English & Spanish</i>) - PREA Zero Tolerance Poster - PREA No Means No Poster - PREA Know Your Rights Poster (<i>English & Spanish</i>) - LGYS Safe Environment Standards PREA Brochure ("A Student's Guide to Rights, Protections, and Reporting Sexual Abuse") - Resident Roster

- ROP Safe Environmental Standards Student Acknowledgement of Zero Tolerance Policy
- ROP Safe Environmental Standards Student Additional Education Acknowledgement
- Acknowledgement of Orientation & Receipt of Handbook

Interviews:

- The auditor interviewed a total of 17 students at the LGYS, and each student was able to adequately express their understanding of PREA and zero tolerance. They were also knowledgeable about the various methods for making a PREA report, how PREA information was provided during the intake process and on Sundays via a PREA video on the housing unit. The students were aware of how to request and submit a grievance, the locations of the grievance boxes and PREA signs, and the process for making a call to the TJJD Hotline. All the students expressed feeling safe in the program and expressed trust in the staff, counselors, and administrative staff. They felt comfortable approaching these individuals to make a PREA report or address any other concerns they may have. The interviewed students shared information on how to make an anonymous PREA report to the TJJD Hotline or by writing a grievance. They also knew how to report to their parent, case manager, counselor, or any staff member at the facility.
- Two students who receive Special Education Services (SPED) at the facility were chosen by the auditor to be interviewed. Each student was able to explain their understanding of PREA, including the various methods in place at the facility for reporting PREA-related incidents. They also understood their rights regarding zero-tolerance for sexual abuse, sexual harassment, retaliation, and staff neglect. The students were aware of the staff members at the facility who could provide assistance, such as counselors, teachers, JSOs, supervisors, etc. The two students interviewed did not express any issues or concerns about their safety and adequately explained how PREA education was provided in a way they could comprehend.
- The auditor also spoke with the facility's Executive Director on-site, and he mentioned that LGYS employs staff members who are fluent in Spanish. If additional interpreting services were required, a professional interpreter would be called to assist on an individual basis. It was also confirmed that in every applicable situation, reasonable measures are taken to ensure comprehensive access to all aspects of the agency's efforts in preventing, detecting, and addressing sexual abuse and sexual harassment for residents who have limited English proficiency. These measures include providing interpreters who can interpret effectively, accurately, and impartially, both in understanding and expressing information, using any necessary specialized vocabulary.
- The auditor interviewed 12 randomly selected Juvenile Services Officers (JSOs) who all expressed that they are not allowed to use one resident to interpret for another resident in PREA related situations. Instead, they would call a staff member to assist

with translation or contact a professional interpreter from outside. Furthermore, the interviewed staff members explained how the PREA training provided at the facility includes effective communication with all residents to ensure they have full access to all relevant programming and efforts to keep them safe. The staff members were also asked about how PREA information is provided to students in the facility and how often. All 12 JSOs confirmed that all students are given PREA information during the initial intake process and a detailed PREA video is provided on the weekends.

- The facility's contracted Principal and a teacher who both provide educational instruction in the facility were also interviewed, and each educator confirmed that students are identified as receiving SPED services or are limited English proficient are provided specialized attention to ensure all the educational components are provided.

- Two staff members who are familiar with the intake process were interviewed and asked questions about how residents are given information about PREA and how frequently this occurs. Each staff member stated that an intake packet is reviewed with every student who is admitted into the pre and post programs. This process is completed within a few hours after a youth is admitted into the facility. It includes both a verbal explanation and a document review of the agency's zero tolerance policy regarding sexual abuse and sexual harassment. The staff members also discussed how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, the two staff members confirmed that each student is provided with a PREA video every weekend.

Site Review Observations:

- During the on-site visit, the auditor conducted a thorough examination of the entire facility in order to assess whether crucial information is continuously and easily accessible to students through posters, handbooks, or other written materials. After the auditor's inspection, it was confirmed that signage related to PREA was posted in both English and Spanish in various areas throughout the facility, including housing units, intake areas, public lobbies, visitation areas, hallways, the gymnasium, and classrooms. In addition, the auditor successfully tested the student 24/7 TJJJD Reporting Hotline, which can provide professional translation services to youth as needed. The auditor also examined the facility's intake process and conducted interviews with mental health, medical, and educational professionals who offer specialized services to students with disabilities or communication barriers. By conducting the on-site inspection and interviews, the auditor was able to determine that residents with disabilities and limited English proficiency have an 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.

Explanation of Determination:

115.333 (a-f):

According to the agency's PREA Policy on page 20, "students shall receive

information explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." Further, the following procedures are also included in this Policy:

- During the intake process, students shall receive ROP Safe Environment Standards "A Student Guide to Rights, Protections, and Reporting of Sexual Abuse" explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- During the intake process, students shall receive and sign ROP Safe Environment Standards "Student Acknowledgment of Zero Tolerance". The signed acknowledgment form will be maintained in the Case Management file.
- Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents.
- Students shall receive education upon transfer to a different program to the extent that the policies and procedures of the student's new program differ from those of the previous program.
- The program shall provide student education in formats accessible to all students, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to students who have limited reading skills.
- The program shall maintain documentation of student participation in these education sessions in the student file.
- In addition to providing such education, the program shall ensure that key information is continuously and readily available or visible to students through posters, student handbooks, or other written formats.

In addition to including all the requirements of this PREA Standard in the agency's PREA Policy, as outlined above, the facility also provided the auditor with the documentation used to ensure compliance with this PREA Standard is properly documented, as noted below:

1. ROP Safe Environmental Standards Student Acknowledgement of Zero Tolerance Policy; and
2. ROP Safe Environmental Standards Student Additional Education Acknowledgement.

The form listed in bullet (1.) above is used to document the initial receipt of PREA 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, as required during the intake

process (115.333- a). The second form (2.) is used to document receipt of the comprehensive age-appropriate education that is provided to residents within 10 days of being admitted into the facility, as required by provision (b) of this PREA Standard.

To demonstrate that the facility complies with this PREA Standard in practice, the PCM uploaded thirteen completed samples of the Student Acknowledgement of Zero Tolerance Policy forms. However, since the date when each resident entered the facility was not provided, the auditor couldn't determine if the residents received this initial PREA information during the intake process. Therefore, to effectively assess compliance with this PREA Standard, the auditor randomly selected ten residents from the provided resident roster sheet. These residents were admitted into the facility in the past 12 months, and their admission dates were included in the roster sheet. The auditor requested the completed PREA Acknowledgements for each of the ten residents, which included the Acknowledgement of Orientation & Receipt of Handbook, the Student Acknowledgement of Zero Tolerance Policy, and the Student Additional Education Acknowledgement forms. After analyzing each of the proof documents provided, it was determined that all ten selected residents received the initial PREA orientation during the intake process on their first day of admission. Additionally, they received comprehensive PREA education, which included watching the PREA Youth Educational Video (English) on YouTube within 10 days of entering the facility. The auditor concluded that this review adequately demonstrated compliance in practice with the requirements of this PREA Standard. Furthermore, the PCM noted in the PAQ that the PREA Education video is shown to all students every Sunday to ensure that all weekly intakes receive the education within their 10-day timeframe. This practice was confirmed during the onsite audit through interviews with residents and staff members.

In addition to providing the resident PREA education documented above, the auditor was also able to verify that LGYS also provides key PREA information continuously in the facility, as well as makes the PREA information readily available or visible to residents through posters, resident handbooks, and other written formats. For example, each student in the facility is provided a Student Handbook, which the auditor was able to confirm includes sections on PREA that include the following relevant PREA information:

- While you {student} are here, you have certain rights afforded to you by the state and federal laws and can expect fair treatment. You have responsibilities as a student in this facility and are expected to adhere to those responsibilities. If you fail to accept your responsibilities, you may be in violation of the rules and will be subject to disciplinary action while you are in the LGYS. You should become familiar with your rights and responsibilities and use the proper grievance process if you believe your rights have been violated. In addition, if you feel you have been abused, neglect or exploited, you are afforded the Texas Juvenile Justice Department's hotline.
- You have the right to not be subjected to abuse, neglect or exploitation,

including physical and psychological harm, as defined in Chapter 261, Texas Family Code.

- You have the right to not be subjected to corporal punishment, harassment, intimidation, threats, harm, assault, and humiliation by any other juveniles or staff.
- You have the right to not be subject to humiliating punishment including verbal harassment of a sexual nature or that relates to your sexual orientation.
- You have the responsibility to follow the rules, procedures and schedules of the facility and its staff.
- You have the responsibility of reporting any infringement of your rights to staff members of the facility.
- You have the right of confidentiality in reporting sexual abuse or sexual harassment and shall not face punishment or retaliation for participating in the reporting process.
- Lake Granbury Youth Services strives to provide a safe environment for all of the residents. If at any time, you feel uncomfortable or unsafe, trust your instincts and ask to talk to your therapist or staff member with whom you feel at ease. If at any time, someone is acting in an inappropriate manner towards you, you should report it to a staff member or Case Manager.
- Ways to Minimize Risks
- Students may follow one of the reporting methods listed under RIGHT TO REPORT when they feel they have been sexually abused or sexually harassed.
- Reporting Options:
 - You may tell your Case Manager or another staff so they can report it to the authorities;
 - If you are not comfortable in talking to a staff member, you may use the facility grievance system which is detailed and explained later in the handbook;
 - If you are not comfortable in talking with a staff member or using the facility grievance system, you may talk to your juvenile probation officer or parent; or
 - You may also use the Texas Juvenile Justice Department's toll-free phone number to call and report abuse, neglect or exploitation at 1-877-786-7263.
- Reporting Hotline Numbers for TJJD
- You will receive a TJJD brochure titled "END THE SILENCE" on information and reporting abuse, neglect, & exploitation along with this Handbook.
- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of sexual abuse and the incident occurred while in the custody of the facility, a student shall have the right to receive an initial assessment by a mental health professional for the need for crisis intervention counseling, subsequent long-term, follow-up or counseling services at no cost to the student or their family.

- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of abuse, neglect or exploitation while the student was in the custody of the facility and a physical injury occurred as a result of the abuse, neglect or exploitation, the student shall have the right to receive appropriate medical services.
- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a victim of abuse, neglect or exploitation while the student was in the custody of the facility and a sexually transmitted disease may have been contracted as a result of the abuse, neglect or exploitation, the student shall have the right to be tested for sexually transmitted diseases, including HIV-AIDS.
- We encourage you to stay in contact with your family for the sake of reunification. You will be permitted one (1) phone call per week made with your case manager. Calls with your case manager will be made during your one-on-one meetings weekly and may last for up to 25 minutes as determined by your case manager based on your status level, FFA scores, behavior and incidents, and progress in the program.
- You are able to send and receive mail from your approved contacts. You are able to send three (3) letters per week and LGYS will provide you with envelopes and postage. If you write more than 3 letters a week, the additional letters will be kept until the following week and then mailed.
- You shall be permitted reasonable confidential contact with your attorney and their designated representatives through telephone, uncensored letters, and personal visits with appropriate restrictions on the time and place of meeting to ensure security and control of the facility.
- LGYS students have a right to visitation.
- You have the right of confidentiality in filing a grievance and shall not face punishment or retaliation for participating in the grievance process. Students have the right to a formalized grievance process to address students' complaints about their treatment and facility services. The grievance process utilizes methods of resolving complaints in a prompt and fair manner without fear of reprisal. Upon following the facility's grievance process and the student is not satisfied with the decision made, the student shall have the right to appeal the decision in accordance to the facility's student grievance appeal process.
- Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process.

To ensure that students receive the Student Handbook during the intake process, the auditor was given completed documents titled "Acknowledgements of Orientation & Receipt of Handbook" for each of the 10 randomly selected students from the previous section. The auditor analyzed a representative sample of these acknowledgements and concluded that the facility has successfully implemented

multiple methods to ensure that all residents receive PREA information during the intake process.

In addition, the auditor was provided with an English and Spanish PREA Resident Brochure, as well as three PREA posters that are displayed throughout the facility to ensure that all residents have ongoing access to PREA information and know how to report incidents.

The facility's brochure, titled "Lake Granbury Youth Services Safe Environmental Standards- Student's Guide to Rights, Protection, and Reporting of Sexual Abuse," was provided to the auditor in the OAS and was confirmed to be posted in each housing unit during the onsite visit. This document includes the names, phone numbers, and email addresses of the PCM's and PC's, the phone number for the local Rape & Crisis Advocate (Paluxy River Children's Advocacy Center), the TJJJ Hotline number, and information about students' rights, zero tolerance, how to report incidents, and the prohibited conduct related to sexual abuse, sexual harassment, and retaliation for reporting. It also explains what happens when a report is made.

Finally, as stated in section 115.316 of this report, LGYS adequately showed the auditor how the facility meets the requirements of PREA Standard 115.316 in practice by providing proof documentation on how residents with disabilities and limited English proficiency receive interpreting services. This ensures equal opportunities for PREA-related matters and effective communication of their rights and how to report. For instance, the facility utilizes Language Services Associates to provide residents access to a qualified interpreter as needed. To verify the legitimacy and ability of this interpreter service provider, the auditor examined the company's website (<https://lsaweb.com/>) and successfully made a test call to the toll-free number provided in the instructional sheet stored in the OAS. Additionally, the facility has uploaded Spanish PREA posters in the OAS, providing further proof that residents who primarily speak Spanish receive PREA information in a comprehensible format. The auditor also received Spanish Third-Party Reporting and Acknowledgement documents, which highlight the facility's efforts to ensure Spanish-speaking residents and other relevant parties understand PREA and how to make a PREA-related report. To demonstrate how the facility ensures staff are knowledgeable of how to effectively communicate with all students, including those with a disability or who are LEP, the auditor was provided PREA staff training documents that sufficiently prove staff working at the facility understand their responsibility to ensure disabled or limited English proficiency students have equal opportunity to understand their rights to be free of sexual abuse, sexual harassment or retaliation for reporting. For example, the PREA PowerPoint Presentation provided includes information related to the facility's intake screening, prohibitions for using a resident interpreter, and disabled and language limitation considerations to respond to on a case-by-case basis. Furthermore, the auditor reviewed the facility's contracted professional interpreting services' website, Language Services, which highlights the following information:

"Language Services Associates (LSA) offers a full suite of language interpretation

solutions to help optimize the experience of limited English proficient customers and patients. Providing native language support improves the efficiency and productivity of staff, raises customer satisfaction levels, and builds loyalty. For more than 2,000 clients worldwide, in more than 200 languages, LSA provides a competitive differentiator in the healthcare, government, financial, insurance, banking, entertainment, hospitality and manufacturing industries."

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- Rite of Passage Safe Environmental Standards/PREA Training Specialized Training for Administrative Investigators Curriculum
- ROP SES/PREA Specialized Investigation Knowledge Assessment
- DOJ Certificate of Completion Documents for the Two Administrative Investigators
- National PREA Resource Center Specialized Training Modules (1-4)

Interviews:

- The PCM of the facility was interviewed and explained the entire investigative process regarding allegations of sexual abuse. She confirmed that all allegations of sexual abuse are taken seriously and must be immediately reported to the Office of Inspector General (OIG) with the Texas Juvenile Justice Department and local law enforcement, specifically the Hood County District Attorney's Office. The PCM explained that the facility is required to follow a uniform evidence protocol to obtain usable physical evidence for administrative proceedings. The Hood County District Attorney's Sexual Abuse Task Force and/or OIG with TJJD are responsible for conducting the criminal investigation/prosecution. The PCM is one of the facility's specially trained administrative investigators. She explained that their primary responsibilities when responding to a sexual abuse incident or allegation are to separate the victim and perpetrator, prioritize the safety of the victim, and preserve and protect the crime scene until law enforcement takes over. The PCM also explained the process of transporting a student victim of sexual abuse to the local

hospital for a forensic examination by a SANE/SAFE, providing victim advocacy services with the Paluxy River Children's Advocacy Center, and ensuring a forensic interview is conducted. Furthermore, the PCM described the investigative process in detail, including conducting a prompt, thorough, and objective internal administrative investigation for all allegations or incidents of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. The PCM also discussed the 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 PCM identified the standard required to substantiate an allegation of sexual abuse administratively as no level higher than a preponderance of evidence. She advised that all investigations involving sexual abuse, substantiated or unsubstantiated, are reviewed by the administrative team through the requirements associated with conducting a Sexual Abuse Incident Review (SAIR).

Explanation of Determination:

115.334 (a-d):

According to the agency's PREA Policy on page 21, "any Rite of Passage administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings." Further, the following procedures are also included:

- In addition to the general training provided to all employees pursuant to PREA Standard 115.331, Rite of Passage shall ensure that, to the extent the agency itself conducts sexual abuse administrative investigations, its investigators have received training in conducting such investigations in confinement settings.
- Authorized investigators for Rite of Passage shall include Program Director (or designee) and Human Resource Managers/Directors.
- Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence preservation, and the criteria and evidence required to substantiate a case for administrative action or law enforcement referral.
- Rite of Passage Human Resources and/or Site Trainer shall maintain documentation that Rite of Passage investigators have completed the required specialized training in conducting sexual abuse administrative investigations.

To evaluate the actual compliance level with this PREA Standard at the LGYS facility, the auditor received the specialized PREA investigator training programs and training certificates for the two administrative investigators working at the facility, namely the PC and PCM. The training verification documents, sourced from the Department of Justice, authenticated that each administrator had successfully

	<p>completed the online course entitled "PREA: Investigation of Sexual Abuse in a Confinement Setting." Offered by the National Institute of Corrections, this course encompassed a comprehensive three-hour session dedicated to the protocols and responsibilities involved in investigating allegations related to sexual abuse within a confinement setting, in accordance with the mandates of this PREA standard. After thoroughly examining the provided documentation in the PAQ, it was concluded that the agency fully meets all the specialized training 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 agency meets all elements of this standard. No corrective action is required.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PREA Training Verifications <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor spoke with a mental health and medical professional who provides services to students at the facility full-time. Both professionals confirmed that they have received extensive training on the Prison Rape Elimination Act, including how to detect and assess signs of sexual abuse and harassment, preserve physical evidence, respond to juvenile victims, and report allegations. The mental health professional and licensed vocational nurse (LVN) explained in their interviews that they have received both general PREA training for all staff and additional specialized training related to their specific roles. For example, the LVN was knowledgeable about reporting protocols, preserving the scene, victim services (such as forensic medical examinations), and advocacy. The therapist also explained available victim services and access to psychiatrists and psychologists for all students at LGYS. Both professionals clarified that they are required to report allegations of sexual abuse or harassment to a facility supervisor or administrator immediately. They also advised that law enforcement and TJJJ must be notified promptly for sexual abuse cases to initiate a criminal investigation. <p>Explanation of Determination:</p> <p>115.335 (a-d):</p>

As confirmed by the auditor, the facility includes all the requirements of this PREA Standard in the agency's PREA Policy on page 22, as outlined below:

- Rite of Passage medical and mental health care practitioners who work regularly in its facilities will receive specialized training in how to detect and assess signs of sexual abuse and 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/to whom to report allegations or suspicions of sexual abuse and harassment.
- Rite of Passage 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
 - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- Rite of Passage Human Resources and/or Site Trainer shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from Rite of Passage or elsewhere.
- Medical and mental health care practitioners shall also receive the training mandated for employees under PREA Standard 115.331 or for contractors and volunteers under PREA Standard 115.332, depending upon the practitioner's status at the agency.

The PCM noted in the PAQ that LGYS currently employs one (1) LVN, one (1) Med Assistant, and one (1) Therapist, and the auditor was provided PREA training verifications for each of the three practitioners, which sufficiently demonstrated compliance with this PREA Standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/Overall Risk
- Samples of Completed Vulnerability Assessments
- PREA Staff Training PowerPoint Presentation
- PREA Staff Training Acknowledgements

Interviews:

- The auditor interviewed the Director of Student Services, who was knowledgeable about the intake process and the facility's risk screening tool - ROP Vulnerability Assessment Instrument. This administrator adequately explained how screening questions are asked in a way that makes individuals comfortable and encourages honest responses, how the intake process is conducted with confidentiality as a priority, how all youth are objectively screened for the risk of becoming victims or perpetrators of sexual abuse, how all students are directly asked about their identification as LGBTI, and how information for screening is gathered not only through verbal communication during intake but also by reviewing relevant intake documents. If a Case Manager is unavailable to conduct the intake process outside of regular business hours, the Director of Student Services stated that a specifically trained Supervisor would handle it. It was also made clear that all residents are periodically re-evaluated throughout their time in the facility, and if a Vulnerability Assessment identifies a student as either a victim or perpetrator of sexual abuse prior to being admitted, these individuals are referred to the mental health unit and receive follow-up appointments with a licensed therapist within 14 days. The Director of Student Services also shared an example of a recently released transgender student from the facility. This student had an assigned therapist and was regularly checked on to ensure their safety and receive necessary mental health treatment and counseling. The Director stated that this particular student felt secure, had no issues or concerns about housing or programming, was proactive in seeking help when needed, and had no hesitation in speaking up if they felt the need to talk to someone.

- The auditor also interviewed a total of 17 students while onsite, and each student remembered being asked questions that are on the facility's Vulnerability Assessment. The youth all advised these questions were asked during the intake process when they were first admitted into the facility. The students did not indicate being concerned that the questions were too sensitive, and all felt comfortable with the intake process.

- The auditor also interviewed the agency's PC and facility's designated PCM. Both individuals explained during their individual interviews how the facility ensures appropriate controls on the dissemination of responses to questions asked in accordance with this standard. This is done to ensure that sensitive information is not exploited to the detriment of the residents by staff or other residents. The

administrators explained that only designated staff are allowed to conduct the intake process due to its sensitive nature. Both Case Managers and facility Supervisors receive training on how to conduct an intake, including the use of the Vulnerability Assessment Tool. These staff members ensure full confidentiality throughout the entire intake process. Additionally, the student files are kept secure in a locked area that only certain designated staff members can access.

Site Review Observations:

- During the onsite visit, the auditor confirmed that the student files are securely locked away in a facility and only the staff members who require the information for their job responsibilities are granted access. Additionally, the auditor inspected the intake area where newly accepted students are processed and verified that it provides a confidential and private environment for intake staff to complete the intake process. This area is also used by medical staff and is monitored round the clock by a surveillance camera. As there were no new students admitted during the auditor's presence, a supervisor guided the auditor through the entire intake process. This involved a review of the facility's Vulnerability Assessment, which is carried out by a Case Manager within the first hour of a youth's admission. The information collected for this risk assessment is only shared with staff members who require it for housing and programming assignments.

Explanation of Determination:

115.341 (a-e):

The auditor confirmed that the requirements of this PREA Standard are included on pages 23 and 24 of the agency's PREA Policy, as outlined below:

- Within 24 hours of the student's arrival at the program and periodically throughout a student's stay, the Case Manager/ Therapeutic Manager (CM/ TM) shall complete the Vulnerability Assessment instrument with the student and document it in case notes.
- Information should include the eleven (1-11) elements of provision (c) of PREA Standard 115.341.
- This information shall be ascertained through conversations with the students during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the student's files.
- During the intake phase of a student's participation in the program, the CM/ TM will review all documentation collected during the intake process and revise the Vulnerability Assessment instrument as needed. As further information is collected during the student's ongoing treatment in the program the Vulnerability Assessment instrument will be revised.
- The program shall implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the

student's detriment by staff or other students.

The auditor received the facility's risk assessment tool, called the "ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/ Overall Risk." Upon reviewing this screening tool, the auditor confirmed that the facility's Vulnerability Assessment includes, at the minimum, eleven specific elements and can be used to objectively screen students entering the facility to reduce the risk of sexual abuse.

The Vulnerability Assessment tool includes both objective and subjective questions, allowing the intake officer to gather information through conversations with the students during the intake process and by reviewing supplemental intake documents at the time of admission.

To evaluate the facility's compliance with the requirements of this PREA Standard in practice, the auditor reviewed a total of thirteen completed Vulnerability Assessments from the past 12 months. Based on this review, it was determined that the facility completed the risk assessments for each of the 13 students within 72 hours of their arrival. None of the assessments indicated prior sexual abuse victimization or perpetration by any of the students, and no significant risk concerns were found.

To demonstrate compliance with providing mental health follow-up meetings within 14 days for students who experienced prior sexual victimization, the facility provided the auditor with documentation proving that a licensed therapist had seen a specific student within the required timeframe.

Additionally, the facility provided the auditor with their PREA training curriculum and the PREA Lesson Plan outline, which successfully demonstrated how the facility trains staff on how to conduct the Vulnerability Assessments in an effective manner and according to agency policy. The auditor confirmed that the facility provides PREA training to all staff during the hiring process and annually for refresher courses, including training on the intake process and the Vulnerability Assessment tool, as stated in section 115.331 of the report.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/Overall Risk
- Samples of Completed Vulnerability Assessments
- PREA Staff Training PowerPoint Presentation
- PREA Staff Training Acknowledgements

Interviews:

- The auditor spoke with the Director of Student Services, who was knowledgeable about the intake process and the facility's risk screening tool called ROP Vulnerability Assessment Instrument. This administrator explained how screening questions are asked in a way that makes individuals comfortable and encourages honest responses. They also described how the intake process is conducted with utmost confidentiality, ensuring that all students at the facility are assessed objectively for the risk of being a victim or perpetrator of sexual abuse. Additionally, all students are asked if they identify as LGBTI, and information for the screening is gathered not only through verbal communication during the intake process but also by reviewing relevant paperwork. In situations where a Case Manager is not available to conduct the intake, the Director of Student Services stated that a trained Supervisor would take up the responsibility. It was emphasized that the intake staff member must utilize all information obtained from the Vulnerability Assessment Tool and during the intake process to assign appropriate housing, beds, programs, education, and work assignments to ensure the safety of all residents and protect them from sexual abuse. The Director of Student Services also gave an example of a transgender youth who had recently left the facility. This student had a therapist assigned to them and was regularly checked on to ensure their safety and provide necessary mental health treatment and counseling. The Director mentioned that this particular student felt secure, did not have any issues or concerns regarding housing or programming, was proactive in seeking help when required, and confident in opening up to someone if the need arose.
- The auditor also interviewed a total of 17 students while onsite, and each student remembered being asked questions that are on the facility's Vulnerability Assessment. The youth all advised these questions were asked during the intake process when they were first admitted into the facility. The students did not indicate being concerned that the questions were too sensitive, and all felt comfortable with the intake process.
- The PC and PCM were interviewed and informed that they have no knowledge of any situation where a student had to be placed in protective isolation due to a PREA related incident. It was clarified that the administration has the ability to move students to different housing units, which greatly reduces the chances of needing to

place a student in a secure room for protective isolation. However, if management approves a protective isolation, the student would still have access to all the programs available to other students in the facility. They also confirmed that if such a situation were to happen, the student would only be placed in isolation as a last resort, when less restrictive measures fail to keep them and other students safe. The isolation would only be temporary until alternative measures can be arranged to ensure the safety of all residents. The PC and PCM also confirmed that the facility does not allow residents to be assigned to specific housing, beds, or other assignments solely based on their identification or status as lesbian, gay, bisexual, transgender, or intersex. They also explained the situation of a transgender student who was recently released and housed in a male housing unit without any issues or concerns raised by the student. This student was assigned a therapist and Case Manager who made sure the student felt safe and provided necessary mental health and case management services throughout their stay in the facility. Additionally, the facility only accepts male students in their post adjudication program. Therefore, the transgender student admitted into this program had no choice but to be housed with male students.

- The LVN (Licensed Vocational Nurse) and MHP (Mental Health Professional) interviewed stated that the medical and mental health units can meet with any student as needed, as long as the professional feels safe when meeting with a student who is confined to their room for disciplinary reasons. Additionally, the LVN mentioned that the medical unit visits each group of students at least once a day to provide medication and follow up on sick calls. The MHP also stated that all students who have been through the adjudication process are assigned and meet with a therapist at least once a week, while pre-adjudication students can request to meet with a counselor at any time.

Site Review Observations:

- During the onsite, the auditor witnessed students being confined to their rooms for disciplinary reasons unrelated to the Prison Rape Elimination Act (PREA). No students were placed in their rooms for the purpose of protective isolation. Moreover, no students who identified as LGBTI were found during the onsite visit, and there was no specific housing provided for these students. Additionally, as mentioned in section 115.313 of this report, the facility's housing units have individual shower areas that ensure complete privacy for all students, regardless of their biological sex. These shower areas are secluded behind a solid concrete wall, with shower curtains or doors in each stall to provide an extra layer of privacy. The auditor also confirmed that the surveillance cameras installed in the housing units do not capture any view inside the shower stalls.

Explanation of Determination:

115.342 (a-i):

According to the agency's PREA Policy on pages 25 and 26, Rite of Passage programs shall use all information obtained pursuant to PREA Standard §115.341 and subsequently to make housing, bed, program, education, and work assignments

for student with the goal of keeping all student safe and free from sexual abuse. Further, any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard §115.342. The agency's PREA Policy also includes the following procedures, which are the requirements associated with provisions (b-i) of this PREA Standard:

- Students who are transgender or intersex shall be allowed to shower separately from other students.
- If a student is identified as transgendered or intersex, he/she will be offered a separate time to shower from the other students.
- A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.
- Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students.
- If a student is isolated pursuant to paragraph (b) of this section, the program shall clearly document:
 - The basis for the program's concern for the student's safety; and
 - The reason why no alternative means of separation can be arranged.
- Post-allegation decisions regarding student housing will be reviewed by the MDT members.
- Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population.

In order to assess the level of compliance with the requirements of this PREA Standard in practice at the facility, the auditor reviewed a total of thirteen (13)

completed Vulnerability Assessments completed in the past 12 months. Upon the auditor's review, it was determined that the facility completed the risk assessments for each of the 13 students within 72 hours of each resident's arrival at the facility. These Vulnerability Assessments did not indicate any of the 13 students were victims or perpetrators of sexual abuse prior to being admitted into the facility and no major risk concerns were noted. Furthermore, each of the Vulnerability Assessments were used, per the documentation, to make housing, bed, program, education, and work assignments for students with the goal of keeping all students safe and free from sexual abuse. As noted on a spreadsheet of student housing assignments provided in the OAS:

- "After Vulnerability Assessment is complete, designated staff members {names provided} will assign appropriate room placement. Students must go to seg until appropriate room and cottage has been assigned according to student's Vulnerability Assessment and psych report. Student may NOT be randomly placed on any cottage or room. If a student must be moved off cottage for any reason, please notify {staff name} immediately. A response will be provided by C.O.B. the same day if notification was sent before noon. A response will be provided by C.O.B. the following day if notification was sent after 12pm. If a student arrives after hours, call {staff name} at {number} to request assistance with room placement."

The facility provided the auditor with their PREA training curriculum and PREA Lesson Plan outline, which further showed the auditor how the facility trains all staff who conduct the Vulnerability Assessments on how to complete the risk screening in the most effective way possible. As stated in section 115.331 of this report, the auditor confirmed that the facility gives all staff PREA training, including training on the intake process and Vulnerability Assessment tool, when they are first hired and once a year as a refresher.

Lastly, the PCM stated in the PAQ that there were no situations in the past 12 months involving a student at risk of sexual victimization who were placed in isolation. This was also confirmed by reviewing the facility's Protective Isolation and Disciplinary Seclusion Logs, which showed no documentation that a student was put on Protective Isolation or Disciplinary Seclusion for a PREA-related matter. The auditor used the facility's Disciplinary Seclusion Log to randomly choose ten disciplinary (DS) reports, and after reviewing these reports, there was no sign that the seclusions were the result of a PREA-related situation. Furthermore, the provided logs showed no indication that Protective Isolation was used in the past 12 months, for any reason.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - Student Grievance Form - TJJJ Incident Report Form - LGYS Safe Environment Standards Resident Brochure ("<i>A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse</i>") - MOU Between LGYS/ROP & Paluxy River Children's Advocacy Center (PRCAC) - Facility Grievance Log and Sample of Grievances - Grievance Alleging Sexual Abuse - PREA Staff Training PowerPoint Presentation (<i>107 Slides</i>) - PREA Posters - Independent Ombudsman for Juvenile Justice Hotline Flyers - Student Handbook - ROP Policy 600.402 (Student Problem Solving and Grievance Policy) - ROP Policy 600.364 (Incident Reporting) - Sexual Abuse and Sexual Harassment Investigative File Review <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed a total of 17 students at the LGYS. Each student was able to sufficiently express their understanding of PREA and zero tolerance. They also knew about the various methods for making a PREA report, such as through verbal communication with a trusted adult in the facility (such as staff, counselors, teachers, administrators, volunteers, etc.), writing a report on a piece of paper, requesting to speak with an official or filing a grievance, reporting through the TJJJ Hotline, contacting their parent/guardian/attorney/JPO/etc., or making an anonymous report through the TJJJ Hotline or grievance without providing their name. The students were also aware of the PREA signs posted in each housing unit and understood the process for submitting a grievance and calling the TJJJ Reporting Hotline. They mentioned that they are provided with a small golf pencil without an eraser for writing, and grievances and other forms/paper are available on wall files in the housing units.

- The auditor interviewed 12 randomly selected JSOs, all of whom stated that they were aware of the multiple systems in place for making a report regarding sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. The staff members indicated that they can privately report instances of sexual abuse and sexual harassment involving students to their immediate supervisor or privately to someone in management. They also have the option to contact the TJJJ Hotline IRC, child protective services, or local law enforcement. The staff members further stated that they receive training on the various methods available for students and staff to report an allegation or incident related to PREA. This training is provided during the initial PREA training as well as refresher trainings throughout the year. All the staff members who were interviewed, including administrators and security staff, expressed their understanding of the requirement to accept reports that are made verbally, in writing, anonymously, and from third parties. They also confirmed their commitment to promptly documenting any verbal reports on an incident report and/or witness statement.

- The auditor interviewed a student who had been involved in a case of non-contact sexual abuse, where a staff member was accused of the abuse. The investigation was still ongoing at the time of the onsite visit. The student explained that they had reported the incident without any problems and that the investigative process started promptly. The youth mentioned that a forensic interview took place at the Paluxy River Children's Advocacy Center, and the youth was provided with a therapist soon after making the report. The student also shared that an administrative investigator from TJJJ OIG had met with the youth to discuss the allegation. Additionally, the student confirmed that the staff member accused of the abuse had not been present in the facility since the report was made.

Site Review Observations:

- During the onsite, the auditor thoroughly examined the entire facility to ensure that important information related to the Prison Rape Elimination Act is readily available and visible to students. This information is communicated through posters, pamphlets, and a student handbook provided by the facility. The auditor confirmed that PREA-related signs were posted in both English and Spanish in various areas of the facility, including housing units, intake areas, public lobbies, visitation areas, hallways, gymnasiums, and classrooms. These signs were clearly visible, accessible, consistent, and placed strategically throughout the facility to convey important sexual safety information specific to the facility. The language used in the signs was clear, easy to understand, and appropriate for the reading level of the students in the facility. Information regarding emotional support services available to all students was also provided. The auditor also successfully made a test call to the toll-free 24/7 TJJJ Reporting Hotline, which offers professional translation services to residents. This test call was conducted onsite, with a student from the facility making the call from one of the housing units. After the student placed the call, the auditor took over the call and confirmed with a TJJJ Incident Reporting Center Police Communications Operator that the third-party reporting system, managed by the Office of Inspector General of Texas, was fully operational at the facility. The auditor was also provided with an email sent by the Incident Reporting Center to the Facility

Administrator of LGYS, further confirming the functionality and institutionalization of the third-party reporting system. During the on-site visit, it was confirmed that the facility provides equal opportunities for residents with disabilities and limited English proficiency to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. PREA pamphlets and other relevant documents are distributed to all youth during the intake process and were found in the housing units, with some students keeping their intake documents in their rooms. The auditor also verified the existence of an internal grievance process, with every student having access to a pencil and a grievance form on each housing unit. Students have the option to submit grievances confidentially by placing completed forms in one of the three white locked grievance boxes in the facility. They can also choose to mail out letters if desired.

Explanation of Determination:

115.351 (a-e):

The auditor confirmed that all the requirements of this PREA Standard are included in the agency's PREA Policy on page 27, as outlined below:

- Rite of Passage programs encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- The program shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- The program shall also provide at least one way for students to report abuse or harassment to a public or private entity or office that is not part of the program and that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials, allowing the student to remain anonymous upon request. Students 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.
- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager.
- The program shall provide students with access to tools necessary to make a written report. This could include (but not limited to) the following:
 - Student Grievance Form
 - Student Statement Form
 - Medical Request Form
 - Student One-on-One Request Form
- The program shall provide a method for staff to privately report sexual

abuse and sexual harassment of students. Staff shall adhere to the following:

- Regardless of its source, staff, contractors and/or volunteers who receive information concerning a student and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that student has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and the shift supervisor and/or designee.

In order to demonstrate how the agency provides 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; the auditor was provided the facility's Student Grievance Form, LGYS PREA Brochure in Spanish and English (*includes two reporting hotline numbers & the different methods to make a report*), TJJJ Incident Reporting form, and PREA Posters that are posted throughout the facility.

The facility's Grievance Policy (600.402) includes protocols for the resident grievance process, which include, but are not limited to, the following procedures:

- Rite of Passage promotes a pro-social environment that teaches appropriate communication skills in order to resolve problems swiftly and amicably at the lowest level. Students, parents/guardians, placing agencies, authorized representatives, and other stakeholders shall be afforded the right to grieve any inappropriate or infringing conditions, behavior, or action of staff, volunteers, other youth that constitute a violation of their rights. Students who choose to file a grievance shall not be subject to any disciplinary sanction, retaliation, or adverse action pertaining to the filing of a grievance. Should students need assistance when completing the Grievance Process, they may request and will be afforded assistance or an advocate.
- Formal Grievance - involves the initiation of the formal written submission of a complaint by a student through Rite of Passage's defined Grievance process. By initiating this process the student expects formal resolution of the complaint by Rite of Passage leadership.
- Upon admission to a Rite of Passage program, students shall be advised of the Rights & Privileges and the Problem Solving/Grievance procedures during the intake process by reviewing and signing the acknowledgment (See Students Rights and Privileges Policy 600.401) and the Student Handbook. The Problem Solving/Grievance procedures shall be clearly posted in the residential living area.
Students shall be made aware that their decision to submit a grievance will not result in retaliation in any form or the creation of any barriers to service.
- Students who choose to file a formal grievance shall not be subject to any disciplinary sanctions or adverse action as a result of choosing to file a formal grievance.

- The Student Formal Grievance Form shall be the required format in which students submit a Formal Grievance. The Grievance Forms are located in areas of the program where students have access to the forms without requiring the assistance of a staff member.
- Staff shall also provide students with a Grievance Form at the earliest time available, upon request.
- Writing materials shall be made available whenever a student wishes to write a grievance, unless it is believed that a student may harm him/herself or others with the writing instrument and/or pose a safety/security risk.
- Staff shall not give a student a pen/pencil if it is believed that the student may use it as a weapon. In such cases, the student may be given another type of writing tool such as a crayon or the staff member may assist the student by filling out the written grievance in the student's words.
- Staff members shall provide assistance to students when it is believed that a student shall be unable to adequately complete the form. Students may also ask for assistance from another advocate (including another student, if such assistance does not create a safety/security risk).
- Completed Grievance Forms shall be placed by the student in the secure Grievance Box located in the designated area.
- It is the student's responsibility to place the grievance in the secure box. In the event that a student turns in the grievance to a staff member, the staff shall place the unread grievance in the secure box.
- Third parties, including fellow students, staff, family members, attorneys, and outside advocates shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of students.
- The Program Director shall appoint an impartial person to collect and respond to all grievances.
- This designated person shall collect all grievances in a timely manner not to exceed 24 hours, including weekends and holidays.
- The designated staff shall review all grievances to determine who shall respond/complete the grievance process with the student and shall document this on the form.

Furthermore, the facility's brochure titled, "Lake Granbury Youth Services Safe Environmental Standards- Student's Guide to Rights, Protection, and Reporting of Sexual Abuse," was provided to the auditor in the OAS, as well as confirmed by the auditor to be posted in each housing unit during the onsite. This document includes the PCM's and PC's name, phone number, and email address; the local Rape & Crisis Advocate phone number (Paluxy River Children's Advocacy Center); the TJJJ Hotline number; PREA information related to student's rights, zero tolerance, how to report, the prohibited conduct related to sexual abuse, sexual harassment, & retaliation for reporting; and what happens when a report is made. . This TJJJ hotline reporting number is also included on the PREA posters posted throughout the facility and in the Student Handbook.

As noted in agency Policy 600.364 and the agency's PREA Policy, the facility

requires staff to promptly document reports made verbally, which include utilizing one of the following documents: Incident Report, Critical Incident Report, Internal Notice of Potential PREA Incident Report, Crisis Intervention & Safe Physical Management Incident Report, or Medical Incident Report.

As confirmed by the auditor, the facility's PREA training curriculum includes the following method for staff to privately report, as required by provision (e) of this PREA Standard:

- Staff members have a means of reporting privately to the site PREA Compliance Manager or Shift Supervisor; and
- Call Agency PREA Coordinator (RIIP).

In addition, to further assess compliance with the reporting requirements of this PREA Standard, the auditor checked the reporting methods used by the alleged resident victims in the three instances of sexual abuse and one instance of sexual harassment described in this report. This confirmed how students in the facility could report sexual abuse and harassment through the internal grievance process, by reporting verbally to staff, and through the TJJD 24/7 Reporting Hotline. For instance, there was a report of staff-on-resident sexual abuse made through the facility's resident grievance process. The investigation documents provided for this report showed that the complaint was submitted to the facility's Compliance Coordinator. The facility immediately reported the allegation to TJJD, Granbury Police Department, and facility/agency leadership with ROP. The details of the allegation, including dates and times, were documented on a TJJD Incident Report and the Coordinated Response Plan document. This incident and the accompanying documentation demonstrated how the facility responded appropriately to a report of sexual abuse that was submitted through the resident grievance process. This response included accepting the report, taking immediate action to protect the resident victims involved, and reporting the allegation to the proper legal authorities.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)

- Memo Signed by the Program Director

Explanation of Determination:

115.352 (a-g):

The auditor has confirmed that the provisions included in this PREA Standard are also included in the agency's PREA Policy on pages 28 and 29. However, during the pre-onsite phase of the audit, the auditor discovered that resident grievances related to sexual abuse or allegations of sexual abuse, such as allegations of sexual abuse, fear of sexual abuse, or mishandling of an incident of sexual abuse, are immediately converted to investigations that are outside of the agency's administrative remedies process. The facility does not consider these situations as merely grievances and all allegations of sexual abuse are immediately reported to local law enforcement and TJJJD OIG. This information was confirmed through the review of investigative files and conversations with the PC and PCM. Additionally, the auditor received a signed memo stating that all grievances related to sexual abuse or allegations of sexual abuse will be immediately converted to investigations outside of the agency's administrative remedies process. This will also be added to the agency's PREA Policy to avoid any confusion regarding grievances involving sexual abuse.

According to sections 115.321, 115.322, and 115.351 of this report, the facility had two sexual abuse allegations reported in the past 12 months. One was reported through the facility's grievance process, while the other was reported through the third-party reporting method, the TJJJD Hotline (OIG). The investigative documents provided for the allegation reported through the grievance process showed that the grievance was submitted to the facility's Compliance Coordinator. The facility immediately reported the allegation to TJJJ, Granbury Police Department, and agency leadership with ROP. The details of the allegation, including dates and times, were documented on a TJJJ Incident Report and the Coordinated Response Plan document. This incident and the accompanying documentation demonstrated that the facility responded adequately to the report of sexual abuse submitted through the resident grievance process. They accepted the report, took immediate action to protect the resident victims involved, and reported the allegation to the appropriate legal authorities. These two instances of reporting sexual abuse further confirmed that the facility immediately converts grievances alleging sexual abuse to investigations outside of the agency's administrative remedies process, involving the TJJJ Office of Inspector General and Granbury PD. In addition, these grievances are not considered grievances by the agency, and all sexual abuse allegations are promptly reported to TJJJ and Granbury PD for criminal investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - MOU Between LGYS and Paluxy River Children's Advocacy Center (PRCAC) - LGYS Safe Environment Standards PREA Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse") <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor spoke with the Executive Director of the PRCAC to determine if the organization's advocacy services comply with the requirements stated in this PREA Standard. During the conversation, the auditor discovered that the PRCAC is an external organization capable of providing victim advocates to students at the LGYS facility who have experienced sexual abuse. These advocates are specially trained to offer emotional support, crisis intervention, information, and referrals to other agencies as needed and on a case-by-case basis. The Executive Director clarified that the PRCAC cannot provide on-site services to students who have been accused or convicted of sexual abuse due to safety concerns. However, emotional support services for perpetrators can be referred to other organizations that specialize in such services. It was also confirmed that the Memorandum of Understanding (MOU) between the two agencies is current and fully effective. The Executive Director mentioned having recent communication with the PCM of LGYS to ensure that the MOU's requirements can be fully implemented at the LGYS facility. <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the onsite visit, the auditor thoroughly examined the entire facility to ensure that important information is consistently and easily accessible to students through posters, handbooks, or other written materials. After inspecting the facility, it was confirmed that signage related to PREA, specifically the "A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse," was posted throughout the facility, including each housing unit (in each cottage). The students have the option to use the phone in their housing unit or request an escort to the intake or visitation areas to make a more confidential call to either the Paluxy River Children's Advocacy Center or the TJJJD Hotline. This information was confirmed by the staff and residents who were interviewed during the onsite visit. <p>Explanation of Determination:</p> <p>115.353 (a-d):</p>

According to the agency's PREA Policy on page 30, "Rite of Passage programs shall provide students access to outside victim advocates for emotional support services related to sexual abuse. Further, this Policy also includes the following procedures that correspond with the requirements set forth in this PREA Standard:

- Each Rite of Passage site will provide access to support via postings, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program shall enable reasonable communication between students and these organizations and agencies, in as confidential a manner as possible.
- Each Rite of Passage site shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide students with confidential emotional support services related to sexual abuse. The program shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
- The program shall inform students, 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.
- The program shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- When students request phone calls of this nature, they will be facilitated by Case Manager or higher position and reasonable privacy measures will be taken, while maintaining visual observation.

The auditor was given a fully completed Memorandum of Understanding (MOU) between LGYS (ROP) and Paluxy River Children's Advocacy Center (PRCAC), which the auditor verified includes all the necessary elements of this PREA Standard. Additionally, the MOU requires PRCAC not only to offer victim advocacy and support services as required by PREA Standard 115.321 but also to provide emotional support services, crisis intervention, information, and referrals to other agencies that can offer further victim advocacy services to all students in the LGYS facility.

During the onsite visit, the facility provided the auditor with a brochure titled "Lake Granbury Youth Services Safe Environmental Standards- Student's Guide to Rights, Protection, and Reporting of Sexual Abuse," which was also verified to be posted in each housing unit. This document contains the contact information of the PCM and PC, including their names, phone numbers, and email addresses, as well as the contact number for the local Rape & Crisis Advocate (Paluxy River Children's Advocacy Center) and the TJJJD Hotline number. Furthermore, it includes information related to student's rights, zero tolerance for sexual abuse, how to report incidents, prohibited conduct concerning sexual abuse, sexual harassment, and retaliation for reporting, and details on what happens when a report is made. However, upon

reviewing this brochure, the auditor noted that it does not include the address of the Paluxy River Children's Advocacy Center, which is required according to provision (a) of this PREA Standard.

Non-Compliance Determination Summary:

115.353 (a): After examining the documents provided by the facility, the auditor discovered that students are given access to outside victim advocates for emotional support services related to sexual abuse. These services are provided by the Paluxy River Children's Advocacy Center (PRCAC). However, it was found that the forms only include the phone number for the PRCAC and not the mailing address. Provision (a) states that the mailing address must be included, so the facility will need to update the forms to comply with this standard. During an interview, the Executive Director of the PRCAC stated that the organization cannot provide services to students who have been accused or found guilty of sexual abuse due to safety concerns. However, as per this standard, all residents must have access to outside victim advocates for emotional support services. Therefore, the facility must come up with a plan to provide these services to all students, regardless of their situation. Moreover, it was determined that the instructions on how to access these services were not adequately communicated to the students. The interviewed youth also did not fully understand how they could communicate with the PRCAC in a confidential manner. Therefore, the facility needs to improve the sharing of information and ensure that students understand how to access these services in a confidential manner. To address these deficiencies, the facility must create and implement a corrective action plan

In addition, it is recommended as a means of **best practice** that the facility add the organizational information listed below (*mailing address, phone number, and instructions on how to access*) in the Student Handbook and post the applicable contact information throughout the facility. The auditor determined that it may in the facility's best interest to add, at a minimum, the information for residents to access Mission Granbury Inc, which is an organization that may be able to provide the required outside victim advocates for emotional support services related to sexual abuse to ALL students through a 24 Hour Crisis Hotline (844-579-6848). It is the auditor's understanding that the combination of PRCAC and Mission Granbury would ensure there are at least two organizations who can provide the required emotional support services to all students in the facility.

- The Victim Assistance Program with the City of Granbury (Victim Assistance Programs | Granbury, TX - Official Website);
- The Texas Health and Human Services Family Violence Program (Family Violence Program | Texas Health and Human Services);
- Mission Granbury Inc {HOME | mission-granbury (missiongranbury.org)- which includes a 24 Hour Crisis Hotline for supporting survivors of domestic violence and sexual assault}; and
- National Sexual Assault Hotline: Confidential 24/7 Support | RAINN (National Sexual Assault Hotline: Confidential 24/7 Support | RAINN).

Corrective Action Review & Compliance Determination:

- Soon after the Interim Report was provided to the Program Director, the auditor was provided the following sustainable corrective plan:
 - PREA Coordinator / Program Director to locate a new advocate and or supply Auditor with attempts of securing a memorandum of understanding within 30 days.
 - If only attempts are submitted the facility will need to designate and train two staff in sexual abuse advocacy and maintain two qualified staff at all times.
 - If Qualified staff are implemented, get with Business Managing Director (Mr. Alexander) to find an agency curriculum.
 - Provide Auditor Qualified Staff training documentation.
- On January 10, 2024, a revised Memorandum of Understanding (MOU) came into effect, as confirmed by the corresponding documentation forwarded via email from the Program Director of LGYS to the auditor. This MOU, duly executed by both the Program Director of LGYS and the Executive Director of the Paluxy River Child Advocacy Center (CAC), delineates the agreed-upon responsibilities that the Paluxy River CAC commits to delivering to the residents at LGYS. The contents of this MOU reflect the collaborative effort and strategic partnership between the two entities to enhance the provision of services and support as specified within the agreement. To elaborate, the stipulated responsibilities within the MOU include, but are not limited to:
 - Community Provider {Paluxy River CAC} provide victim assistance and counseling services that are essential for Agency to comply with the Prison Rape Elimination Act (PREA);
 - Community Provider represents that it is qualified and desires to perform such services;
 - Community Provider shall accept reports of sexual abuse and/or harassment alleged to have occurred at Agency which shall include a 24-hour hotline number for reporting, as well as providing counseling services for victims and victim support;
 - Community Provider shall provide victim services to students reporting sexual abuse. Services shall be consistent with the community level of care;
 - In the event a victim has been found as a perpetrator in the past, the Community Provider will assist at another location such as the local District Attorney's Office, or via teleservice;
 - Community Provider represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of services;
 - All employees of Community Provider shall have such knowledge and experience as will enable them to perform the duties assigned to them. Any employee of Community Provider who, in the opinion of Agency, is incompetent or by his conduct becomes detrimental to the project shall, upon request of Agency, immediately be removed

	<ul style="list-style-type: none"> from association with the project; ◦ Community Provider has agreed to provide services at no cost to Agency; ◦ Community Provider agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Community Provider uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of Services to Agency hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. Community Provider shall use its best efforts to assist; and ◦ Under no circumstances whatsoever, shall Community Provider release any material or information developed or received in the performance of the Services hereunder without the express written permission of Agency, except where required to do so by law. <p>Following analysis of the corrective measures implemented at the facility during the 6 month corrective action period, the auditor has determined that the facility has effectively addressed and remedied the deficiencies previously highlighted. The facility's adherence to the corrective protocols, as outlined in the Memorandum of Understanding (MOU), showcases a commitment to maintaining compliance with PREA guidelines and ensuring the emotional support services required by this PREA standard are provided to all youth at the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard and no corrective action is required.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - ROP PREA Third Party Reporting Form (<i>English & Spanish</i>) - Third Party Reporting Poster

- LGYS Website (<https://lakegranburyyouthservices.com/prea/>)

Interviews:

- The auditor interviewed a total of 17 students at the LGYS. Each student was able to express their understanding of PREA and zero tolerance adequately. They were aware of the multiple methods for making a PREA report and expressed how this information was presented during the intake process and every Sunday on the housing unit via a PREA video. The students also understood how the agency's grievance process works, where to find the grievance boxes and PREA signs, and how to make a call to the TJJD Hotline. During the interviews, the auditor asked each student an open-ended question about the different ways to make a PREA report. The students shared that they can make a private verbal report to any trusted adult in the facility (e.g., staff, counselors, teachers, administrators, volunteers). They can also write a report on a piece of paper, request to speak with an official, or include it in a grievance. They mentioned the option to report third-party using the TJJD Hotline or contacting their parent/guardian/attorney/JPO/etc. Furthermore, they explained that they can make an anonymous report via the TJJD Hotline or grievance without providing their name. Additionally, the students were aware of the PREA signage in each housing unit and understood the process for submitting a grievance and calling the TJJD Hotline. They mentioned that they are provided with a pencil, described as a small golf pencil without an eraser, and that grievances and other documents are available on wall files in the housing units.

Site Review Observations:

- During the onsite visit, the auditor thoroughly examined the entire facility to ensure that important information related to PREA was always accessible and visible to students. This information was conveyed through posters, pamphlets, and a student handbook provided by the facility. Upon inspection, the auditor confirmed that signs related to PREA were posted in both English and Spanish in various locations such as housing units, intake areas, lobbies, visitation areas, hallways, gymnasiums, and classrooms. These signs were designed to be easily readable, accessible, and consistent throughout the facility, and aimed to provide crucial information about sexual safety specific to the facility. The language used in the signs was clear, easy to understand, and at an appropriate reading level for the students. Additionally, the signs also included information about available emotional support services. The auditor also conducted a test call to the student toll-free 24/7 TJJD Reporting Hotline, which offers professional translation services to youth who are confined in the LGYS facility. This test call was successfully completed when a student from the facility used one of the housing units to call the hotline. After the student made the call, the auditor took over the conversation and confirmed with a TJJD Incident Reporting Center Police Communications Operator that the third-party reporting system managed by the Office of Inspector General of Texas was fully functional at the facility. The auditor was provided with an email sent by the Incident Reporting Center to the Facility Administrator of LGYS as further proof of the system's functionality. Furthermore, the students are provided with a pencil and paper, allowing them to send out letters if they wish to do so.

Explanation of Determination:

115.354 (a):

According to the agency's PREA Policy on page 31, "Rite of Passage programs accept third-party reports of sexual abuse and sexual harassment." In addition to this policy statement, LGYS also includes the following procedures related to the third party posting and reporting requirements of this PREA Standard:

- Programs will display a poster in the lobby/ reception/visiting areas (*and any other area deemed appropriate*) outlining to third parties how to report an incident of sexual abuse or harassment in regards to a student within the program.
- Programs will have third party reporting forms available upon request from the program receptionist.
- Any reports of sexual abuse or harassment from a third party should be immediately referred to the Program Director/ Manager.

The auditor was also provided the facility's PREA Third Party Reporting form (*English & Spanish*) and Third Party Reporting poster, which, with the procedures included in the facility's PREA Policy, sufficiently demonstrates how the facility has institutionalized a method to receive third-party reports. Additionally, the auditor verified that the facility includes the PREA Third Party Reporting form and the instructions for making a third party report on the LGYS PREA webpage (<https://lakegranburyyouthservices.com/prea/>). Furthermore, the following instructions are also included in the Reporting section on the facility's PREA page:

- "Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student (§115.354). Third-party reporting forms are available at the front desk of our programs or can be downloaded here. If you suspect sexual abuse you may also call Rite of Passage at (775) 267-9411 to report it or report it to the Sheriff or Police Department where the allegations occurred. All reports are taken seriously and investigated."

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP Policy 100.407 (Child Abuse Reporting Policy)
- Sexual Abuse & Sexual Harassment Investigative Files

Interviews:

- The auditor interviewed 12 JSOs who were randomly selected by the auditor. Each staff member sufficient explained their training they had received regarding how to respond to and immediately report incidents or allegations of sexual abuse or sexual harassment. This training included examples such as separating the victim from the perpetrator, promptly reporting the incident to supervisors, law enforcement, TJJD, medical professionals, mental health professionals, etc. The staff were also trained to instruct the victim and perpetrator not to do anything that could contaminate or destroy physical evidence (such as showering, changing clothes, eating, drinking, using the restroom, cleaning up, washing hands, etc.), contact emergency services, document the incident on an Incident Report or Witness Statement, ensure the victim's safety, and provide reassurance that their needs would be taken care of. The JSOs understood that their primary responsibility when responding to a sexual abuse incident is to prioritize the safety of the victim, report immediately to the appropriate authorities and administration, and preserve and protect the crime scene to allow specialist investigators to collect evidence and conduct a criminal investigation. The staff members who were interviewed also confirmed that, according to agency policy, they are required to immediately report 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. They are also required to report any retaliation against residents or staff members who report such incidents, as well as any instances of staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, the staff members confirmed that they are trained on the confidentiality requirements associated with any information related to an allegation or incident of sexual abuse. They understand that they should only share this information with investigators, administrators, and other professionals involved in the investigative process.

- The LVN and therapist interviewed advised in their individual interviews that medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. The professionals shared how they are required to report sexual abuse and sexual harassment allegations to designated supervisors/administrators, TJJD (OIG), child protective services, and local law enforcement.

- The Program Director of the facility, who also serves as the FA (Facility Administrator) and PCM (Program Compliance Manager), stated in her interview that whenever an allegation of sexual abuse is received, it is obligatory for the facility head or their assigned representative to promptly report the allegation to TJJD

(Texas Juvenile Justice Department) and the law enforcement agency with jurisdiction (Hood County District Attorney's Office). Additionally, unless there is official documentation indicating otherwise, the alleged victim's parents or legal guardians must be notified. However, if the alleged victim is under the care of child protective services, the report should be made to the caseworker instead of the parents or legal guardians. The PCM is also aware of the obligation to report the abuse allegation to the victim's attorney or another legal representative if the youth is under the jurisdiction of a juvenile court (i.e., a student awaiting court proceedings). As mentioned in section 115.334 of this report, the PCM also serves as an administrative internal investigator, which ensures that the designated internal investigator is promptly informed of any report of sexual harassment or abuse.

Explanation of Determination:

115.361 (a-f):

The auditor confirmed that the requirements of this PREA Standard are included in the facility's PREA Policy on pages 32 and 33, as noted below:

- Rite of Passage programs are required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse.
- Rite of Passage programs are required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.
- The program shall require all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- The program shall also require all staff to comply with any applicable mandatory child abuse reporting laws.
- 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 program policy, to make treatment, investigation, and other security and management decisions.
- Medical and mental health practitioners shall be 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 program where required by mandatory reporting laws.
- Such practitioners shall be required to inform students at the initiation of

services of their duty to report and the limitations of confidentiality.

- Upon receiving any allegation of sexual abuse, the Program Director/ Manager or designee shall promptly report the allegation to the appropriate program office and to the alleged victim's parents or legal guardians, unless the program 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 Program Director/ Manager or designee shall also report the allegation to the student's attorney or other legal representative of record within 14 days of receiving the allegation.
- The program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the program's PREA compliance manager who will inform the RIIP.
- The program will complete the ROP Internal PREA Notice form for all PREA allegations.
- The ROP Internal PREA Notice form will be submitted to the RIIP within 7 days of the incident being reported.

In addition to the procedures highlighted above from the facility's PREA Policy, the facility also has adopted a policy (Policy 100.407) on further facility requirements associated with child abuse reporting. Policy 100.407 outlines abuse and harassment definitions and mandatory reporting procedures for employees, contractors, volunteers, interns, and any persons providing services in the facility.

To evaluate the extent to which the facility complies with the requirements of the PREA Standard in practice, the auditor also examined a report of a sexual abuse allegation made by a student at the facility within the last 12 months. As mentioned in section 115.321 of this report, this situation was immediately reported to both law enforcement and TJJJ investigators, and an administrative and criminal investigation was promptly initiated. The investigation documentation provided for this situation proved that the staff followed the requirements of the PREA Standard by promptly reporting the allegation to the appropriate authorities and facility leadership. Furthermore, according to this documentation, the victim's parents or guardians were informed within the required timeframe. Additionally, the auditor reviewed sexual harassment investigation files for a youth-on-youth sexual harassment allegation made in 2023, which further demonstrates the facility's commitment to taking all PREA-related situations seriously, reporting pursuant to the applicable mandatory reporting protocols, and conducting thorough investigations for both sexual abuse and sexual harassment allegations involving residents at the facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this

standard. No corrective action is required.

115.362 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- PREA Incident Response Flowchart
- ROP Safe Environmental Standards Coordinated Response Plan
- Sexual Abuse Investigation File

Interviews:

- The auditor interviewed the Executive Director and Facility Administrator (FA) of the facility. Each administrator explained during their individual interviews that when the facility becomes aware that a resident is at significant risk of immediate sexual abuse, the facility must take immediate action to protect the resident. They provided examples of how they take such action, including: separating the threat from the resident at risk, promptly investigating the situation to assess the level of threat and identify the individuals involved, relocating students to different housing units to maximize safety, informing supervising staff about the concerns to promptly address any future issues, and implementing the most appropriate protective measures as soon as possible. The administrators also mentioned that a coordinated response plan is in place to guide the facility in addressing situations where a student is a victim of sexual abuse or at risk of sexual abuse, and this plan is useful for ensuring residents are safe and the threat of abuse ceases to exist.
- The auditor also interviewed 12 randomly selected Juvenile Supervision Officers (JSOs), all of whom adequately explained how they are required to take immediate action to protect students from sexual abuse. For each staff member interviewed, the auditor presented a hypothetical scenario of imminent risk in order to give them the opportunity to explain how they would respond. The scenario involved a resident in the facility who reported feeling scared because of threats of sexual assault made by another youth. Each JSO shared how they would promptly report this information to their supervisor, ensure the fearful student is moved away from the threat so that the youth is safe and free from being in jeopardy of sexual abuse, notifying the PCM so that a thorough internal investigation can take place, potentially relocate other students to different housing units depending on the situation, document the incident, share the information with other staff members working in the unit, and continuously monitor the situation to ensure the victim's

continued safety and to evaluate for any retaliation. All JSOs understood the importance of taking immediate action and reporting any threats related to sexual abuse or sexual harassment to their supervisor or an administrator, who have the ability to implement necessary protective measures.

Explanation of Determination:

115.362 (a):

According to the agency's PREA Policy on page 34, "when a Rite of Passage program learns that a student is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the student." This Policy also states that the agency's PREA Incident Response Flowchart and Checklist is required to be followed in response to a student being in a situation of a substantial risk of imminent sexual abuse.

The auditor was provided the facility's PREA Incident Response Flowchart and Coordinated Response Plan, which provide a step-by-step response protocol for responding to an incident of sexual abuse or of an imminent threat of sexual abuse.

Finally, in order to assess the level of compliance with the requirements of this PREA Standard in practice at the facility, the auditor reviewed investigative documents and held discussions with the PCM about a youth-on-youth sexual harassment allegation from 2023. Specifically, the incident involved indecent exposure between multiple residents. The provided documentation confirmed that the facility treated the matter seriously and promptly took appropriate measures to safeguard the individuals affected and prevent the sexual harassment from escalating into sexual abuse.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ <p>Interviews:</p>

- The auditor interviewed the Executive Director and FA of the facility. Both confirmed that if a resident is sexually abused while confined at another facility and an allegation is received, the head of the receiving facility must notify the head of the facility or the appropriate office of the agency where the abuse occurred. They must also notify the appropriate investigative agency (such as TJJD, DFPS, or local law enforcement). It was clarified that this notification should be made as soon as possible, within an hour of the report, and documented in an incident report, email, or other reporting form.

Explanation of Determination:

115.363 (a-d):

The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA Standard on page 35, as outlined below:

- Rite of Passage will notify the appropriate law enforcement or social services program upon receiving an allegation that a student was sexually abused while confined at another program.
- Rite of Passage will notify the appropriate licensing or regulatory agency upon receiving an allegation that a student was sexually harassed while confined at another program.
- The Program Director/ Manager of the program that received the allegation shall notify the director of the program or appropriate office of the program where the alleged abuse occurred and shall also notify the appropriate law enforcement or social services program.
- Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- The program shall document in the student's case notes that such notification has been provided.
- The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Furthermore, the agency reported in the PAQ that in the past 12 months, the facility did not gain knowledge of a student in LGYS facility who was allegedly abused while confined at another facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- PREA Incident Response Flowchart
- LGYS PREA Notification & Responsibility Tree
- ROP Safe Environmental Standards Coordinated Response Plan
- Sexual Abuse Investigation File

Interviews:

- The auditor interviewed 12 randomly JSOs while on-site. Each staff member adequately explained the training they received regarding responding to incidents or allegations of sexual abuse. This training included providing examples of separating the victim from the perpetrator, immediately reporting to supervisors, law enforcement, TJJD, medical, mental health, etc. Staff were also instructed to advise the victim and perpetrator not to do anything that could contaminate or destroy physical evidence, such as showering, changing clothes, eating, drinking, using the restroom, cleaning up, washing hands, etc. Additionally, they were told to contact emergency services if necessary, document the incident on an Incident Report or Witness Statement, ensure the safety of the victim, and reassure them that their needs will be taken care of. The JSOs understood that their main responsibility in responding to a sexual abuse incident is the safety of the victim. They were to immediately report to the proper authorities and administration, as well as preserve and protect the crime scene to allow specially trained criminal investigators to collect evidence and conduct a criminal investigation. Furthermore, the staff were asked open-ended questions about the topics covered in their most recent PREA training. Each staff member was able to articulate several topics, including resident rights, first responder duties, reporting protocols, dynamics of sexual abuse and harassment within a facility, communication with juveniles who identify as LGBTI, ensuring residents understand their rights and how to report, professional boundaries, searches, and how to detect and respond to situations where a resident may feel threatened or scared of being abused, etc. All JSOs confirmed that they are required to report immediately and follow agency policy when they have any knowledge, suspicion, or information related to an incident of sexual abuse or harassment that occurred in a facility, regardless of whether it is part of the agency. It is also their duty to report any retaliation against residents or staff who reported such incidents, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It is important to note that all JSOs are trained in first responder duties associated with responding to incidents of sexual abuse.

- The auditor also spoke with a student who was part of a sexual abuse investigation as the alleged victim. However, the incident did not involve physical

contact that constitutes sexual abuse. As a result, there was no need for the first responder duties specified in this PREA Standard. Nevertheless, it is crucial to note that the accused individual in this case is a staff member. Once the facility was informed of the allegation, the staff member in question was promptly placed on administrative leave.

Explanation of Determination:

115.364 (a-b):

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on page 36, as noted below:

- Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The first staff member to respond to an incident shall be required to:
 - Separate the alleged victim and abuser;
 - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
 - If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
- At a minimum, the follow is to be determined in the plan:
 - Assessment of the victim's acute medical needs.
 - Informing the victim of his or her rights under relevant Federal or State law.
 - Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
 - Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
 - Providing crisis intervention counseling.
 - Interviewing the victim and any witnesses.
 - Collecting evidence.
 - Providing for any special needs the victim may have.

The auditor was provided the facility's PREA Incident Response Flowchart, PREA Notification and Responsibility Tree, and Coordinated Response Plan, which outline facility specific step-by-step response protocols for responding to an incident of sexual abuse or of an imminent threat of sexual abuse. Specifically in reference to the PREA Notification and Responsibility Tree provided, this four (4) page document includes first responder protocols, as well as the following sections related to

responding to a sexual abuse allegation/incident:

1. Initial Notice of PREA Incident
2. Coordinated Response Plan
3. Administrative Investigative Response
4. Administrative Response and Review
5. Investigation Recommendations and Implementation
6. Post Investigation Student Notification
7. SSV Survey
8. Checklist
9. Investigation Tracker
10. Coordinated Response

Lastly, in order to evaluate the extent to which the facility adhered to the requirements of this PREA Standard in practice, the auditor examined the investigative records for three instances of sexual abuse that were reported by students at the facility since 2022. The documentation reviewed for the two most recent cases of sexual abuse confirmed that the facility followed the necessary responsibilities of first responders in relation to each allegation, as documented in the facility's Coordinated Response Plan. For instance, the Coordinated Response Plans and other investigative documents outlined how the staff members accused of perpetrating the alleged abuse were placed on administrative leave and denied access to the facility during the investigation, thus ensuring that they remained separated from the alleged victims. The third sexual abuse investigation occurred in March 2022, and although the Coordinated Response Plan does not specify the specific first responder actions taken, it does record that facility leadership, TJJJD OIG, Hood County Sheriff's Department, and the alleged victim's parents and sending agency were promptly notified of the allegation within hours of the facility becoming aware of it.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance: - Agency's PREA Policy (Rite of Passage Safe Environment Standards)

- LGYS PREA Notification & Responsibility Tree
- ROP Safe Environmental Standards Coordinated Response Plan
- Sexual Abuse Investigation File

Interviews:

- The auditor interviewed the Program Director of the facility, who is also the designated FA and PCM. She provided a detailed explanation of the facility's coordinated response plan. The FA described the specific actions that need to be carried out in response to an incident of sexual abuse, involving staff members who are first responders, medical and mental health professionals, investigators, and facility leaders. The Program Director also explained how the facility leadership would ensure the efficient implementation of the response plan, not only during the initial handling of an allegation or incident of sexual abuse, but also in the follow-up care provided to the victim. The provisions for victim services were clarified, including the immediate contacting of 911 for emergency medical care if necessary. The Program Director further elaborated on the coordination efforts among the Paluxy River Children's Advocacy Center, the specialized criminal investigators from the Hood County District Attorney's Office, the TJJD OIG investigators, and medical and mental health services. These efforts aim to ensure the safety of the victim, provide necessary victim services, and maximize the success of both criminal and administrative investigations.

Explanation of Determination:

115.365 (a):

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on page 36, as noted below:

- Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The first staff member to respond to an incident shall be required to:
 - Separate the alleged victim and abuser;
 - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)
 - If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
 - At a minimum, the follow is to be determined in the plan:

	<ul style="list-style-type: none"> ■ Assessment of the victim's acute medical needs. ■ Informing the victim of his or her rights under relevant Federal or State law. ■ Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one. ■ Offering the presence of a victim advocate or a qualified staff member to be present during the exam. ■ Providing crisis intervention counseling. ■ Interviewing the victim and any witnesses. ■ Collecting evidence. ■ Providing for any special needs the victim may have. <p>Further, in order to assess the level of compliance with the requirements of this PREA Standard in practice at the facility, the auditor was provided Coordinated Response Plan documents for each of the three sexual abuse allegations investigated at the facility since 2022. The proof documentation provided for the sexual abuse investigations sufficiently demonstrated how the facility's coordinated action plan was implemented, which included the actions taken by staff, facility/ agency leadership, medical and mental health practitioners (<i>as applicable and medically appropriate to the situation</i>), and investigators (<i>both with TJJD and internally with ROP and LGYS</i>).</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ <p>Interviews:</p> <ul style="list-style-type: none"> - The Executive Director and PCM of the facility have verified that LGYS does not permit collective bargaining or any other agreement that restricts the agency from removing staff members accused of sexual abuse from interacting with residents

	<p>until the investigation is concluded or until it is determined the level of discipline required.</p> <p>Site Review Observations:</p> <ul style="list-style-type: none"> - During the onsite, the auditor did not observe any evidence that would suggest the facility allows staff to organize union representation or the collaboration for collective bargaining or other types of similar agreements. <p>Explanation of Determination:</p> <p>115.366 (a-b):</p> <p>According to the agency's PREA Policy on page 37, the requirements of this PREA Standard are not applicable to Rite of Passage {LGYS} since no collective bargaining agreements exist. Furthermore, per the comments added in the PAQ by the PCM for this PREA Standard, "Rite of Passage, Inc. does not have collective bargaining agreements, but is an at will employer."</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - ROP Policy 600.402 (Student Problem Solving and Grievance Procedure) - ROP Policy 100.402 (Staff Protection- Whistleblower) - Retaliation Log <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed the Program Director of the facility, who is also responsible for monitoring retaliation. This Director adequately explained how the process of retaliation would be promptly initiated when the facility receives an allegation of sexual abuse and thoroughly described the process of monitoring for retaliation. It was clarified that the monitoring of retaliation must be in place for at least 90 days. However, if further monitoring is needed to ensure the safety of the

victim, the monitoring will continue beyond the 90 days until it is no longer necessary or until the victim is released from the facility. The Program Director explained the process of monitoring for retaliation, which involves reviewing behavior reports, disciplinary reports, staff reports, staff schedules, any other relevant documents, reviewing surveillance footage, and conducting random on-site inspections.

Explanation of Determination:

115.367 (a-e):

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on pages 37 and 38, as highlighted below:

- Students, staff, contractors, volunteers or third party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of or participation in an investigation of such.
- Rite of Passage Policy 600.402 Student Problem Solving and Grievance Procedure protects all students who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other students or staff. The Director of Student Services or designee is charged with monitoring retaliation against students.
- Rite of Passage Policy 100.402 Staff Protection (Whistleblower) protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The program director or regional Human Resources representative is charged with monitoring retaliation against staff.
- The program shall employ multiple protection measures, such as housing changes or transfers for student victims or abusers, removal of alleged staff or student abusers from contact with victims, and emotional support services for students or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- For at least 90 days following a report of sexual abuse, the program shall monitor the conduct or treatment of students or staff who reported the sexual abuse and of students who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by students or staff, and shall act promptly to remedy any such retaliation. Items the program should monitor include any student disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The program shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- In the case of students, such monitoring shall be included in a Multi Disciplinary Team (MDT) meeting.
- If any other individual who cooperates with an investigation expresses a fear of retaliation, the program shall take appropriate measures to protect that

individual against retaliation.

- A program's obligation to monitor shall terminate if the program determines that the allegation is unfounded.

Furthermore, per the comments added in the PAQ by the PRC, retaliation monitoring will continue throughout a student's stay at LGYS.

To assess how well the facility complies with the requirements of this PREA Standard in practice, the auditor was given a Retaliation Log for one of the most recent sexual abuse allegations that were reported at the facility. The auditor found that the Log effectively showed how the facility monitored the behavior and treatment of the student victim who reported the abuse, in order to determine if there were any changes that might suggest possible retaliation by residents or staff members. Additionally, the log contains records of status checks conducted by the PCM on a weekly basis, and it will continue to be used as the basis for documenting future retaliation monitoring, given that this is a recent situation. The auditor found that the monitoring of retaliation in this particular case met the requirements of this PREA Standard. However, the auditor requested retaliation monitoring documentation for two other sexual abuse allegations from the facility since 2022, and no such documentation was provided.

(f): Auditor is not required to audit this provision.

Non-Compliance Determination Summary:

115.367 (b), (c), & (d):

The facility has reported that they have received and investigated three reports of sexual abuse since 2022. However, they were only able to provide evidence and documentation of retaliation monitoring for one out of the three incidents. The absence of retaliation documentation for the other two sexual abuse cases means that the facility is not fully compliant with the requirements of this PREA Standard.

In order to rectify this situation and ensure that the facility meets the requirements set forth by this PREA Standard, a corrective action plan must be put into place. This plan should be designed to address and respond to any and all allegations or incidents of sexual abuse that occur within the facility.

Corrective Action Review & Compliance Determination:

- The auditor was provided the following sustainable corrective action plan from the Program Director after the Interim Report was submitted to the facility:
 - Implement new agency Retaliation Monitoring Form.
 - Designate Case Managers as Retaliation Monitors
 - Train Case Managers on retaliation monitoring and all provisions of this standard
 - PREA Compliance Manager in tandem with PREA Coordinator the will

	<p>monitor all investigations and ensure retaliation monitoring begins upon receipt of the sexual abuse incident and for as long as is necessary.</p> <ul style="list-style-type: none"> ◦ PREA Coordinator will attach completed retaliation monitoring forms to the associated investigation. ◦ Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward. <ul style="list-style-type: none"> • In order to demonstrate the implementation of the corrective action plan during the corrective action period, the auditor was provided the following verification documents: <ul style="list-style-type: none"> ◦ Signed memo from the Executive Director outlining the correction action taken as a result of the deficiencies identified for this PREA standard. ◦ PREA/SES Retaliation Monitoring Form that was completed for a sexual harassment allegation made by one student toward another during the corrective action period. ◦ Training verification documents for staff in charge of monitoring for retaliation. • The auditor determined that the facility has successfully implemented their corrective action plan for the deficiencies found related to retaliation monitoring and no further action is required at this time for this PREA standard. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets the requirements of this standard and no corrective action is required.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ - Protective Isolation Log <p>Interviews:</p> <ul style="list-style-type: none"> - The PC and PCM were interviewed and informed that they are not aware of any situation where a student was placed on protective isolation due to a PREA related

incident. It was clarified that the administration has the ability to move students to different housing units, which greatly decreases the likelihood of needing to place a student on protective isolation. However, if management approves protective isolation, the student would still have access to all the programs that are available to the rest of the students in the facility. They also confirmed that if such a situation were to arise, the student would only be placed in isolation as a last resort if other less restrictive measures are not sufficient to ensure the safety of the student and other students. The student would remain in isolation only until an alternative method of ensuring the safety of all residents can be arranged.

- The Licensed Vocational Nurse (LVN) and Mental Health Professional (MHP) interviewed informed that the medical and mental health units can meet with any and all students as needed, taking into consideration the professional's own safety when meeting with a student who is confined to their room for disciplinary reasons. Additionally, the LVN mentioned that the medical unit visits each group of students at least once a day to administer medication and follow up on sick calls. The MHP also mentioned that all students who have gone through the adjudication process are assigned a therapist and seen at least once a week, while pre-adjudication students can request to meet with a counselor at any time.

Site Review Observations:

During the onsite, the auditor observed students secured in their room for a disciplinary reason unrelated to PREA, and no youth were secured in their room as a means of protective isolation. Furthermore, no youth were identified as LGBTI during the onsite, and there was no specialized housing for students discovered or suspected at the facility during the onsite phase of the audit.

Explanation of Determination:

115.368 (a):

According to the agency's PREA Policy on pages 39 and 40, "Rite of Passage programs shall use all information obtained pursuant to {PREA Standard} §115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse. Further, "any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342."

As per the information included in the PAQ, there has not been any situation within the last year where a resident who claimed to have experienced sexual abuse was isolated. Additionally, section 115.342 of this report confirms this as it states that there is no evidence in the facility's Protective Isolation and Disciplinary Seclusion Logs to suggest that a student was isolated for a PREA related matter. An auditor randomly selected ten disciplinary reports from the facility's Disciplinary Seclusion Log and found no indication that the seclusion was a result of a PREA related situation. Furthermore, the provided logs do not show any use of Protective Isolation in the past year, for any reason.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - MOU between ROP/LGYS & the Hood County District Attorney's Office - Memo from LGYS to the Hood County District Attorney - Sexual Abuse & Sexual Harassment Investigative File Review <p>Interviews:</p> <p>- The facility's PCM was interviewed and explained the entire investigative process for sexual abuse incidents. She confirmed that all allegations of sexual abuse are taken seriously and must be immediately reported to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department and local law enforcement. The PCM explained that the facility follows a uniform evidence protocol to obtain usable physical evidence for administrative proceedings. The Hood County District Attorney's Sexual Abuse Task Force and/or OIG with TJJD are responsible for conducting the criminal investigation/prosecution. The PCM is also one of the facility's specially trained administrative investigators, who explained that the primary responsibilities when responding to a sexual abuse incident include ensuring the safety of the victim and preserving the crime scene until law enforcement takes over. The process of transporting a student victim to the local hospital for a forensic examination, providing victim advocacy services with the Paluxy River Children's Advocacy Center, and conducting a forensic interview was also explained. The PCM described in detail the investigative process, including conducting prompt, thorough, and objective internal administrative investigations for all allegations or incidents of sexual abuse and harassment. This includes third-party and anonymous reports. The PCM received training on interviewing juvenile victims, the proper use of warnings, collecting evidence in confinement settings, and the criteria for substantiating a case. The PCM understood the requirements for conducting a compliant investigation, gathering and preserving evidence, interviewing victims, witnesses, and alleged perpetrators, and reviewing previous complaints and reports. It was confirmed that the administrative investigations are</p>

not prematurely stopped for any reason and will continue regardless of the victim's or alleged perpetrator's status, or even if the person who made the report recants the allegation. The credibility of individuals involved is assessed on an individual basis, regardless of their status as a resident or staff member. The agency does not require a resident alleging sexual abuse to undergo a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation. The standard required to substantiate an allegation administratively is no higher than a preponderance of evidence. Substantiated and unsubstantiated allegations are reviewed through a Sexual Abuse Incident Review (SAIR) by the administrative team.

- The auditor interviewed a student who was involved in an ongoing investigation regarding a staff member allegedly sexually abusing a student without physical contact. The student reported that they were able to make the report without difficulties, and that the investigation promptly started when the report was made. The youth also described an offsite forensic interview that took place and confirmed that a therapist was provided shortly after the report was made. Furthermore, the student explained that an administrative investigator from TJJJD OIG met with the youth to discuss the allegation. The student also confirmed that the staff member accused of the abuse has not been present at the facility since the report was made, and no truth detection methods were used during the investigative process.

Explanation of Determination:

115.371 (a-k):

The auditor confirmed that the requirements of this PREA Standard are included in the agency's PREA Policy on pages 41 and 42, as noted below:

- Rite of Passage facilities do not conduct criminal investigations. When a Program Director (or designee) conducts his/her own administrative investigation into allegations of sexual abuse and sexual harassment, s/he shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.
- Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
- Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.
- 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. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

- Administrative investigations:
 - Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
 - 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.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or Rite of Passage shall not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- 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.

In addition, per the notes added in the PAQ in section 115.321 by the agency's PCM, the agency wide PC and the LGYS's PCM are the trained internal administrative PREA investigators for LGYS. The auditor was provided the specialized investigator training verifications for the PCM and PC, as noted in section 115.334 of this report. Further, as noted by in the PAQ, the Hood County District Atty's Sexual Abuse Task Force and Granbury Police Department (PD) is the law enforcement entity responsible for conducting any criminal investigations, with the Office Inspector General with TJJD also having criminal and administrative investigative jurisdiction at the LGYS facility.

The auditor was also provided a signed MOU between LGYS and the Hood County Texas District Attorney's Office/Child Exploitation Unit and a signed letter sent from the LGYS Program Director to the Hood County District Attorney, which further demonstrates the involvement of the Hood County District Attorney's Office and Granbury PD with accepting reports of sexual abuse and conducting criminal investigations at the facility.

(I-m): Auditor is not required to audit this provision.

Sexual Abuse Investigative File Review:

The facility reported three sexual abuse allegations reported at LGYS since 2022, with a summary of the facility response to each allegation outlined below:

1. March 2022: Student-on-student alleged sexual abuse- unknown disposition.

- Throughout this report, it has been noted that the facility has failed significantly in providing the necessary supporting documents to prove how they have followed the required procedures for handling this specific allegation, including initial response, investigation, notifications, and follow-up. The Program Director and the agency's PC have both explained that the previous administrative staff, who were responsible for dealing with this allegation and subsequent investigation in March 2022, are no longer employed at the facility. Therefore, it has been extremely difficult, if not impossible, to locate the relevant documentation. The only documentation that was made available to the auditor was an incomplete Coordinated Response Plan document and a statement (a written apology of sorts) from one of the youth involved, which confirms that a consensual sexual encounter took place between two students at the facility.

2. April 2022: Staff-on-students alleged sexual abuse contact- substantiated with staff terminated and arrested.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Facility's Coordinated Response Plan;
 - Internal Notice of Potential SES Incident;
 - PREA Administrative Investigative Report;
 - PREA Administrative & Response Review;
 - Post Investigation Student Notification;
 - TJJD Incident Report;
 - Incident Notification Form;
 - Email Communications to and from TJJD OIG Investigator;
 - Notification documents for notifying parents/guardians;
 - Email notifications from Paluxy River Children's Advocacy Center (forensic interview, victim advocate, and other necessary victim services provided and/or offered); and
 - Completed DOJ Survey of Sexual Victimization Incident Forms for the DOJ.
- However, the facility was unable to provide the auditor with sufficient proof documentation that the required retaliation monitoring was conducted for this April 2022 allegation of sexual abuse. The facility was found non-compliant with PREA Standard 115.367 and corrective action is, therefore, required.

3. May 2023: Staff-on-student alleged sexual abuse non-contact- substantiated

with staff terminated and pending criminal prosecution.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Email communications to and from TJJJD OIG investigator to facility leadership;
 - OIG Memo- requesting for the facility to conduct an internal investigation and provide a full report within 30 days;
 - Therapy Notes related to mental health victim services provided to victim;
 - TJJJ Internal Investigative Report
 - Facility's Coordinated Response Plan;
 - Retaliation Log; and
 - LGYS Training Attendance Rosters and other PREA Training Verifications for the staff perpetrator.
- Upon the auditor's analysis of the above proof documentation provided to assess compliance with the requirements of this PREA Standard, there were no issues of non-compliance discovered by the auditor for this particular sexual abuse situation.

Sexual Harassment Investigative File Review:

The facility reported a case of sexual harassment that occurred in June 2023. The incident involved alleged indecent exposure by a resident toward another student and was taken seriously by the facility and treated as a possible sexual abuse allegation. The facility provided various documentation, including an Internal Notice of Potential SES Incident Form, emails from a TJJJ OIG Police Communications Operator VI who instructed the facility to handle the allegation internally, a Coordinated Response Plan, a form completed by the youth involved, and a Retaliation Log. These documents demonstrated that the facility followed the required protocols in responding to the sexual harassment allegation, which potentially prevented it from escalating into a sexual abuse incident. The auditor also acknowledged that the facility went above and beyond the minimum requirements by promptly reporting the sexual harassment allegation to TJJJ OIG and monitoring for possible retaliation.

Note:

- The only other PREA allegation provided to the auditor was a complaint that claimed inappropriate student-on-student touching. However, facility management promptly investigated this matter and found through video surveillance that the allegation was untrue. This was confirmed by the evidence provided as well as interviews with the Program Director and Assistant Program Director. Additionally, it was explained by the Program Director that the student who made the initial complaint admitted to doing

so in order to be moved to a different housing unit. The student later recanted the allegation, acknowledging that it was made in bad faith with the intention of being relocated. This was because the resident knew that by making the PREA allegation, the facility would be forced to move the resident to another housing unit. The auditor suggested that in a situation like this, it would have been best practice to immediately report the initial complaint to TJJJ and initiate an administrative investigation after informing this state oversight agency. The PCM acknowledged this recommendation and stated that moving forward, the facility will report all such allegations to an external law enforcement agency (TJJJ OIG) to ensure caution and thoroughness.

- The auditor verified the reporting mechanisms utilized by the alleged resident victims in the three sexual abuse allegations and the one sexual harassment allegation described in this report, which confirmed how students in the facility were able to report sexual abuse and sexual harassment through the internal grievance process, by making a verbal report to staff, and through the TJJJ 24/7 Reporting Hotline.

Non-Compliance Determination Summary:

115.371 (a), (c), (g), & (h): As stated in sections 115.321 and 115.322 of this report, the facility was unable to provide enough evidence to adequately show that a proper investigation was conducted for a sexual abuse allegation involving two students, which was reported in March 2022. This deficiency led to the facility being found non-compliant with this PREA standard. The only documentation available for this allegation was an incomplete Coordinated Response Plan and a written apology statement from one of the involved youths. Concerning the specific requirements of this PREA Standard, the lack of evidence for the sexual abuse allegation from March 2022 prevented the facility from adequately proving to the auditor that a prompt, thorough, and unbiased investigation took place. Additionally, the Coordinated Response Plan did not sufficiently document the evidence involved, and no investigative report was provided.

To rectify this situation, a corrective action plan must be implemented to ensure that the requirements of this PREA Standard are met in response to any allegations or instances of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from

Mr. Moe stating training has been completed.

- PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
- Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.
- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that the PC will ensure there is a trained PREA investigator assigned to the LGYS at all times, and explained how the PC will ensure that the designated person has met all the DOJ PREA Investigator Training requirements, monitor all investigations, ensure investigations are completed in accordance policy, ensure each element of the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigation, and work with facility investigators to correct any problem areas identified. Additionally, the auditor was emailed the investigative documents of a student-on-student sexual harassment allegation in order to demonstrate how a PREA investigation was fully carried out at the facility during the corrective action period. The provided documentation adequately demonstrated that the facility took the initial allegation seriously and conducted a prompt and comprehensive internal investigation into the allegation, which ultimately found the allegation to be unfounded. Furthermore, it is important to note that this sexual harassment allegation was reported to the TJJD Office of Inspector General by the student who was the alleged victim of the harassment (through the TJJD Reporting Hotline), and the OIG advised the facility to "handle internally." This incident was reported as the only PREA related investigation conducted during the corrective action period.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1315 376">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1267 519" style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - Sexual Abuse and Sexual Harassment Investigative File Review <p data-bbox="280 555 459 591">Interviews:</p> <p data-bbox="280 627 1452 1075">- The PCM of the facility was interviewed and explained the entire investigative process, starting from when the initial report is made until the end of the administrative and criminal investigation. She confirmed that all claims of sexual abuse are taken seriously and must be immediately reported to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department and local law enforcement with jurisdiction. The PCM understood and recognized that the standard required to prove an allegation of sexual abuse administratively is no higher than a preponderance of evidence, and she advised that all investigations, whether substantiated or unsubstantiated, involving sexual abuse are reviewed by the administrative team according to the requirements for conducting a Sexual Abuse Incident Review (SAIR).</p> <p data-bbox="280 1115 762 1151">Explanation of Determination:</p> <p data-bbox="280 1187 475 1223">115.372 (a):</p> <p data-bbox="280 1258 1398 1375">As noted in the agency's PREA Policy on page 43, "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> <p data-bbox="280 1411 1474 1738">The auditor was provided investigative reports for two out of the three sexual abuse allegations made at the facility since 2022, and the auditor was able to confirm for these two investigations the facility imposed no standard higher than a preponderance of evidence in determining whether the allegations were substantiated. However, as noted below, the facility was found out of compliance with the requirement of this PREA Standard due to the lack of proof documentation for the student-on-student sexual abuse allegation and subsequent investigation from March 2022.</p> <p data-bbox="280 1778 951 1814"><u>Non-Compliance Determination Summary:</u></p> <p data-bbox="280 1850 1430 2056">As a result of the issues highlighted in section 115.371 of this report, it has been found that there is insufficient investigative documentation available for the one sexual abuse claim that took place in March 2022. Consequently, the auditor has concluded that the facility failed to provide satisfactory evidence to determine whether the allegation was substantiated, unsubstantiated, or unfounded.</p>

To address this matter, it is necessary to implement a corrective action plan that ensures compliance with the standards outlined in the PREA Standard. This plan should be in place to respond to any and all allegations or incidents of sexual abuse that occur within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.
- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that the PC will ensure there is a trained PREA investigator assigned to the LGYS at all times, and explained how the PC will ensure that the designated person has met all the DOJ PREA Investigator Training requirements, monitor all investigations, ensure investigations are completed in accordance policy, ensure each element of the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigation, and work with facility investigators to correct any problem areas identified. Additionally, the auditor was emailed the investigative documents of a student-on-student sexual harassment allegation in order to demonstrate how a PREA investigation was fully carried out at the facility during the corrective action period. The provided documentation adequately demonstrated that the facility took the initial allegation seriously and

conducted a prompt and comprehensive internal investigation into the allegation, which ultimately found the allegation to be unfounded.

Furthermore, it is important to note that this sexual harassment allegation was reported to the TJJJ Office of Inspector General by the student who was the alleged victim of the harassment (through the TJJJ Reporting Hotline), and the OIG advised the facility to "handle internally." This incident was reported as the only PREA related investigation conducted during the corrective action period.

Conclusion:

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

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - Sexual Abuse and Sexual Harassment Investigative File Review - Incident Notification from LGYS <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed a student who was involved in an allegation of non-contact sexual abuse by a staff member towards a student. The investigation was still ongoing at the time of the onsite phase of the audit. The student explained that there were no problems or restrictions experienced with making the report and confirmed that the investigation started promptly. The youth also mentioned that a forensic interview took place offsite and a therapist was provided shortly after the report was made. Additionally, an administrative investigator from TJJJ OIG met with the student regarding the allegation. The student also confirmed that the accused staff member has not been present in the facility since the report was filed. It is important to note that this investigation was still in progress during the meeting, so the notification requirements of this PREA Standard did not apply at that time. <p>Explanation of Determination:</p> <p>115.373 (a-e):</p>

According to the agency's PREA Policy on page 44, "Rite of Passage will report the outcomes of internal and external investigations to the student victim." Furthermore, the following procedures are included in this Policy, which outline the reporting requirements set forth in this PREA Standard:

- Following an investigation into a student's allegation of sexual abuse suffered in a program, the program shall inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- If the program did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the student
- Following a student's allegation that a staff member has committed sexual abuse against the student, the program shall subsequently inform the student (unless the program has determined that the allegation is unfounded) whenever:
 - The staff member is no longer posted within the student's unit;
 - The staff member is no longer employed at the program;
 - The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or
 - The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.
- Following a student's allegation that he or she has been sexually abused by another student, the program shall subsequently inform the alleged victim whenever:
 - The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or
 - The program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program.
- All such notifications or attempted notifications shall be provided to the student in writing on a "Post Allegation Student Notification Response Form" by the Program Director (or designee), and kept in the student file. (see Form in Appendix of Safe Environmental Standards Binder)
- Note: Obligation to report outcomes to the student shall terminate if the student is released from the program.

(f): Auditor is not required to audit this provision.

Sexual Abuse Investigative File Review:

The facility reported three sexual abuse allegations reported at LGYS since 2022, with a summary of the facility response to each allegation outlined below:

1. March 2022: Student-on-student alleged sexual abuse- unknown disposition.

- As noted throughout this report, the facility was found to be substantially deficient in providing the necessary proof documentation to demonstrate

how the applicable initial response, investigation, notifications, and follow-up requirements were adhered to for this specific allegation. The Program Director and the agency's PC both explained that the prior administrative staff that were involved with this March 2022 allegation and subsequent investigation are no longer working at the facility, which made locating the applicable documentation challenging, if not impossible. The only documentation provided to the auditor was an incomplete Coordinated Response Plan document and a statement (a written apology of sorts) from one of the youth involved, which confirms that a consensual sexual encounter between two students at the facility did occur.

2. April 2022: Staff-on-students alleged sexual abuse contact- substantiated with staff terminated and arrested.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Facility's Coordinated Response Plan;
 - Internal Notice of Potential SES Incident;
 - PREA Administrative Investigative Report;
 - PREA Administrative & Response Review;
 - Post Investigation Student Notification;
 - TJJD Incident Report;
 - Incident Notification Form;
 - Email Communications to and from TJJD OIG Investigator;
 - Notification documents for notifying parents/guardians;
 - Email notifications from Paluxy River Children's Advocacy Center (forensic interview, victim advocate, and other necessary victim services provided and/or offered); and
 - Completed DOJ Survey of Sexual Victimization Incident Forms for the DOJ.
- However, the facility was unable to provide the auditor with sufficient proof documentation that the required retaliation monitoring was conducted for this April 2022 allegation of sexual abuse. The facility was found non-compliant with PREA Standard 115.367 and corrective action is, therefore, required.

3. May 2023: Staff-on-student alleged sexual abuse non-contact- substantiated with staff terminated and pending criminal prosecution.

- The agency sufficiently demonstrated how the applicable response, investigative, notification, and follow-up requirements were successfully implemented for this particular sexual abuse allegation, through providing the auditor with the following proof documents:
 - Email communications to and from TJJD OIG investigator to facility

- leadership;
- OIG Memo- requesting for the facility to conduct an internal investigation and provide a full report within 30 days;
- Therapy Notes related to mental health victim services provided to victim;
- TJJJ Internal Investigative Report
- Facility's Coordinated Response Plan;
- Retaliation Log; and
- LGYS Training Attendance Rosters and other PREA Training Verifications for the staff perpetrator.
- Upon the auditor's analysis of the above proof documentation provided to assess compliance with the requirements of this PREA Standard, there were no issues of non-compliance discovered by the auditor for this particular sexual abuse situation.

Non-Compliance Determination Summary:

115.373 (a), (d), & (e): Because of the insufficient proof documentation provided for the single instance of youth-on-youth sexual abuse reported in March 2022, the facility was unable to adequately demonstrate that the necessary notifications required by the PREA Standard had been completed. The only notifications that were recorded were the initial notifications to the parents of the two students involved in the incident, as noted in the Coordinated Response Plan.

To meet the requirements of this PREA Standard, a corrective action plan must be successfully implemented in practice to ensure that appropriate measures are taken in response to any allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.

- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that the PC will ensure there is a trained PREA investigator assigned to the LGYS at all times, and explained how the PC will ensure that the designated person has met all the DOJ PREA Investigator Training requirements, monitor all investigations, ensure investigations are completed in accordance policy, ensure each element of the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigation, and work with facility investigators to correct any problem areas identified. Additionally, the auditor was emailed the investigative documents of a student-on-student sexual harassment allegation in order to demonstrate how a PREA investigation was fully carried out at the facility during the corrective action period. The provided documentation adequately demonstrated that the facility took the initial allegation seriously and conducted a prompt and comprehensive internal investigation into the allegation, which ultimately found the allegation to be unfounded. Furthermore, it is important to note that this sexual harassment allegation was reported to the TJJJ Office of Inspector General by the student who was the alleged victim of the harassment (through the TJJJ Reporting Hotline), and the OIG advised the facility to "handle internally." This incident was reported as the only PREA related investigation conducted during the corrective action period.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)

- Sexual Abuse and Sexual Harassment Investigative File Review

Explanation of Determination:

115.376 (a-d):

According to agency PREA Policy on page 45, "staff shall be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies." Further included on page 45 of this Policy are the following procedures for the disciplinary measures staff are subject to:

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

Additionally, the PCM noted in the PAQ the following information related to staff disciplinary action taken in the past 12 months related to sexual abuse or sexual harassment staff policy violations:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: one (1).
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: one (1).
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): zero (0).

In regard to the sexual abuse investigations at the facility during the audit review period noted above, the auditor was provided the entire investigative file for this case. According to the investigative files, once the facility became aware of the allegation of sexual abuse, the staff member responsible was promptly placed on administrative leave. Furthermore, upon learning of the outcome of the case, which confirmed the allegations of sexual abuse as supported by the OIG criminal/administrator investigator with TJJD, the staff member was subsequently fired from their position. It is worth noting that the perpetrator in this case also faced criminal charges and was arrested for the sexual abuse that took place at the LGYS facility in

	<p>2022. In another recent incident involving allegations of non-contact sexual abuse by a staff member towards a student, the staff member was immediately put on administrative leave as soon as the facility was informed of the allegation. During the investigative process, the staff member was terminated. Moreover, the provided investigative documents also indicated that there is an ongoing criminal investigation at this time.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ - Volunteer & Intern HR Documents <p>Interviews:</p> <ul style="list-style-type: none"> - Both the FA and HR Manager of the agency stated during their interviews that LGYS will take appropriate actions to address any violations of the agency's sexual abuse or sexual harassment policies by a contractor, volunteer, or intern. They also mentioned that LGYS will consider prohibiting further contact with residents in such cases. The clarification was provided that if there is a report of a PREA Policy violation, the volunteer or contractor will not be allowed to enter the facility until the investigation is complete with a disposition of unfounded. If the allegation is substantiated or unsubstantiated, the volunteer or contractor will be permanently banned from providing any services for LGYS and from contacting students at the LGYS facility. This information will also be reported to local law enforcement and TJJD. The FA explained that all approved contractors and interns are granted access to the facility by the control room staff. However, if an individual is identified as an alleged or confirmed perpetrator of sexual abuse or sexual harassment at the facility, their name will be shared with all control room staff members and documented on a communication board in the control room to ensure that they are not granted access. <p>Explanation of Determination:</p>

115.377 (a-b):

According to the agency's PREA Policy on page 46, "Volunteers and contractors found to have participated in activity {sexual abuse/sexual harassment} in this policy will be reported to law enforcement and social services agencies. Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program. Further, this Policy also clarifies that the program shall take appropriate remedial measures and prohibit further contact with students and be denied access to any program.

The PCM noted in the PAQ that LGYS has not experienced any situations in the previous 12 months where a volunteer or contractor was involved in any form of sexual abuse or sexual harassment incident or allegation. However, in the event that such an incident were to occur, the auditor found that the agency has included the necessary requirements of this PREA Standard in its PREA Policy, as mentioned earlier.

Finally, a review of randomly selected documents regarding the backgrounds of contractors and volunteer personnel confirmed that those selected individuals who provided services in the facility within the last 12 months have not been involved in any sexual abuse incidents as perpetrators. Additionally, the three files related to sexual abuse investigations and the one file related to a sexual harassment investigation did not contain any allegations against a volunteer or contractor.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none">- Agency's PREA Policy (Rite of Passage Safe Environment Standards)- Disciplinary Seclusion Log- Selected Disciplinary Reports <p>Interviews:</p> <ul style="list-style-type: none">- The PC and PCM were interviewed and informed that they have no knowledge of any situation where a student has been placed on protective isolation or disciplinary

seclusion due to a PREA related situation. It was clarified that the administration has the ability to relocate students to different housing units, which greatly reduces the likelihood of needing to place a student on protective isolation. However, if management approves a protective isolation or disciplinary seclusion in the future, the affected youth will have access to all the programs available to other students in the facility. The disciplinary punishment will be appropriate for the nature and circumstances of the abuse committed, taking into account the resident's disciplinary history and the punishments imposed on other residents with similar histories. They also confirmed that if a student perpetrator of sexual abuse or sexual harassment were to be placed on a disciplinary seclusion (DS), the resident can only be kept in DS status for a maximum of 48 hours- as per the TAC standard for disciplinary seclusion time. During that time, the youth must be given daily opportunities for exercise, required educational programming and special education services, as mandated by the Texas Administrative Code. The PCM also confirmed that medical and mental health care professionals are able to visit and meet with all students whenever necessary, as long as the youth is not being actively assaultive or aggressive. In such cases, a Mental Health Professional (MHP) or medical staff can communicate with the student through the door of their room.

- The LVN (Licensed Vocational Nurse) and MHP (Mental Health Professional) interviewed stated that the medical and mental health units can meet with any and all students as needed. The only consideration when meeting with a student who is in their room for disciplinary reasons is the professional's own safety. Additionally, the LVN mentioned that the medical unit visits each group of students at least once a day to provide medication and follow up on sick calls. The MHP also mentioned that all students in the post program are assigned a therapist and seen by them at least once a week, while pre-adjudication students can request to meet with a counselor at any time. Furthermore, the MHP clarified that the full-time therapists at the facility are not licensed to provide specialized treatment for sex offenders. However, if such therapy is needed due to a perpetrator of sexual abuse in the facility, the agency can bring in a LSOTP (Licensed Sex Offender Treatment Provider) from the community on a case-by-case basis. The MHP and LVN also clarified that the facility has contracts with a psychologist and psychiatrist, who meet with students on a monthly basis.

Site Review Observations:

During the onsite, no youth were secured in their room as a means of protective isolation or disciplinary seclusion for a PREA related situation.

Explanation of Determination:

115.378 (a-g):

The auditor reviewed the agency's PREA Policy and confirmed that LGYS includes all the requirements of this PREA Standard on page 47, as outlined below:

- Rite of Passage promotes a safe environment with established rules that are

designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process.

- A student will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse.
- Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the student's disciplinary history, and the sanctions imposed for comparable offenses by other students with similar histories. In the event a disciplinary sanction results in the isolation of a student, programs shall not deny the student daily large- muscle exercise or access to any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.
- The disciplinary process shall consider whether a student's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- If the program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the program shall conduct an MDT meeting to consider whether to offer the offending student participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.
- The program will discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

According to the PAQ, there hasn't been an instance in the last 12 months of a resident who claimed to have experienced sexual abuse being put in disciplinary seclusion. The facility's Protective Isolation and Disciplinary Seclusion Logs were reviewed, as stated in section 115.342 of this report, and there was no documentation indicating that a student was placed in isolation or seclusion due to a matter related to PREA. The auditor randomly selected ten disciplinary reports from the facility's Disciplinary Seclusion Log and found no evidence that the seclusion was a result of a PREA-related situation. Additionally, the provided logs showed no signs of any use of Protective Isolation for any reason in the past 12 months.

Conclusion:

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

	auditor has determined that the agency meets all elements of this standard. No corrective action is required.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - ROP Safe Environment Standards Secondary Log Follow Up for Disclosed Victimization or Perpetrating Sexual Abuse (115.381) - ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavioral/Overall Risk <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor spoke with the Director of Student Services, who supervises Case Managers who conduct the intake process for any juvenile admitted into the facility. This Director shared how the Vulnerability Assessment is conducted during the intake process by a specially trained Case Manager in order to objectively screen all juveniles admitted into the facility for risk for sexual abuse and sexual perpetration while at the facility. Additionally, all students are asked if they identify as LGBTI, and information for the screening is gathered through verbal communication during the intake process as well as through a review of relevant paperwork. In cases where a Case Manager is not available to conduct the intake process, a specially trained Supervisor will handle it instead. As it relates the requirements of this PREA standard, the Director advised that if a Vulnerability Assessment indicates that a student has been a victim or perpetrator of sexual abuse prior to being admitted, the youth is referred to the mental health unit and provided with a follow-up session with a licensed therapist within 14 days. - The auditor also interviewed 17 students while at the facility. Each student recalled being asked questions from the Vulnerability Assessment of the facility. The students mentioned that these questions were asked during the intake process when they were admitted to the facility. None of the students expressed worry about the sensitivity of the questions, and all of them felt at ease with the intake process. It is important to note that during the onsite visit, management informed the auditor that none of the current students reported any past sexual victimization or involvement in sexual abuse in their Vulnerability Assessments. However, all the residents interviewed advised that they have access to a counselor and nurse through making the appropriate request either on a Speak To form or sick call. Additionally, all the post-adjudication students confirmed they have a therapist

assigned to them who meets with them on a regular basis.

- The interviewed Licensed Vocational Nurse (LVN) and Mental Health Professional (MHP) stated that the medical and mental health units are capable of meeting with any and all students as necessary, taking into consideration the professional's safety before meeting with a student who is confined to their room for disciplinary reasons. The MHP provided further information that if a student has been a victim of sexual abuse in the past or has previously perpetrated sexual abuse, they are promptly referred to the mental health unit and given an appointment with a therapist within 14 days of their admission. Additionally, the LVN mentioned that the medical unit meets with each student within the first two hours of their arrival at the facility. In case there is no medical staff available during a juvenile's arrival, a medical professional will meet with them on the next business day. Moreover, a medical professional is accessible to all students at least once a day for medication administration and to address any health concerns. The MHP also noted that post adjudication students are assigned a therapist and seen at least once a week, while pre-adjudication students have the option to request a meeting with a counselor at any time.

Site Review Observations:

- During the onsite, the auditor verified that the student files are securely stored in the facility and only authorized staff members are given access to the information required for their job duties. Additionally, the auditor inspected the intake area where newly accepted students are processed through the intake process with a Case Manager and confirmed that it provides a confidential and private space for intake staff to complete the necessary procedures. The intake area is shared with medical personnel and is under constant surveillance with a 24/7 monitoring camera. As there were no new intakes during the auditor's visit, a Supervisor guided the auditor through the intake process. This involved going over how the facility's Vulnerability Assessment is conducted by a Case Manager within the first hour of a youth's admission. The information obtained from this risk assessment is only shared with staff members who require it for housing and programming assignments.

Explanation of Determination:

115.381 (a-d):

According to the agency's PREA Policy on page 48, "Rite of Passage programs will screen for prior sexual victimization or perpetration and provide mental health services." Furthermore, the auditor confirmed that the requirements of this PREA Standard are included in their PREA Policy, as outlined below:

- If the screening pursuant to PREA Standard 115.341 indicates that a student has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening.

- If the screening pursuant to PREA Standard 115.341 indicates that a student has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program shall ensure that the student is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.
- Medical and mental health practitioners shall obtain informed consent from students before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the student is under the age of 18.
- Programs will conduct a mental health evaluation of all known student on student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners (115.383).

The auditor was provided the facility's "Secondary Log Follow Up for Disclosed Victimization or Perpetrating Sexual Abuse" log, which further demonstrated to the auditor how the facility ensures all students who have experienced prior sexual victimization or previously perpetrated sexual abuse are offered a follow-up meeting with a mental health provider (*or medical for victim only*) within 14 days of the Vulnerability Assessment screening being conducted. This Log includes the following information for each entry:

- Intake Date
- Student Name
- Within 14 Days Medical/Mental Health Follow-up Date Completed
- Within 60 Days Mental Health Evaluation Date Completed

To evaluate if the facility complies with the requirements of the PREA Standard, the auditor examined thirteen completed Vulnerability Assessments conducted within the past 12 months. The auditor concluded that the facility successfully completed risk assessments for each of the thirteen students within 72 hours of their arrival. Moreover, the Vulnerability Assessments revealed no evidence that any of these thirteen students had been victims or perpetrators of sexual abuse prior to their admission into the facility, and no major risk concerns were identified. To demonstrate how the facility ensures that students with a history of sexual victimization receive the required mental health follow-up within 14 days of admission, the auditor was provided with documentation indicating that one particular student met with a licensed therapist within the specified timeframe.

	<p>Note: the PCM noted in the PAQ that the facility does not accept any students over the age of 17 and this was confirmed by the auditor onsite.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - ROP Safe Environment Standards Student Services Offered Acknowledgment - ROP 14 Day Mental Health Tracker <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed a mental health and medical professional who provides services to students in the facility full-time. Both professionals confirmed that they have received extensive PREA training while working at the facility. T his training includes but is not limited to: detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to juvenile victims of sexual abuse and harassment, and reporting allegations or suspicions of sexual abuse and harassment. During their interviews, the MHP and LVN explained that they have received not only general PREA training for all staff members but also specialized training specific to their individual roles at the facility. For example, the LVN was knowledgeable about the specific reporting protocols, requirements for preserving and protecting the scene, and the victim services available. These services include forensic medical examinations, medical and mental health care and treatment for victims, victim advocacy, follow-up care, timely access to emergency contraception and sexually transmitted infections prophylaxis (as medically appropriate), all provided without financial cost regardless of the situation. The therapist also explained the available victim services and how psychiatric and psychological services are provided to all students at LGYS. <p>Explanation of Determination:</p> <p>115.382 (a-d):</p>

Per the agency's PREA Policy on page 49, "student victims will have access to emergency medical and mental health services." The auditor confirmed that this Policy includes the requirements of this PREA Standard on page 49, as outlined below:

- Student 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.
- Student victims of sexual abuse while in the program 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.
- A written MOU will be established by site PREA Compliance Manager for outside services for emergency and mental health services.

The facility also uploaded the agency's Student Services Offered Acknowledgement form, which is used to ensure the following services are provided to a victim of sexual abuse:

- I have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence. Services Accepted ___ Services Declined _
- If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive and a medical exam is important so proper services can be provided. Services Accepted ___ Services Declined ____
- I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today. Services Accepted ___ Services Declined ____

This form is signed by the student, Therapeutic Manager, and SES Compliance Manager, as well as dated by each. The auditor was also provided the facility's "14

	<p>Day Mental Health Tracker" log sheet, which is used to document the follow-up mental health care provided.</p> <p>Note: The cases involving residents who were discovered to be victims of sexual abuse in 2022 and 2023, as stated in the provided investigative documents, did not necessitate urgent medical attention or immediate crisis intervention services. This is because there was a significant time gap between the reported occurrence of the abuse and the specific dynamics related to each situation. However, it should be emphasized that all residents can be provided emergency medical and mental health services at both the facility and the nearby hospital.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</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
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - PAQ <p>Interviews:</p> <ul style="list-style-type: none"> - The auditor interviewed a mental health and medical professional who provide services to students in the facility on a full-time basis. Both professionals confirmed that they received extensive training on their responsibilities under PREA, including how to identify signs of sexual abuse and harassment, how to collect physical evidence, how to support victims in a professional manner, and how to report any allegations or suspicions of sexual abuse or harassment. In their interviews, the mental health professional and the medical professional explained that they received not only the general PREA training for all staff members but also additional specialized training specific to their roles at the facility. For example, the medical professional was knowledgeable about reporting protocols, preserving and protecting the scene, and the various victim services available to victims, such as forensic medical examinations, medical and mental health care, victim advocacy, follow-up care, emergency contraception, and STI prophylaxis. The medical professional stated that all victim services are provided free of charge in any situation. They also mentioned that female victims of sexual abuse would be

offered pregnancy tests, comprehensive information about pregnancy-related medical services, and STI tests if necessary. The therapist interviewed explained the victim services and availability of psychiatric and psychological services for all students at the facility. The mental health professional clarified that the on-site therapists at the facility are not licensed to provide sex offender treatment, but if it was needed, it could be arranged off-site on a case-by-case basis.

Explanation of Determination:

115.383 (a-h):

According to the agency's PREA Policy on page 50, "Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused." Further, as confirmed by the auditor, the facility includes the requirements of this PREA Standard on page 50, as highlighted below:

- Ongoing medical and mental health care will be available for sexual abuse victims and abusers.
- The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.
- 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 the program.
- The program shall provide such victims with medical and mental health services consistent with the community level of care.
- Student victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.
- If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Program Director will notify parent/guardian of test results in accordance with state and local laws.
- Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws.
- 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 program shall attempt to conduct a mental health evaluation of all known student-on-student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility also uploaded the agency's Student Services Offered Acknowledgement

form, which is used to ensure the following services are provided to a victim of sexual abuse:

- I have been offered services with a Sexual Assault Forensic/Nurse Examiner at no financial cost to me or my family. I understand these services should be accessed as soon as possible (within 3 to 5 days of sexual abuse) to preserve evidence. Services Accepted ___ Services Declined __
- If I choose to decline services with a Sexual Assault Forensic/Nurse Examiner, I have been offered a follow up medical exam with a qualified practitioner at no financial cost to me or my family. I understand that Sexually Transmitted Infection prevention and prophylaxis is time sensitive and a medical exam is important so proper services can be provided. Services Accepted ___ Services Declined ____
- I have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today. Services Accepted ___ Services Declined ____

This form is signed by the student, Therapeutic Manager, and SES Compliance Manager, as well as dated by each. The auditor was also provided the facility's "14 Day Mental Health Tracker" log sheet, which is used to document the follow-up mental health care provided.

The facility stated that the only incident involving a student in LGYS who experienced sexual abuse (contact) while in the facility within the last 12 months was the incident of staff-on-resident sexual abuse that took place in 2022. The alleged victims in this case were males; therefore, there was no need for medical services concerning vaginal penetration. In addition, the required victim services were provided by the Paluxy River Children's Advocacy Center, as mentioned in the provided Administrative Investigation Report and the signed MOU.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following is a list of evidence used to determine compliance:

- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- ROP SES/PREA Administrative & Response Review
- ROP SES/PREA Investigation Recommendation & Implementation
- Sexual Abuse Investigative File

Interviews:

- The PCM was interviewed and adequately explained the entire investigative process from the time the initial report is made to the end of the administrative and criminal investigation. She confirmed that all allegations of sexual abuse are taken seriously and required to be immediately reported to the Office of Inspector General (OIG) of the Texas Juvenile Justice Department and local law enforcement with criminal jurisdiction (Hood County District Attorney's Office). The PCM understood and identified the standard required to substantiate an allegation of sexual abuse administratively as no level higher than a preponderance of evidence. She advised that all investigations involving substantiated or unsubstantiated allegations of sexual abuse are reviewed by the administrative team through the requirements associated with conducting a Sexual Abuse Incident Review (SAIR). It was clarified that the SAIR team meets within 30 days after the disposition of a substantiated or unsubstantiated allegation of sexual abuse. The team must include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PCM indicated that the team meets to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. They also assess the motivation behind the act, examine the area in which the abuse occurred, and assess staffing levels. Additionally, they determine whether the video monitoring system needs to be modified or adjusted. According to the PCM, a report of the team's findings is completed and provided to the agency's PC and Executive Director.

Explanation of Determination:

115.386 (a-e):

The auditor confirmed that the facility includes the requirements of this PREA Standard on page 51 of their PREA Policy, as outlined below:

- A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.
- Complete ROP Form- Safe Environment Standards Administrative and Response Review
- Such review shall be completed within 30 days of the conclusion of the investigation. after
- The RIIP shall report findings to site upper-level management.
- The RIIP will submit completed SES Administrative and Response Review to the Executive Director and the CEO within 30 days of the conclusion of the

investigation.

- The site management team and RIIP 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 program;
 - Examine the area in the program 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 pursuant to paragraphs (b)(1)-(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director.

The auditor was provided Sexual Abuse Incident Reviews for two out of the three sexual abuse allegations reported from the facility since 2022, and the reports adequately demonstrated to the auditor that all the requirements set forth in this PREA Standard were adhered to within 30 days after the conclusion of each investigation. Furthermore, the reports also sufficiently answered the following questions for each sexual abuse incident:

- Did staffing levels meet required ratios at the time of the incident?
- If yes, was staffing sufficient?
- Did incident involve new staff (within 120 days of hire)?
- If yes, had new staff received all training (including adequate on the job training/shadowing)?
- Was veteran staff current on training?
- At the time of the incident, was staff in their assigned area?
- Were students in assigned area?
- Were there any physical barriers to supervision (outside of line of sight, closed door, etc.)?
- Any other factors not addressed above?
- Was the scheduled activity taking place?
- Did Student Vulnerability Assessments take place at intake?
- Were room assignments appropriate?
- Has the alleged perpetrator previously been identified as a potential threat to others?
- Were any policies not followed at the time of the incident?

- Did the alleged incident take place in an area under video surveillance?
- If yes, were cameras working?
- Is there any indication that incident was motivated by race, ethnicity, gender identity, LGBTQI identification, status or perceived status or gang affiliation?
- Is there any indication the incident was motivated by any other group dynamics at the facility?
- Is there a need for a Recommendation & Improvement Plan?

Note: It is important to mention that the facility noted in one of the reports on PREA investigation recommendations and implementation that there was insufficient supervision in the cottages during the evening program. This lack of supervision led to the failure in noticing the relationship. The suggested corrective measures documented were for Shift Supervisors to take turns being present in the cottages during the evening program or whenever the students have free time in the cottages.

Non-Compliance Determination Summary:

115.386 (a-d): The facility did not provide the auditor with evidence that a sexual abuse incident review was completed for the youth-on-youth sexual abuse allegation made in March 2022, and, therefore, the auditor found the facility non-compliant with the requirements of this PREA Standard.

A corrective action plan is required to be institutionalized to ensure the requirements of this PREA Standard are provided in response to any and all allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.

	<ul style="list-style-type: none"> • The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections: <ul style="list-style-type: none"> ◦ PREA: Investigating Sexual Abuse in Confinement Setting (June 2023); ◦ PREA 201 for Medical and Mental Health Practitioners (June 2023); ◦ Motivational Interviewing: Overview (June 2023); and ◦ PREA Coordinator Roles & Responsibilities (June 2023). • The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that all trainings regarding the requirements of this PREA standard have been completed at LGYS. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard and no corrective action is required.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - DOJ Survey of Sexual Victimization (2022) - 2022 PREA Annual Report - Sexual Abuse Investigative Files <p>Explanation of Determination:</p> <p>115.387 (a-f):</p> <p>The auditor confirmed that the required elements of this PREA Standard are included in the facility's PREA Policy on page 52, as outlined below:</p> <ul style="list-style-type: none"> • Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control. • Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports,

investigation files, and sexual abuse incident reviews.

- Data collected by site PREA Compliance Managers 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.
- Each RIIP shall aggregate the incident-based sexual abuse data at least annually.
- Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Furthermore, as noted in section 115.312 of this report, LGYS and ROP does not contract for the confinement of its residents. Therefore, provision (e) of this PREA Standard does not apply to LGYS.

In order to demonstrate how the facility complies with this PREA Standard in practice at the facility, the auditor was provided the LGYS's 2022 PREA Annual Report. Upon the auditor's review, the report was confirmed to include the definitions of the PREA Juvenile Facility Standards, the language from PREA Standard 115.387, and the following summary of incidents of sexual abuse and sexual harassment from 2020 through 2022:

- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. In 2020, there three (3) substantiated allegations of student-to-student sexual contact. In 2021, there were zero (0) substantiated allegations of sexual abuse, and two (2) substantiated allegations of sexual harassment. In 2022, there was one (1) substantiated allegation of staff-to-student sexual abuse and one (1) substantiated allegation of student-to-student sexual contact. Given this data and our analysis of our data, Lake Granbury will continue to focus on youth safety and creating a culture of safety, supported staff vigilance, supervision and ongoing training, where sexual abuse and sexual harassment does not occur. In our continuing effort to improve the lives of youth, our agency has embraced the principles associated with PREA and have aligned our Safe Environmental Standards to ensure PREA compliance as well as to improve safety for youth in our programs.

To demonstrate how the facility meets the requirements specified in PREA Standard 115.387 (c), the auditor was given the completed Survey of Sexual Victimization Incident Form for the staff-on-youth sexual abuse incident that occurred in 2022. This document contains the data required to complete the DOJ survey and adequately demonstrates that the facility has the necessary incident-based data as mandated by this PREA Standard. However, as mentioned in the investigative sections of this report, the facility was unable to provide the auditor with an investigative report for a youth-on-youth sexual abuse allegation from March 2022. Due to this failure to maintain the necessary investigative documentation for a sexual abuse allegation from March 2022, the facility is found to be non-compliant

with the requirements of this PREA Standard, as indicated below.

Non-Compliance Determination Summary:

115.387 (d): Due to the fact the facility was unable to provide the auditor with the proof documentation (i.e., incident-based documents, report, investigative file, or sexual abuse incident review) for the one youth-on-youth sexual abuse allegation from March 2022, the auditor determined the facility deficient with maintaining, reviewing, and collecting the applicable data required by this PREA Standard.

A corrective action plan is required to be institutionalized to ensure the requirements of this PREA Standard are provided in response to any and all allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.
 - PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas.
 - Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward.
- The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the National Institute of Corrections:
 - PREA: Investigating Sexual Abuse in Confinement Setting (June 2023);
 - PREA 201 for Medical and Mental Health Practitioners (June 2023);
 - Motivational Interviewing: Overview (June 2023); and
 - PREA Coordinator Roles & Responsibilities (June 2023).
- The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that all trainings regarding the requirements of this PREA standard have been completed at LGYS.

Conclusion:

	<p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard and no corrective action is required.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - 2022 PREA Annual Report - LGYS Website (Lake Granbury Youth Services Center - Improving the Lives of Youth) <p>Interviews:</p> <ul style="list-style-type: none"> - During the onsite, the auditor interviewed the Executive Director, PCM, and the agency-wide PC. Each administrator adequately explained in their individual interviews how the facility and ROP agency gather, combine, store, and share data related to the Prison Rape Elimination Act to enhance the effectiveness of its policies, practices, and training for preventing, detecting, and responding to sexual abuse. These administrators also shared that the management consistently reviews the PREA data and conducts an annual formal review to identify any patterns, weaknesses, deficiencies, or problem areas that require corrective action to improve the practices and policies related to sexual safety. They prepare an annual report of their findings which is approved by the agency-wide PC and Executive Director and posted on the facility's website. Additionally, it was clarified that a comparison is made between the current year's PREA data and corrective actions and those from previous years to assess the progress or lack thereof in addressing sexual abuse and harassment. Lastly, all publicly available reports do not include any personal information to ensure the confidentiality of the students involved. <p>Explanation of Determination:</p> <p>115.388 (a-d):</p> <p>According to the facility's PREA Policy on page 53:</p> <ul style="list-style-type: none"> • Rite of Passage 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. Data reviewed shall include the following:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each program, as well as the organization 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 organization's progress in addressing sexual abuse.
- The organization's report shall be approved by the CEO and made readily available to the public through its website or, if it does not have one, through other means.
- The organization may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a program, but must indicate the nature of the material redacted.

In order to demonstrate how the facility complies with this PREA Standard in practice at the facility, the auditor was provided the LGYS's 2022 PREA Annual Report. Upon the auditor's review, the report was confirmed to include the definitions of the PREA Juvenile Facility Standards, the language from PREA Standards 115.387 and 115.388, and the following summary of incidents of sexual abuse and sexual harassment from 2020 through 2022:

- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. In 2020, there three (3) substantiated allegations of student-to-student sexual contact. In 2021, there were zero (0) substantiated allegations of sexual abuse, and two (2) substantiated allegations of sexual harassment. In 2022, there was one (1) substantiated allegation of staff-to-student sexual abuse and one (1) substantiated allegation of student-to-student sexual contact. Given this data and our analysis of our data, Lake Granbury will continue to focus on youth safety and creating a culture of safety, supported staff vigilance, supervision and ongoing training, where sexual abuse and sexual harassment does not occur. In our continuing effort to improve the lives of youth, our agency has embraced the principles associated with PREA and have aligned our Safe Environmental Standards to ensure PREA compliance as well as to improve safety for youth in our programs.

The auditor also confirmed that LGYS's 2022 PREA Annual Report is included on the facility's website, on page 2022-PREA-Annual-Report_LGYS.pdf (secureserver.net). The report does not include any personal identifiers and does not include any information that would present a clear and specific threat to the safety and security of a facility.

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.

115.389	Data storage, publication, and destruction
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1315 378">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="280 412 1398 770" style="list-style-type: none"> - Agency's PREA Policy (Rite of Passage Safe Environment Standards) - LGYS 2022 PREA Annual Report - DOJ Survey of Sexual Victimization (2022) - LGYS Website (Lake Granbury Youth Services Center – Improving the Lives of Youth) - Sexual Abuse Investigative Files <p data-bbox="280 815 459 848">Interviews:</p> <p data-bbox="280 882 1474 1543">- The auditor interviewed the facility's Executive Director, PCM, and the agency-wide PC while on-site. Each administrator provided sufficient explanation during their individual interviews on how the facility and ROP agency collect, aggregate, store, and share PREA related data. This is done to improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. The administrators explained that PREA related data is continuously reviewed by management, and a formal annual review of PREA data is conducted. This review aims to identify patterns, vulnerabilities, deficiencies, and problem areas that require corrective action to enhance sexual safety practices and policies. An annual report of the administrator's findings is prepared and approved by the agency-wide PC and Executive Director. The report is then posted on the facility's website. Additionally, it was clarified that a comparison is made between the current year's PREA data and corrective actions and those from previous years. This is done to assess the progress or lack thereof in addressing sexual abuse and sexual harassment. Lastly, all publicly published reports do not contain any personal identifiers in order to ensure the confidentiality of the students involved.</p> <p data-bbox="280 1588 699 1621">Site Review Observations:</p> <p data-bbox="280 1655 1442 1812">During the onsite, the auditor observed the internal security measures in place to prevent individuals who are not allowed access to PREA data and information collected and maintained by administrators and concluded that all such data is securely retained in locked offices.</p> <p data-bbox="280 1856 762 1890">Explanation of Determination:</p> <p data-bbox="280 1924 507 1957">115.389 (a-d):</p> <p data-bbox="280 2002 1458 2069">The auditor confirmed that all the requirements set forth in this PREA Standard are included in the facility's PREA Policy on page 54, as outlined below:</p>

- Rite of Passage will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained.
- Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.
- The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.
- The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.
- Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.
- The organization 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.

Furthermore, as noted in section 115.312 of this report, LGYS and ROP does not contract for the confinement of its residents. Therefore, provision (b) of this PREA Standard does not apply to LGYS. In addition, the auditor confirmed that the PREA information that is made publicly available on the facility's website does not include any personal identifiers or any information that may pose a threat to student safety.

Non-Compliance Determination Summary:

115.389 (a & d): As noted in section 115.387 of this report, due to the fact the facility was unable to provide the auditor with the proof documentation (i.e., incident-based documents, report, investigative file, or sexual abuse incident review) for the one youth-on-youth sexual abuse allegation from March 2022, the auditor determined the facility deficient with ensuring the data collected pursuant to §115.387 was securely retained and is maintained for at least 10 years.

A corrective action plan is required to be institutionalized to ensure the requirements of this PREA Standard are provided in response to any and all allegations or incidents of sexual abuse within the facility.

Corrective Action Review & Compliance Determination:

- In order to demonstrate how the facility has implemented the necessary corrective action to resolve the deficiencies identified for this PREA standard, the Program Director provided the auditor with the following sustainable corrective action plan soon after the onsite was completed:
 - Conduct and document training for all investigative staff within the next 30 days on all provisions of the following standards: 115.321, 115.322, 115.371, 115.372, 115.386, 115.387, and 115.389.
 - Provide Auditor with training documentation and memorandum from Mr. Moe stating training has been completed.

	<ul style="list-style-type: none"> ◦ PREA Coordinator will monitor all investigations and ensure investigations are completed in accordance with policy and each element on the PREA Audit Juvenile Facilities Documentation Review for Investigations for all sexual harassment and sexual abuse investigations and work with facility investigators to correct any problem areas. ◦ Mr. Moe to write memorandum explaining action plan and quality assurance processes moving forward. <ul style="list-style-type: none"> • The auditor was also provided training verifications for the designated facility's PCM, which included DOJ Certificate of Completions for the following trainings presented by the <ul style="list-style-type: none"> ◦ National Institute of Corrections; ◦ PREA: Investigating Sexual Abuse in Confinement Setting (June 2023); ◦ PREA 201 for Medical and Mental Health Practitioners (June 2023); ◦ Motivational Interviewing: Overview (June 2023); and ◦ PREA Coordinator Roles & Responsibilities (June 2023). • The Executive Director of the LGYS provided the auditor a signed memo confirming that the facility has fully implemented the corrective action steps described above. The Executive Director also confirmed that all trainings regarding the requirements of this PREA standard have been completed at LGYS. <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard and no corrective action is required.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of Determination:</p> <p>115.401:</p> <p>This audit report has been completed within the first year of the fourth PREA audit cycle. Additionally, the auditor was provided full access to all areas of the facility during the onsite, was able to privately interview all individuals selected, and was provided all the proof documentation requested. There are no issues of non-compliance to document for the requirements associated with this PREA Standard. Furthermore, the auditor was provided pictures of the PREA Auditor Notices that were posted on bright paper throughout all frequently visited areas of the facility,</p>

	<p>both inside and outside- in the public lobby. The pictures were posted at least six (6) weeks prior to the scheduled onsite, and the auditor did not receive any correspondence from the facility. During the onsite, the auditor confirmed that all the postings were still posted throughout the facility and all residents interviewed confirmed being aware of the notices.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Explanation of Determination:</p> <p>115.403:</p> <p>Upon the auditor's review of the PREA information posted on the agency's website, it is apparent that the agency has posted each applicable PREA audit Final Report on their PREA page. For this current PREA audit, the auditor advised the PC that the Final Report needs to be posted on the agency's website within 30 days of receipt.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</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.)	yes
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
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:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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	yes

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

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

	employees?	
	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.)	no
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.)	no
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 (b)	Evidence protocol and forensic medical examinations	
	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 (e)	Evidence protocol and forensic medical examinations	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
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 have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
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 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).)	yes
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 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.)	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 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.)	yes
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 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.)	yes
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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
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	yes

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

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	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 (a)	Resident reporting	
	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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
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 a 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 standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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 (f)	Exhaustion of administrative remedies	
	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 numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
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	yes

	accordance with these standards?	
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?	no
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?	no
	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?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	no

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	no
	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?	no
	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?	no
	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?	no
	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	no
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).)	no
	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).)	no
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?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
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	Criminal and administrative agency investigations	

(f)		
	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?	no
	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?	no
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?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
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	yes

	does not provide a basis for terminating an investigation?	
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?	no
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?	no
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 responsible for conducting administrative and criminal investigations.)	yes
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	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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?	no
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	no
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no
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 (c)	Interventions and disciplinary sanctions for residents	
	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 the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
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 medical and mental health practitioners?	yes
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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 § 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.)	yes
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	yes

	cooperates with any investigation arising out of the incident?	
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?	no
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
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?	no
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	no
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	yes

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

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	no
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?	no
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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
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.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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 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.)	yes