

# PREA Facility Audit Report: Final

**Name of Facility:** Dermott Juvenile Treatment Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/13/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 01/13/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	12/07/2023
<b>End Date of On-Site Audit:</b>	12/08/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Dermott Juvenile Treatment Center
<b>Facility physical address:</b>	878 East Gaines Street , PO Box 142 , Dermott , Arkansas - 71638
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Justin Gardner
<b>Email Address:</b>	justin.gardner@rop.com
<b>Telephone Number:</b>	(870) 538-0223

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Justin Gardner
<b>Email Address:</b>	justin.gardner@rop.com
<b>Telephone Number:</b>	870-538-0223

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Teresa Wade
<b>Email Address:</b>	teresa.wade@rop.com
<b>Telephone Number:</b>	O: 870-538-0223

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	44
<b>Current population of facility:</b>	44
<b>Average daily population for the past 12 months:</b>	32
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	17.3 to 21
<b>Facility security levels/resident custody levels:</b>	High
<b>Number of staff currently employed at the</b>	55

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	4

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Rite of Passage, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2560 Business Parkway, Suite A, Minden, Nevada - 89423
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7752679411

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

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

2

- 115.331 - Employee training
- 115.381 - Medical and mental health screenings; history of sexual abuse

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2023-12-07
<b>2. End date of the onsite portion of the audit:</b>	2023-12-08

#### Outreach

<b>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?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b>	<p>The auditor spoke with a representative from Options Inc., who is the organization's Anti-Human Trafficking Specialist. This representative confirmed how Options Inc., is able to provide for a room that law enforcement can utilize to conduct a forensic interview, as well as will help to arrange for a forensic medical examination conducted by a certified SANE/SAFE nurse at a local hospital. It was further explained that the organization has over 14 specially trained victim advocates that are available 24/7 to any juvenile who calls the organization, with a 24/7 crisis number available after hours. The representative also advised that Options Inc. is a non-profit organization and can assist with transportation, counseling services, victim advocacy, emotional support services, etc.</p>

### AUDITED FACILITY INFORMATION

<b>14. Designated facility capacity:</b>	44
<b>15. Average daily population for the past 12 months:</b>	32

16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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:	44
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:	0
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

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>As per conversations with the PCM, the targeted data requested for the Post Audit Report was not consistently collected or maintained for the past 12 month period; however, the PCM has been advised that this information will need to be tracked and confirmed that she will ensure the required data is collected and maintained going forth.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	55
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	4
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8



<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor randomly selected a representative sample of youth from each of the five housing units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>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><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility with a physical disability. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility who were Deaf for hard-of-hearing. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility who identified other than straight. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility who identified other than straight or identified as transgender or intersex. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility who was involved in a sexual abuse situation at the facility. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite, the auditor did not observe or was made aware of any youth in the facility secured in isolation for a PREA related matter. This was also confirmed through the documentation review process, as documented throughout this report.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<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 checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Janitorial worker was also interviewed onsite.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	A special education teacher was interviewed onsite.

## 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?**

Yes

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)?**

Yes

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)?**

Yes

No

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

Yes

No

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

Yes

No

<p><b>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).</b></p>	<p>No text provided.</p>
--	--------------------------

**Documentation Sampling**

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

<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The auditor conducted a comprehensive documentation review of evidence that adequately demonstrated compliance with the PREA standards. For example, employee and contractor personnel files were reviewed for compliance with the background check requirements of PREA standard 115.317, training files were randomly selected to review for compliance with PREA standard 115.331, 115.332, and 115.334, and student files were selected to review for compliance with PREA standards 115.333, 115.341, 115.342, and 115.351.</p>
---	---

**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:**

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>No instances of sexual abuse or sexual harassment were reported to have occurred during the audit review period, as confirmed by the PCM and PD. Additionally, this was also confirmed during the documentation review for this PREA audit, as outlined throughout this PREA audit report.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>

<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No instances of sexual abuse or sexual harassment were reported to have occurred during the audit review period, as confirmed by the PCM and PD. Additionally, this was also confirmed during the documentation review for this PREA audit, as outlined throughout this PREA audit report.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>



<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Rite of Passage (ROP) Safe Environment Standards (*will be referred throughout this report as "Agency's PREA Policy")</li> <li>- ROP Policy 600.600 (PREA Policy Statement)</li> <li>- Organization Charts (ROP agency-wide &amp; DJTC)</li> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Current Staff List</li> <li>- ROP Position Descriptions for PC and PCM</li> <li>- Sample of PREA Annual Training Verifications for Staff</li> <li>- Dermott Juvenile Treatment Center (DJTC) Website</li> </ul>

**Interviews:**

- The auditor interviewed the agency's PREA Coordinator (PC) for the DJTC, who adequately explained how she has enough time and authority to develop, implement, and oversee agency-wide efforts to comply with the PREA standards at the DJTC. The PC mentioned that she meets with the DJTC PREA Compliance Manager (PCM) on a monthly basis to review PREA compliance and maintains regular communication with the PCM to ensure information is shared as needed. The PC stated that she is a senior manager for the ROP agency and reports directly to the ROP administrative team. Additionally, besides the monthly meetings with the DJTC's PCM, the PC also holds meetings with the DJTC's Compliance Director every two weeks to stay informed about any relevant information regarding compliance with required standards. The PC also provided the auditor with her most recent PREA training verification documentation for the overall full PREA refresher training and specialized investigator training.

- The auditor also spoke with the DJTC's PCM while on-site. She adequately explained how she has enough time and authority to coordinate the facility's efforts to meet the PREA standards. For instance, the PCM mentioned that she directly reports to the facility's Program Director and maintains open lines of communication with the agency's PC and the facility's Compliance Director. The PCM described how she effectively manages her time to prioritize her PREA responsibilities and ensure that the facility consistently adheres to the PREA standards in both policy and practice. She mentioned that she coordinates with the facility's management through weekly meetings, during which a PREA topic is discussed. Additionally, the management team regularly conducts unscheduled walk-throughs at the facility to assess compliance and ensure the safety of the students and staff.

**Site Review Observations:**

During the on-site visit, the auditor noticed that there were numerous signs related to the Prison Rape Elimination Act (PREA) displayed in various parts of the facility. For instance, the facility had signs that communicated the agency's zero tolerance stance against sexual abuse and sexual harassment, outlined the reporting obligations, and provided instructions for reporting incidents under PREA. There were also signs highlighting student rights, promoting the message of "No Means No," and sharing information about Options Inc., an advocacy organization.

**Explanation of Determination:****115.311****(a-c):**

The auditor reviewed the PREA Policy of the agency and confirmed that the Dermott Juvenile Treatment Center (DJTC) has implemented the ROP PREA Policy. This policy mandates zero tolerance for all forms of sexual abuse and sexual harassment. It also outlines the agency's approach to preventing, detecting, and responding to such behavior. It is essential to note that the DJTC adheres to and has fully

implemented the ROP Safety Environmental Standards (SES) as the facility's manual. This ensures compliance with the PREA Standards in practice. Throughout this report, the ROP SES will be referred to as the agency's PREA Policy. The auditor has found that this policy includes every provision of the PREA Standards for Juvenile Facilities.

According to the ROP agency-wide PREA Policy Statement (600.600):

- All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact or any sexual act regardless of age, sexual orientation and sexual identification.
- The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing sexual acts, abusive sexual acts, or possible vulnerability to being a victim of sexual acts, abusive sexual activity; to ensure that ROP employees, contract workers, volunteers, or any persons providing services in the program are trained to recognize such behaviors and take appropriate action; and to ensure students receive orientation and have mechanisms for reporting and pursuing criminal prosecution as deemed appropriate.
- Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited, and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.
- Rite of Passage adopts the Juvenile Facility Standards as described in the Prison Rape Elimination Act (PREA) under the United States Department of Justice Final Rule (May 17, 2012.).

Policy 600.600 also includes the PREA definitions from the Juvenile Facility PREA Standards, as confirmed by the auditor.

The auditor confirmed that the agency's PREA Policy (SES) designates the PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) for the DJTC, as well as outlines each individual's responsibilities for developing, implementing, and overseeing the program's efforts to comply with the PREA standards.

In order to demonstrate how the agency and facility comply with the requirements associated with providing the PC and PCM sufficient authority to develop, implement, oversee, and coordinate their efforts to comply with the PREA standards, the auditor was provided the ROP agency-wide organization chart and the DJTC organization chart. Each organization chart provided the auditor with sufficient evidence to support that the PC and PCM have the necessary authority

within the agency and facility organization structure to develop, implement, oversee, and coordinate PREA compliance at the DePaul Academy. Furthermore, the PCM uploaded the agency's Position Descriptions for the PCM and PC of the DJTC, which outlines the following position summaries for each position:

**PCM:**

- The PREA Compliance Coordinator 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.

**PC (Regional Compliance Director):**

- The position works jointly with Rite of Passage site Program Directors to ensure compliance with all Federal, State and local Licensing requirements and Rite of Passage policies and procedures. This position is involved in activities designed to measure and improve the accuracy and effectiveness of the processes used for services and the delivery of care for youth. The employee works within general methods and procedures and exercises considerable independent judgment to adapt and apply the guidelines to specific situations. The work requires knowledge of the policies, procedures, and regulations, of quality control work; continuous quality improvement; supervisory techniques; personnel; operational policies and procedures; and knowledge of compliance-related requirements for licensing purposes.
- PREA: Ensuring that Safe Environment Standards are being followed throughout the company and responsible for all aspects of PREA implementation and compliance. This position may supervise the Site PREA Managers.

Furthermore, the auditor received a collection of signed and completed PREA training acknowledgments and corresponding PREA Competency Based Knowledge Assessments for nine members of the staff. This provided further proof of the agency's effective implementation and complete integration of a strict policy against any kind of sexual abuse or harassment, as well as protocols for preventing, detecting, and responding to such behavior. Additional information regarding the facility's employee PREA training process can be found in section 115.331 of the report, available for review.

The auditor also reviewed the facility's website and confirmed that the following information, as related to the requirements of this PREA standard, are included therein:

- 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).
- Students are encouraged to report sexual harassment or assault by another student or a staff member. They may report to any staff member, to an outside agency (phone numbers on posters throughout the program), or anonymously by writing it down and submitting it to any grievance box in any living area.
- 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.
- Staff must report any knowledge or suspicion of sexual harassment or sexual assault to their supervisor immediately. Staff may also privately report to their site PREA Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.
- There is often concern that addressing PREA-related issues in policy and procedure, and educating students as to their right to be free from sexual abuse, may result in false accusations or false reports of staff misconduct. All allegations will be thoroughly and timely investigated and knowingly false allegations may be prosecuted.
- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse will be reported to Arkansas Child Abuse & Maltreatment Hotline: 1-501-682-7669 the state police at: 1 State Police Plaza Dr, Little Rock, AR 72209, who have the legal authority to conduct criminal investigations.
- In compliance with Rite of Passage's Safe Environmental Standards Policies, regarding publication of annual reporting and aggregated sexual abuse data, Rite of Passage will report each year using the U.S. Department of Justice Survey of Sexual Violence Summary form, regarding founded allegations of sexual abuse in our programs (§115.388, §115.389). Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from 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.**

115.312	Contracting with other entities for the confinement of residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- DJTC website (<a href="https://dermottjuvenilecenter.com/about/">https://dermottjuvenilecenter.com/about/</a>)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312</b></p> <p><b>(a-b):</b></p> <p>According to the information given in the PAQ, the agency does not contract with private agencies or other entities, including other government agencies, to confine its residents. Therefore, the agency is not obligated to follow the requirements of this PREA Standard. Additionally, as stated on page 7 of the agency's PREA Policy, PREA Standard 115.313 does not apply to the Rite of Passage Lake Granbury Youth Services facility. The auditor also examined the DJTC's website and verified that this facility is a residential treatment center that does not collaborate with private agencies or other entities to confine residents.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>

115.313	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Staffing Plan</li> </ul>



- Staffing Plan Review (January 2023)
- Sample of Completed Unannounced Round Verification Documents ("Daily Unannounced Rounds")
- Memo's from the Arkansas Regional Executive Director with ROP and PCM
- DJTC Group Living Schedule
- Issue Log Responses
- Quarterly Vulnerability Assessment

**Interviews:**

- The auditor interviewed the Program Director (PD) of the facility, who explained how the Staffing Plan of the facility ensures that the necessary staff members are present and that the video monitoring system is functioning effectively to prevent sexual abuse and harassment. The PD mentioned that all housing units, except for Echo Dorm, can accommodate a maximum of 8 students, while Echo Dorm can house up to 12 students. Initially, there were challenges in maintaining a 1:8 Coach Counselor to student ratio in Echo Dorm when it opened in May 2023. However, supervisors, administrative staff, and teachers were available onsite during this time to provide for additional supervision. Recently, the PD has made sure that Echo Dorm is fully staffed with two Coach Counselors during waking hours to meet the required 1:8 supervision ratio. The PD emphasized that any deviation from the Staffing Plan would be well documented and addressed promptly by the management team to restore compliance. Furthermore, the PC, PD, and PCM conduct an annual formal review of the Staffing Plan, focusing on compliance, vulnerabilities, deficiencies, and safety issues related to student supervision and PREA standards. This includes assessing the surveillance system for blind spots and camera functionality, evaluating staffing levels and staff placement for optimal coverage and scheduling, and reviewing the overall Staffing Plan for compliance with applicable requirements.

- The PCM stated to the auditor that the facility's Staffing Plan includes the required PREA ratios of 1:8 and 1:16 for juveniles. The PCM also discussed the facility's camera system, which is used to protect residents against sexual abuse and harassment. According to the PCM, any instance where the Staffing Plan is not adhered to would be documented and justified, with immediate corrective action taken to resolve the issue. The only concern raised by the PCM regarding compliance with the PREA supervision ratios was explained by the PD- above. The PCM explained that the facility has implemented necessary corrective actions to ensure that Echo Dorm is staffed with two Coach Counselors during waking hours in the months leading up to the onsite visit. The PCM also mentioned that the management team holds formal meetings at least once a year to review the Staffing Plan and determine if any adjustments or additional resources are needed to ensure compliance. In addition, weekly management meetings are conducted to review for any deficiencies in compliance with the Staffing Plan and to resolve and potential

staffing or student concerns.

- Three intermediate or higher-level facility staff were interviewed and asked questions about the PREA unannounced rounds that they perform at the facility. Each of the three staff members adequately described their unannounced round process, which was explained to be unpredictable, random, and involved a thorough inspection of the facility. The staff members explained to the auditor how they randomly determine when to conduct the rounds at least once during each shift. The rounds are recorded in the Pod Logbooks, without being labeled as an unannounced round, and on a PREA Unannounced Round sheet. The staff members also mentioned that all staff are forbidden from informing other staff members that the rounds are being conducted. This rule is emphasized during training, and disciplinary action will be taken if necessary to ensure compliance. The three upper-level staff also confirmed that the PREA Unannounced Round sheets are submitted to the PCM for her review.

**Site Review Observations:**

During the onsite facility inspection, the auditor observed staffing ratios in each of the areas of the facility occupied by students. The auditor discovered that the facility consistently maintained the required 1:8 ratios at all times and in all areas. For instance, while walking through the educational building, the auditor noticed that the staffing ratio exceeded 1:8, as Coach Counselors and teachers provided extra supervision. Furthermore, during the facility inspection, there were two students with one Coach Counselor in one of the housing units, and two Coach Counselors with 13 students in the vocational training building.

On two separate occasions during the onsite inspection, the auditor requested to observe Echo Dorm to assess supervision ratio compliance during the morning and evening times on this particular 12 room Dorm. Each random check confirmed compliance with the 1:8 PREA ratio. The auditor observed 12 students with two Coach Counselors providing direct supervision during each of the two check-ins, which further confirmed that the facility is successfully complying with their 2:12 ratio on Echo Dorm.

During the walk-through with the PCM, the auditor was shown how supervisors at the facility document their rounds in red ink in each of the Dorm's communication books. It is important to clarify that the note added in the Dorm Logbooks for these PREA unannounced rounds do not express any indication that the supervisor is conducting an unannounced round, with the supervisor only making a general note of being on the Pod. Additionally, the Case Managers demonstrated the intake process.

Throughout the facility inspection, the auditor also took note of the facility's video monitoring equipment, assessed for line of sight issues, observed the rooms and living areas, evaluated the student privacy level, and reviewed the overall operations of the facility. At no point during the facility inspection, did the auditor identify any non-compliance issues of concern related to this PREA standard.

**Explanation of Determination:**

**115.313**

**(a-e):**

Upon the auditor's review of the agency's PREA Policy, it was determined that the requirements pursuant to this PREA standard are included therein on pages 7-8. In addition, per this Policy, staff are required to remain in an area that can be observed by another staff member directly or through video monitoring system when with a student. Further as per the agency's PREA Policy, in situations where additional staffing is needed, the Program Director/Manager is required to be notified and additional staff will be made available. The auditor was also provided the agency's Staffing Plan, which was reviewed and approved by the Compliance Manager, Regional Compliance Director, and Program Director on January 27th, 2023. As verified by the auditor, this Staffing Plan complies with the supervision and monitoring requirements of this PREA standard and outlines the following elements required by this PREA standard:

- A comprehensive review of adequate staffing levels and video monitoring implemented to protect residents and staff from sexual abuse and comply with all the applicable PREA standard requirements.
- Consideration of the following:
  - generally accepted juvenile detention and correctional/secure residential practices;
  - any judicial findings of inadequacy;
  - any findings of inadequacy from federal investigative bodies;
  - any findings of inadequacy from internal or external oversight bodies (i.e., Continuous Quality Improvement (CQI) processes and Quality Assurance (QA) audits);
  - all components of the program's physical plant (including blind spots or areas where staff or students may be isolated);
  - the composition of the student population (i.e., gender ratios, risk/needs of students, physical size, Sexual Aggressive Behavior (SAB), Violent Aggressive (VA), and Vulnerability to Victimization (VV));
  - the number of placements of supervisory staff;
  - programs occurring on a particular shift;
  - any applicable State or local laws, regulations, or standards;
  - any allegations of sexual abuse or sexual assault (DJTC has not had any such allegations);
  - camera placement and identification; and
  - any other relevant factors.

The auditor confirmed that the facility's Staffing Plan was reviewed by upper-level management, as proven through the documentation on the Staffing Plan Review Report, and the review successfully assessed, determined, and documented whether adjustments were needed to the staffing plan itself, prevailing staffing

patterns, the deployment of video monitoring and other monitoring technologies, and the resources available to the facility to ensure adherence to the Staffing Plan. This Staffing Plan review also outlined how the facility opened an additional housing unit on 5/24/2023 due to overpopulation of the judiciary system of juveniles in the Arkansas juvenile justice system. Furthermore, as required by the ROP agency, within the past 12 months, the DJTC has undergone monthly CQI evaluations & Annual Contractual/Licensure Audits. Regarding staffing, video monitoring and other technology to protect students from sexual abuse there were no inadequacies or action plans. However, during the ROP Safe Environmental Standards Quality Site Visit Assessment, there were areas which were noted needed improvement, which were documented on the facility's Quarterly Vulnerability Assessment dated 1/11/23. This Assessment was provided to the auditor.

The PCM noted in the PAQ that the facility has recently experienced an increase in admitted students due to an influx of juveniles adjudicated and ordered placement in the state of Arkansas in calendar year 2023. This has caused the DJTC to increase their student population to assist the State with housing the adjudicated juveniles, and the one and only housing unit that includes more than 8 beds was put into operation (all other housing units are limited to 8 students). This particular housing unit, Echo Dorm, houses up to 12 students, and the PCM advised that the facility was unable to consistently maintain a Coach Counselor 1:8 supervision ratio starting in May of 2023; however, the facility had teachers, supervisors, and administrative staff available during this time who assisted in order to provide supervision on Echo Dorm as needed to the situation. The PCM explained how the facility has been actively working on resolving the issue, with currently (as of November 2023) operating Echo Dorm with a ratio of 2:12 to ensure full compliance with the minimum staff to student PREA supervision ratio of 1:8 during waking hours. In order to provide additional documentation for the 1:8 supervision ratio deviation situation, the auditor was provided monthly Daily Unannounced Rounds Log Sheets for the time period of the increase in resident population over 8 students on Echo Dorm (May-Oct). The Daily Unannounced Rounds Logs reflected Echo Dorm to be overpopulated beginning in July, with a 1:10 ratio documented from July 2023 through October 2023.

Furthermore, as explained by the agency's Arkansas Regional Executive Director in a memo provided prior to the onsite:

- In the past year, the state of Arkansas has experienced an increase by over 30% of juvenile adjudications; therefore, having an overpopulation of youth in Arkansas Juvenile Treatment Centers. This significant increase resulted in the Division of Youth Services (DYS) opening new dorms and rooms not suited for residential living. In January 2023, Arkansas DYS asked Rite of Passage to start remodeling the Echo dorm at the Dermott Juvenile Treatment Center (DJTC). Finally, in Late May (May 24), the Echo dorm remodel was completed. At that time, The Division of Youth Services increased the student population at DJTC from 32 to 44. Echo is the only dorm at DJTC that is designed to have up to 12 students. Because of Echo

dorm being located in the Administration Building, additional support and coverage from leadership is immediate. Leadership in the Administration building include Compliance, Program Management, Master Control, and Shift & Site Supervisors.

To demonstrate compliance with the unannounced PREA round requirements outlined in provision (e) of this PREA standard, the auditor was given samples of completed Daily Unannounced Rounds Log Sheets for a period of five months, from May 2023 to October 2023. After analyzing the provided verification documents, it was determined that the facility has established a practice of conducting and properly documenting PREA unannounced rounds. These rounds were carried out by intermediate or higher-level staff members and were completed at least once per month per shift. It's important to mention that the log sheets for each month included more than the minimum requirement of one round per shift, with each month having at least three logged rounds. Additionally, to illustrate the scheduling of staff shifts at the facility, the DJTC Group Living Schedule was provided to the auditor. This document outlines the implementation of a two-shift schedule for two groups of staff, with one day shift that runs from 7am to 9pm and one night shift that runs from 9pm to 7am.

**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.**

115.315	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Staff Training Curriculum (107 pages)</li> <li>- Sample of Staff Training Verification Documentation</li> <li>- Body Search Log Blank Template ("Student Personal Search Log")</li> <li>- Memo's from PCM</li> <li>- Opposite Gender Staff Announcement Signs</li> </ul>

- Training Verifications for Opposite Gender Staff Announcements

- Sample of PREA Unannounced Round Logs

**Interviews:**

- The auditor conducted onsite interviews with 12 randomly selected Coach Counselors (CCs), who unanimously verified the facility's adherence to same-gender search policies, categorically ruling out the execution of opposite-gender searches. As the facility accepts only male juveniles, the task of conducting searches is exclusively assigned to male CCs (a fact corroborated by staff testimony). The CCs emphasized their comprehensive training, designed to ensure searches are carried out with utmost respect and professionalism. They detailed their approach, which involves informing the juvenile of the search procedures beforehand, thus fostering transparency and respect. According to the CCs, the facility completely prohibits strip searches. The only searches practiced are same-gender pat-downs, which are infrequent, typically occurring under three circumstances: upon a juvenile's initial arrival, following a personal visitation with a family member, or upon reentry to the facility after an absence. While the CCs reported no experience working with transgender youth, they sufficiently demonstrated an awareness of the necessary protocol. They expressed that any such future occurrences would be handled by management on a tailored, case-by-case basis to assure the provision of suitable accommodations. Further discussion with the CCs revealed robust privacy measures for juveniles concerning restrooms, showering, and clothing changes. Showering occurs individually in private rooms, and juveniles have the option to cover their door room windows, thus securing complete privacy for their daily routines of getting dressed and using the restroom. Lastly, the topic of opposite-gender announcements was discussed with each CC. The interviews revealed inconsistencies in the practice of such announcements, suggesting an area for improvement within the facility's operational protocols.

- During the on-site, eleven students were interviewed, each confirming the facility's strict practice of same-gender searches conducted exclusively by male staff members. These searches were limited to pat-downs only. The students unanimously reported a satisfactory level of privacy within the facility, articulating no concerns of impropriety or invasions of privacy from the opposite gender or otherwise. As part of the onsite audit process, specific inquiries were made about daily private activities of the students (i.e., changing out, using the restroom, and showering). The students assured that they are granted complete privacy while using restrooms, changing clothes, and showering. They shared the provision allowing them to obscure their door window when using the restroom or changing attire. The interviewees further clarified the facility's shower protocol, detailing that showers are taken individually in a designated shower room equipped with partitions and curtains to ensure privacy. Moreover, the students confirmed that the facility's rules mandate that only one student at a time is permitted outside their rooms during shower times, emphasizing that students are required to be fully dressed at all times unless the student is actively showering. Overall, the testimony from the student interviews corroborates the facility's commitment to maintaining

the dignity and privacy of those in its care while adhering to PREA standards.

- No students were available at the facility to interview who identified as transgender or intersex.

**Site Review Observations:**

During the onsite, the auditor examined the areas of the facility where students change their clothes, shower, and use the restroom and confirmed that the students have a sufficient level of privacy. For example, in the Dorms, the shower areas are behind a shower wall, and the facility utilizes a two-curtain system to ensure full privacy is maintained at all times. Additionally, it was confirmed by all the staff and students interviewed that CC's only allow one student at a time out of their rooms during shower time, and all students are able to cover their door window when using their toilet or changing their clothes. The auditor also observed the camera coverage on the Dorms and confirmed that the cameras do not allow for viewing in the showers. During the onsite inspection, the auditor did not hear any opposite gender staff announcements, and this was confirmed to be an inconsistent practice that required corrective action. Lastly, the auditor determined that all juveniles who are admitted to the DJTC are biological male students who are transferred from the intake facility in Alexander, Arkansas. The students transferred to DJTC are pre-determined for placement at the DJTC, and the DJTC receives the documentation that confirms the student's biological sex with the intake packet provided before the youth is transferred to the facility. Therefore, the facility will always know the biological sex of the juvenile being transported to the DJTC before the youth arrives. However, the PCM and PD explained onsite that if a transgender or intersex youth was pending placement at the DJTC, this situation would be staffed by management on a case-by-case basis to ensure compliance with the applicable PREA standards and to provide the most appropriate accommodations to ensure the youth feels safe and is safe while at the facility.

**Explanation of Determination:**

**(a-f):**

The auditor confirmed that DJTC 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.

The PCM confirmed in the PAQ that there have been no situations involving any student at the facility who was involved in any type of cross-gender search of any kind since the last PREA audit. This was also confirmed in a signed memo from the PCM, in which the PCM stated that the DJTC has not conducted any cross-gender searches in reference to PREA standard 115.315. To demonstrate how the facility would document a cross-gender or transgender/intersex student search situation if such a situation were to occur in the future, the PCM provided the auditor with the facility's "Student Personal Search Log" sheet, which was blank of any log entries and would provide for the following information:

- date & time of search;
- youth name;
- student gender;
- transgender/intersex (yes/no);
- requested opposite sex staff search (yes or n/a);
- staff name and gender;
- purpose and type of search;
- contraband found (yes/no);
- type of contraband;
- disposition of contraband; and
- staff signature.

To corroborate the facility's commitment to delivering training for all security staff, specifically Coach Counselors (CCs), on the procedures for conducting cross-gender pat-down searches, as well as searches of transgender and intersex residents, the auditor sought and was furnished with the facility's relevant PREA search training curriculum. Alongside this, recent verification documents acknowledging the completion of PREA training by a sample group of nine CCs were analyzed by the auditor. Upon meticulous evaluation of these verification documents, the auditor ascertained that the facility has indeed instituted a robust training regimen compliant with the applicable PREA standards. This program affirms that all CCs receive comprehensive instruction on the agency's procedures related to student searches. This instruction is aligned with both the mandates of this PREA standard



and the agency's established PREA policy. This rigorously designed training explicitly emphasizes the importance of professionalism, respect, and minimally intrusive procedures during searches, all while maintaining the integrity of the facility's security needs. The auditor's analysis verified that the training effectively equip the CCs with the knowledge and skills to adhere to PREA standards and ensure students are supervised according to the requirements set forth by this PREA standard.

Note: To affirm the facility's preparedness in meeting the provisions of PREA standard 115.315 (f), which pertains to searches of transgender and intersex residents, the Program Compliance Manager (PCM) provided the auditor with a memorandum. This memo explicitly stated that no transgender or intersex residents had been housed at the DJTC to date. However, it is crucial to note that all security staff at the facility have undergone comprehensive training designed to enable full compliance with this specific PREA standard's search requirements. Should the circumstance arise where a transgender or intersex youth is to be admitted, the PCM has assured that staff are thoroughly instructed to engage directly with the youth in question. This engagement involves respectfully asking the individual for their preference regarding the staff member to execute the pat-down search. The training emphasizes the importance of both the comfort and respect of the youth throughout the entire search process, ensuring alignment with PREA standards' intent and the dedication to the dignity of the residents within the facility.

**Non-Compliance Issue & Subsequent Correction Action Completed:**

During the onsite, opposite gender staff announcements, as a required element of provision (d), were found by the auditor as not being a consistent practice; however, as explained below, the auditor approved corrective action plan for this deficiency was fully implemented and found to be institutionalized in practice prior to the report being issued.

- It was determined while the auditor was onsite that the opposite gender staff announcements were not being consistently practiced, with several staff and students interviewed acknowledging that the announcements are not routinely said or heard. Moreover, only the minority of staff and students interviewed confirmed that female staff are making the required announcements when entering the Dorm and/or when beginning their shift on the Dorm, with only female staff required to make such an announcement at the facility because only male juveniles are admitted into the program. Additionally, during the two days the auditor was onsite, such an announcement was never heard. However, it should be noted that the DJTC ensures student privacy when youth are changing, using the restroom, and showering by conducting student showers one at a time and behind curtains and/or solid partitions. Additionally, all the students and staff interviewed confirmed that students who are assigned to a room with a toilet are able to cover their window with paper when using the restroom, which allows for the students to have full privacy when in their room.

- With this deficiency in compliance discovered during the onsite, the auditor shared the information with the PC and Program Director during the onsite exit meeting, at which time the administrative team took immediate action to create a corrective action plan to rectify the non-compliance issue. Prior to the auditor leaving the facility for the onsite, the following corrective action plan was developed & approved by the auditor, with the corresponding corrective action verification documentation provided to demonstrate full compliance within 45 days after the onsite:
  - Signs posted at the entry doors of each Dorm that express: "OPPOSITE GENDER MUST ANNOUNCE THEIR PRESENCE BEFORE ENTERING DORM." To confirm the signs were posted, the PC emailed the auditor pictures of each opposite gender notice posted in front of each Dorm.
  - A training for all staff on the requirements associated with opposite gender staff announcements and the corresponding training verifications forms completed for each staff member who has contact with students (training sign-in sheets and acknowledgement of understanding forms).
  - The auditor was provided training verifications that included an acknowledgement of understanding form signed by each staff member working at the facility. The acknowledgement forms are also signed by the PCM and Program Director and the acknowledgement statement reads:
    - "I, staff member name, understand that according to PREA standard 115.315 (d) "When staff are entering opposite sex housing units, they will announce their presence." You are acknowledging that you will announce your presence when entering the living units. This will be done in accordance to the policy and procedure of the PREA standards as well as ROP SES standards."
  - Samples of unannounced PREA round log sheets that include documentation describing the opposite gender announcements heard and/or made while the rounds were conducted.

**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.**

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Pre-Audit Questionnaire (PAQ)
- Agency's PREA Policy (Rite of Passage Safe Environment Standards)
- Student Acknowledgement of Zero Tolerance Policy (English & Spanish versions)
- Student Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")
- Student Handbook
- Invoice for Interpreting Services (2022)
- Arkansas Spanish Interpreting and Translators (ASIT) Verification Documentation
- ASIT website (<https://www.interpreters.com/>)

**Interviews:**

- The auditor interviewed the Program Director (PD) at DJTC, who explained if a student with a disability or language barrier is at the facility, the necessary services would be provided as soon as possible to ensure the student is provided all the PREA information in a format he can fully understand. The PD shared how the facility employs specially trained Case Managers, therapist, medical professionals, fulltime teachers, and a part-time special educational teacher, who all can, and will, assist on a case-by-case basis. One situation was shared that involved calling in a bilingual therapist and utilizing the facility's contracted interpreting services to provide intake information and services to a student who was recently admitted to the facility that was limited English proficient. This demonstrated how the facility's leadership took prompt action to ensure the student was provided the PREA orientation and comprehensive education in a language he could fully understand. Additionally, this student was also provided a Spanish Student Handbook and a PREA Brochure in Spanish.
- The auditor interviewed a student who was LEP (the youth the PD described above) and one who was identified as having a learning disability. Both students confirmed that they understood their rights as students, knew multiple ways to report, and felt safe while at the facility. The students did not express any issues of concern with how the PREA information was provided to them, and each youth advised they have at least one staff member at the facility they trust and can talk to about any concerns they may have. The students were asked if they have ever been in a situation involving any level of sexual abuse or sexual harassment while at the facility, and each youth confirmed they had not.
- Twelve randomly selected Coach Counselors (CCs) were interviewed and asked a hypothetical question about how they would respond to a situation involving a student who did not speak English and needed to make a PREA report. Each CC explained that they would not rely on another student to translate (which is

prohibited). Instead, they would call in an adult or professional service to ensure confidentiality and compliance with the PREA standards.

**Site Review Observations:**

During the onsite, the auditor conducted test calls to the facility's outside reporting entities- Options Inc. and the Arkansas Child Abuse Hotline. Each entity had interpreting services available, and the test calls confirmed how the facility ensures all students have access to making a PREA report. Additionally, the auditor confirmed that the facility has PREA signs posted throughout the facility in English and Spanish that detail the facility's zero tolerance policy, multiple ways for an individual to make a PREA report, advocacy services, and ways to stay safe.

**Explanation of Determination:**

**115.316**

**(a-c):**

The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on page 10, which sufficiently demonstrates how the DJTC is required to take the appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

To further demonstrate how the facility is compliant with the requirements of this PREA standard in practice, the PCM uploaded the following PREA material that are in Spanish:

- Student PREA Brochure
- PREA Zero Tolerance Poster
- PREA Orientation/Education Student Acknowledgement Form
- PREA Third-Party Reporting Form
- PREA poster on Zero Tolerance and Instructions for Making a PREA Report

In order to demonstrate how the facility ensures youth who are limited English proficient understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form in Spanish. This document has sections for the student to initial that he has received the PREA information and understands the agency's zero tolerance policy regarding sexual abuse, sexual misconduct, and sexual harassment. The student also prints his name, signs, and dates the form, with a witness also documenting the same.

Furthermore, the PCM noted in the PAQ that in the past 12 month audit review period, there have been no instances of one student translating for another student in a PREA related situation.

	<p>If professional translation and/or interpreting services were ever needed at the facility, the auditor indicated that the "iu group" (<a href="https://www.interpreters.com/">https://www.interpreters.com/</a>) would be contacted on a case-by-case basis to provide the applicable language services. This was confirmed through an invoice from the iu group from 2022, which sufficiently demonstrated how the facility utilized this company's translation services for an interpreting situation from 2022. Additionally, the auditor reviewed the iu group website and verified that the translating company can provide professional language services (in-person, telephone translation, video remote translation, and ASL translation and document translation).</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Pre-Audit Questionnaire (PAQ)</li> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Sample of Background Verification Documents for New &amp; Veteran Staff</li> <li>- Background Attestation Clearance Policy 100.209</li> <li>- Policy 100.205 (Employee References &amp; Information Request)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor spoke to the District Human Resources Manager of the agency during their visit. The manager effectively answered all the questions asked using the HR PREA Interview Protocols. The HR Manager confirmed that the facility conducts criminal history checks for all potential employees and contractors, which are carried out by the Arkansas State Police Department. Additionally, the HR Manager explained that all potential employees and contractors are required to fill out and sign the agency's Authorization for Release of Confidential Information form. This form allows the agency to send the necessary documentation to the Arkansas Department of Human Services for a child and adult abuse maltreatment registry check. The facility is required to conduct a nationwide criminal history check for any potential employee or contractor who has resided outside the state of Arkansas within the last five years prior to applying. This national criminal history check is</li> </ul>

conducted through HireRight. Furthermore, the HR Manager mentioned that the required PREA questions are included in the online application. It is necessary to answer these questions in order to successfully submit a new employment application or initiate any type of promotion process. The manager also described how institutional reference checks are carried out for applicants with prior institutional experience. These reference checks are documented on an Employment Reference Request form.

**Site Review Observations:**

During the onsite, the auditor conducted a random employee personal file review to assess for compliance with this PREA standard in practice. Upon the auditor's review, no issues of concern were identified, and the facility was found compliant with the applicable requirements. However, as a means of best practices the auditor strongly encourages the facility to conduct a national criminal history check on all employees and contractors, regardless of the length of residence in the state of Arkansas. As noted above, the HR Manager clarified that the facility conducts the state of Arkansas criminal history check on all potential employees and contractors, but the national criminal history check is only conducted for those who have not lived in the state of Arkansas for at least five years prior to applying.

**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 PREA File Review:**

During the onsite visit, the auditor examined personnel files for the last ten Coach Counselors hired and one therapist contractor. The HR Manager assisted with this process and identified the relevant verification documents requested by the auditor in each file to show compliance with the PREA standard. The auditor utilized a Documentation Review Worksheet template provided by the PRC to record the analysis of each file review. The auditor examined and evaluated each verification document identified by the HR Manager for compliance. After the review, it was determined that the facility met the minimum requirements of the PREA standard for all eleven files reviewed, and no non-compliance issues were found. However, as mentioned earlier in this section of the report, the auditor recommends that the facility perform a nationwide FBI criminal history check on ALL potential employees and contractors, not just those who have not resided within state of Arkansas for the last five years prior to applying.

**Conclusion:**

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

115.318	Upgrades to facilities and technologies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>- Pre-Audit Questionnaire (PAQ)</li><li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>- The auditor interviewed the facility's PD and PCM, and both administrators confirmed that the facility has not acquired a new building or made any significant expansion or modification to the existing facility since the last PREA audit. Additionally, the administrators also mentioned that no major installation or update</li></ul>

has been done to the facility's video monitoring system since the same time period. The PCM and PD agreed that if any of the mentioned updates were to be made, the agency's focus would be on enhancing their ability to protect residents from sexual abuse.

**Site Review Observations:**

During the onsite, the auditor did not observe any areas of the facility that were newly constructed or recently remodeled or expanded. Furthermore, no indication of a substantial enhancement of the facility's video monitoring system was identified.

**Explanation of Determination:**

**115.318**

**(a-b):**

Per the agency's PREA Policy on page 13:

- 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.

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.

However, as noted by the PCM in the PAQ and through conversations the auditor had with facility leadership, the DJTC has not acquired a new facility or made a substantial expansion or modification to existing facilities or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit.

**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.**

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards)</li> <li>- Executed MOU Between DJTC &amp; Options Inc.</li> <li>- Letters and Certified Mail Receipts to Advocacy Organizations and Local Police Department</li> <li>- ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>- Uniform Definitions for Sexual Violence- "Sexual Violence Surveillance: Uniformed Definitions and Recommended Data Elements"</li> <li>- "A National Protocol for Sexual Assault Medical Forensic Examinations" / Adult and Adolescents 2nd Edition</li> <li>- Signed Memo from the PCM (no sexual abuse allegations)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor spoke to a representative from Options Inc., who is the organization's Anti-Human Trafficking Specialist. This representative confirmed how Options Inc. can provide a room for law enforcement to conduct a forensic interview. They will also help arrange for a forensic medical examination conducted by a certified SANE/SAFE nurse at a local hospital. It was further explained that the organization has more than 14 specially trained victim advocates available 24/7 to any juvenile who contacts the organization. They also have a crisis number available after regular hours. The representative also mentioned that Options Inc. is a non-profit organization and can provide assistance with transportation, counseling services, victim advocacy, emotional support services, and more.</li> <li>- Each of the twelve randomly selected CCs interviewed confirmed that they have received training and fully comprehend their obligation as mandatory reporters to promptly report any knowledge or suspicion of sexual abuse involving students to their immediate supervisor, local law enforcement, and the State of Arkansas Police Department. Additionally, the staff adequately explained their responsibilities as first responders, which involve immediately calling for help as appropriate to the situation and immediately separating the victim from the perpetrator. They were also instructed to advise the victim and perpetrator not to engage in any actions that could destroy or contaminate any physical evidence that may be of use for investigation purposes. Furthermore, the CCs shared that they have been trained as first responders to preserve and safeguard the scene so that properly trained authorities can collect and carry out a criminal investigation.</li> </ul>

- The PCM was asked questions about how student victims of sexual abuse can access services for victims, such as forensic interviews, forensic medical examinations, and victim advocacy services. The PCM stated that she has never been aware of a student who was a victim of sexual abuse at the facility. However, if such a situation were to happen in the future, the necessary victim services would be coordinated through the local hospital, law enforcement, and Options Inc.
- No students were identified by the auditor to have been involved in a sexual abuse situation at the facility.

**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 14 and 15, 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.

The auditor was provided a fully signed and executed MOU's between ROP/DJTC and Options Inc. (Community Provider), and upon the auditor's review the MOU was confirmed to include the following agreed upon procedures related to the requirements of this PREA standard:

- WHEREAS, Agency desires that Community Provider provide victim assistance and counseling services that are essential for Agency to comply with the Prison Rape Elimination Act (PREA); WHEREAS, Community Provider represents that it is qualified and desires to perform such services; NOW, THEREFORE, the parties agree as follow:
  - 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.

- 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.
- Community Provider shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required by Agency, Community Provider shall furnish Agency with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.
- 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.

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 corresponding MOU, sufficiently demonstrate how the facility complies in practice with the applicable evidence protocol and victim services as set forth in this PREA standard. 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 \_\_\_\_

The PCM noted in the PAQ, as well as confirmed on a signed memo, that the DJTC has not conducted any administrative investigations in regards to sexual abuse in reference to PREA standard 115.321. Furthermore, in order to demonstrate how the facility has conducted its due diligence to enter into an agreement with multiple agencies for criminal investigative and victim services pursuant to this PREA standard, the PCM provided the auditor with letters sent to the following agencies in the local area via certified USPS mail:

- McGehee Hospital;
- Chicot Memorial Medical Center;
- Chief of the Dermott Police Department (PD); and
- Rape, Abuse & Incest National Network (RAINN).

Each of the letters mailed to the agencies listed above included a U.S. Postal Service Certified Mail Receipt to prove the date and time sent to each agency. Furthermore, the letters contained the following information and were sent in early 2023:

- Letters Sent to the Two Hospitals:



- Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding (MOU) outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department and then transport the youth to your hospital to receive SAFE/SANE services as deemed necessary. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to your response.
- Letter Sent to Chief of Dermott PD:
  - Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department. The contact information we will be using for our records is: 112 North Freeman Street, Dermott, Arkansas, 71638 phone number 870-538-5269. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to your response.
- RAINN & Options Inc.:
  - Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding (MOU) outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department and then provide the youth with your agency contact information to receive victim advocacy services as deemed necessary. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to your response.

The auditor conducted an internet search for information on the Options Inc. organization, in which the following information was found on the organization's website and Facebook page (Options, INC. (canva.site) / Options, Inc. Domestic

	<p>Violence Shelter   Monticello AR   Facebook):</p> <ul style="list-style-type: none"> <li>• Serving Ashley, Bradley, Chicot, Desha, Dre Lincoln, and Union Counties</li> <li>• Location is in Monticello, Arkansas</li> <li>• Office number and 24 hour crisis hotline number (870-367-0684)</li> <li>• Services offered: <ul style="list-style-type: none"> <li>◦ rape crisis intervention and victim and victim family services;</li> <li>◦ referrals to other community agencies and services;</li> <li>◦ support group;</li> <li>◦ court/legal advocacy and/or legal assistance;</li> <li>◦ counseling to enhance self-esteem, stress management, problem solving skills, etc.</li> </ul> </li> <li>• Motto: <ul style="list-style-type: none"> <li>◦ To provide emergency shelter and supportive services to victims and survivors of domestic violence, sexual assault, human trafficking, teen dating violence and stalking. The goal of this mission is to help bring an end to violence in Arkansas.</li> </ul> </li> </ul> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	---

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards)</li> <li>- ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>- Signed Memo from the PCM (no sexual abuse or sexual harassment allegations)</li> <li>- Administrative Responsibilities Post Allegations Form</li> <li>- Coordinated Response Plan Form</li> <li>- PREA Administrative &amp; Response Plan Form</li> <li>- Post Investigation Student Notification Form</li> <li>- PREA Administrative Investigation Report</li> </ul>

- Department of Justice Survey of Sexual Victimization Substantiated Incident Form

**Interviews:**

- The auditor interviewed the Program Director (PD) of the facility, who confirmed that there is a policy in place to handle allegations of sexual abuse and harassment. The PD stated that the Dermott Police Department and the State of Arkansas Police must be contacted immediately if any student is involved in a sexual abuse situation. Additionally, the PD explained that an internal investigation must be conducted by the PCM for any allegations of sexual harassment, abuse, retaliation, or staff neglect. The PD confirmed that there have been no incidents of sexual abuse or harassment since the last audit but assured that the policies and training in place have prepared the facility to comply with PREA standards when responding to such situations at the facility.

- The auditor conducted an interview with the facility's PCM, who is designated as the internal investigator for PREA allegations or incidents at the facility. The PCM adequately explained the procedures outlined in policy for reporting allegations of sexual abuse or harassment to Dermott PD and the State of Arkansas Police, except in cases where the allegation does not involve potentially criminal behavior. It was confirmed that this policy is available to the public on the facility's website. Additionally, all PREA allegations are internally investigated by the PCM. The PCM further explained that she has completed the required specialized investigator training in accordance with PREA standard 115.334.

**Explanation of Determination:**

**115.322 (a-c):**

According to the agency's PREA Policy on page 16, "the program {DJTC} 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 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).
- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse will be reported to Arkansas Child Abuse & Maltreatment Hotline: 1-501-682-7669 the state police at: 1 State Police Plaza Dr, Little Rock, AR 72209, who have the legal authority to conduct criminal investigations.
- Students are encouraged to report sexual harassment or assault by another student or a staff member. They may report to any staff member, to an outside agency (phone numbers on posters throughout the program), or anonymously by writing it down and submitting it to any grievance box in any living area.
- 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.
- Staff must report any knowledge or suspicion of sexual harassment or sexual assault to their supervisor immediately. Staff may also privately report to their site PREA Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.
- There is often concern that addressing PREA-related issues in policy and procedure, and educating students as to their right to be free from sexual abuse, may result in false accusations or false reports of staff misconduct. All allegations will be thoroughly and timely investigated and knowingly false allegations may be prosecuted.
- In compliance with Rite of Passage's Safe Environmental Standards Policies, regarding publication of annual reporting and aggregated sexual abuse data, Rite of Passage will report each year using the U.S. Department of Justice Survey of Sexual Violence Summary form, regarding founded allegations of sexual abuse in our programs (§115.388, §115.389). Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from sexual abuse.

The PCM noted in the PAQ that the DJTC has not experienced a situation in the past

12 month audit review period that involved a student being involved in a sexual abuse or sexual harassment allegation or investigation. However, in order to demonstrate how the facility would respond to a sexual abuse or sexual harassment allegation at the facility, the auditor was provided the corresponding forms that would be used to ensure compliance with this PREA standard and agency Policy. For example, the following administrative forms were explained by the PCM to be used in response to any sexual abuse or sexual harassment allegation involving a student at the DJTC:

- Student Services Offered Acknowledgement
- Administrative Responsibilities Post Allegations Form
- Coordinated Response Plan Form
- PREA Administrative & Response Plan Form
- Post Investigation Student Notification Form
- PREA Administrative Investigation Report
- Department of Justice Survey of Sexual Victimization Substantiated Incident Form

The above documents and report templates, as well as the applicable investigative procedures included in the agency's PREA Policy, sufficiently demonstrated to the auditor how the facility is required and would respond to an allegation of a student involved in a sexual abuse or sexual harassment situation at the DJTC.

**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.**

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PAQ</li> <li>- Current Staff List (Excell Spreadsheet of all DJTC employees)</li> <li>- Sample PREA Training Verification Documents</li> </ul>

- PREA Training Lesson Plan Outline
- PREA Training PowerPoint Presentation (107 Slides)
- PREA Training Competency Based Knowledge Assessment
- Policy 600.600 (PREA Policy Statement)
- Policy 600.600 Employee Acknowledgement Form

**Interviews:**

- The auditor interviewed 12 randomly selected Coach Counselors (CCs) while onsite. Each CC provided sufficient descriptions of how the PREA training received while working at the facility has adequately prepared them to ensure student safety and taught them how to immediately report any suspicion or knowledge of any situation involving sexual abuse, sexual harassment, retaliation, and staff neglect situations. The CCs informed the auditor that they received a full day of PREA training during pre-service when they were first hired and before they had contact with students at the DJTC. In addition, the CCs explained that they undergo annual refresher training which includes computer training, classroom sessions, and on-the-job training. The auditor asked the CCs various open-ended questions relating to their understanding of the PREA training they received, and each CC provided detailed explanations of the different elements covered in the training, including the required topics outlined in the PREA standard. Furthermore, all the CCs confirmed that they were instructed to immediately report any knowledge or suspicion of sexual abuse at the DJTC to their immediate supervisor, the PCM/PD, local law enforcement, and the Arkansas State Police. If there were any allegations of sexual harassment, the CCs explained that they would report it to their supervisor and the PCM for an internal investigation. The CCs also confirmed that the facility only admits biological male juveniles from the intake state facility, and there is no transfer of staff between DJTC and other facilities. Lastly, the staff members interviewed mentioned that they are required to complete the PREA Knowledge Assessment Exam after each PREA training and sign a form acknowledging their understanding.

- In addition to the 12 CCs who were interviewed on-site, the auditor also interviewed the facility's part-time special education teacher and a full-time custodial staff member. Both of these individuals adequately answered all of the auditor's questions regarding the PREA training they received while working at the facility, as well as how to report a PREA situation. The staff members stated that they underwent PREA training when they were first hired and receive annual refresher training, with the same level of training as the correctional counselors.

**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 on pages 17 and 18. According to the Policy, Rite of Passage

programs will provide appropriate training to all staff before they start working and then every six months after their last site training. Additionally, the Policy explains each of the required PREA training topics (a) (1-11) and states that the training will be tailored to the specific needs and characteristics of the students in the programs, as well as their gender. If staff members are reassigned from a program that houses only male students to one that houses only female students, or vice versa, they will receive additional training. The facility requires staff to attend PREA refresher trainings every six months to ensure that all staff members are familiar with the current sexual abuse and sexual harassment policies and procedures outlined in the agency's PREA Policy on page 18. Lastly, the agency's PREA Policy specifies that DJTC must have staff members who attend PREA training sign an attendance sheet and Form 13.44, which verifies their understanding of the training they have received. According to the Policy, these training records will be kept in the employees' files, and the trainings will be added to the program's annual training calendar.

Additionally, to evaluate whether the staff at the facility are complying with the PREA training requirements outlined in this PREA Standard, the PCM uploaded nine (9) staff members' PREA training verification documents into the OAS system. These documents include the necessary information to demonstrate that each of the nine staff members have completed PREA training every year since 2020, according to their individual hire dates. Furthermore, the auditor selected eight (8) staff members at random from the list of current employees at the DJTC to review their PREA training verification documents. The PCM provided the auditor with the necessary verification training documents for each of the eight staff members selected, further confirming that the facility has effectively implemented a staff PREA training program that aligns with the requirements of this PREA standard. It is worth noting that each of the PREA training verification documents submitted include a statement of understanding, as well as examples of PREA training Competency Based Knowledge Assessments. These assessments guarantee that all staff members who attend the facility's PREA training comprehend the material presented. The specifics regarding the information contained in the Zero-Tolerance Acknowledgment form are outlined below.

- 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

In addition to the PREA staff training outlined above, the PCM also noted in the PAQ that the facility has implemented Policy 600.000 (PREA Policy Statement), which includes the following procedures related to the agency's zero tolerance stance toward all forms of sexual abuse and sexual harassment:

- All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact or any sexual act regardless of age, sexual orientation and sexual identification.
- The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing sexual acts, abusive sexual acts, or possible vulnerability to being a victim of sexual acts, abusive sexual activity; to ensure that ROP employees, contract workers, volunteers, or any persons providing services in the program are trained to recognize such behaviors and take appropriate action; and to ensure students receive orientation and have mechanisms for reporting and pursuing criminal prosecution as deemed appropriate.
- Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.
- Rite of Passage adopts the Juvenile Facility Standards as described in the Prison Rape Elimination Act (PREA) under the United States Department of Justice Final Rule (May 17, 2012.).
- The PREA Juvenile Facility Standard Definitions.



The above Policy is included as part of the pre-service PREA training that is provided to all staff, and a signed acknowledgement is completed during this pre-service training process that includes the following statement:

- I, (print name), have received a copy of ROP Policy 600.600 Prison Rape Elimination Act (PREA). I have read, or had these policies read to me, and understand the policies' terms and directives.

Additionally, the PREA training at the facility consisted of a PowerPoint presentation with 107 slides and a corresponding Lesson Plan. These were uploaded in the OAS system. After reviewing the training, the auditor found that it covered not only the required eleven (11) training topics outlined in the PREA standard, but also included additional information related to PREA that is not mandatory. For instance, the training included slides with statistics on PREA incidents in confinement settings, information on grooming and red flags, guidance on maintaining healthy boundaries, and scenarios on responding to or identifying sexual abuse or harassment. Additionally, the auditor confirmed that the training curriculum is designed to meet the specific needs of residents in juvenile facilities and takes into consideration the gender of the residents at the employee's facility.

To demonstrate compliance with the employee training requirements of this PREA standard, the PCM provided the auditor with PREA training verification documents for seven randomly selected Coach Counselors. The auditor had selected these individuals before visiting the facility. After analyzing the training documents, it was found that all of the staff had completed the annual PREA training refresher class. The Certificate of Completion confirmed that each staff member had successfully completed the "PREA and SES@ROP" course, and the certificate was verified using a link and code, valid for 12 months. Additionally, during the visit, the auditor reviewed the training files of the 10 most recently hired Coach Counselors. This included their PREA Training Certificates and PREA Knowledge Based Assessments. These verifications provided further evidence that staff are trained in PREA and understand the material before supervising residents at the facility.

After closely examining the agency's PREA Policy and the relevant proof evidence of PREA training, the auditor concluded that the facility goes beyond the basic requirements of this PREA standard by offering annual refresher trainings. Additionally, the interviewed staff members confirmed that the PREA training is presented in a way that ensures all staff members comprehend the PREA standards and their obligations in maintaining the safety of juveniles and preventing sexual abuse and harassment.

**Conclusion:**

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

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1477 860" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage/ROP Safe Environment Standards)</li> <li>- Volunteer/Contractor PREA Training Power Point Presentation (62 Slides) &amp; Informational Document</li> <li>- ROP Safe Environment Standards/PREA Training Independent Contractor/Volunteer Lesson Plan</li> <li>- ROP Safe Environment Standards/PREA Training Competency Knowledge Assessment for Volunteer and Independent Contractor</li> <li>- PREA Training Verifications for Volunteers/Contractors</li> </ul> <p data-bbox="280 896 459 931"><b>Interviews:</b></p> <ul data-bbox="280 967 1487 1617" style="list-style-type: none"> <li>- The auditor interviewed a contractor who provides vocational training to students in the GED program at the facility. This individual was interviewed over the phone due to no contractors being at the facility while the auditor was onsite. The contractor shared that he spends a couple of days per week for a few hours at the facility to provide vocational instruction to the students at the facility's shop. He also explained that he received PREA training when he initially started working as a contractor at the facility- before having contact with youth. The contractor shared awareness of the facility's reporting requirements and provided sufficient descriptions of the situations that are required to be reported related to sexual abuse and sexual harassment, who the report should be made to, the time frame for reporting, and the process for documenting a PREA report. The contractor also confirmed that he has never been aware of any PREA related incidents at the facility and believe it to be a safe environment for the students and staff.</li> <li>- The facility does not have any volunteers currently entering the facility to meet with students.</li> </ul> <p data-bbox="280 1653 762 1688"><b>Explanation of Determination:</b></p> <p data-bbox="280 1724 507 1760"><b>115.332 (a-c):</b></p> <p data-bbox="280 1796 1477 1998">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>

- 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 shall be notified of the program’s zero- tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- The program shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The PCM noted in the PAQ that the facility currently has four contractors and no volunteers who have contact with students at the DJTC. All four of the contractors have been trained according to the requirements of this PREA standard, as noted by the PCM. To confirm that the four contractors have completed the required PREA training, the auditor was provided with the contractor PREA training curriculum and corresponding lesson plan outline, as well as the most recent training verification documents for the four contractors who have contact with students at the DJTC. Upon reviewing the documents, it was evident that the PREA training curriculum complies with this standard and all four contractors have completed the required training. Additionally, the signed PREA training verifications (PREA Acknowledgement Forms and Competency Based Knowledge Assessments) also demonstrate how the four contractors understood the training they received.

**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.**

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Safe Environmental Standards Student Acknowledgement of Zero Tolerance Policy</li> <li>- ROP Safe Environmental Standards Student Additional Education Acknowledgement</li> <li>- DJTC Student Orientation Checklist</li> <li>- Spanish PREA Documents and Interpreting Services</li> </ul>

- Student Handbook for DJTC
- Student List (for calendar year 2023)
- PREA Student Education Video (English and Spanish)

**Interviews:**

- During the onsite visit, the auditor interviewed two Case Managers (CM) who are responsible for conducting the facility's student intake process. Both CMs provided a thorough explanation of the facility's procedure for offering PREA orientation and comprehensive education to newly admitted students. This process is initiated within a few hours of their arrival. The auditor was given the relevant documents used to review PREA information with students, including a Student Handbook, PREA Brochure, and other intake forms containing PREA details and acknowledgements. The CMs described how every student admitted into the facility receives the same PREA information, regardless if being transferred or returning to the facility. This is done through a face-to-face meeting with each student in the CM's office. They go through the PREA documents verbally with the student and also show a PREA video to ensure a full understanding of the comprehensive PREA education is achieved. To confirm comprehension, the CMs engage the students by asking questions, presenting scenarios, and having them explain how to make a PREA report using their own words. Once the CMs are satisfied that the student fully comprehends the PREA information, the student and CM is required to sign and date an acknowledgement form. Upon completion, students are allowed to take the Student Handbook and PREA Brochure to their dorm and keep the documents in their room. In cases where a student has trouble understanding the information due to language barriers or other issues, the CMs mentioned that they would seek assistance from the PCM and PD. They can arrange for a professional translator or an educational specialist to help them in these instances.

- All eleven students who were interviewed confirmed that they received the PREA information (Student Handbook, PREA Brochure, and PREA Video) during the intake process, shortly after being admitted to the facility. Additionally, the students were able to explain various methods of making a PREA report and provided specific examples of the information covered in the documentation and video. For example, the students shared how the grievance process works at the facility, how they can report to a staff member they trust, how they can call one of the outside reporting hotlines, how they can notify a family member or friend to report on their behalf, and how to make an anonymous and confidential report either through one of the outside reporting hotlines or through the grievance system without their name. The students also mentioned taking the Student Handbook and PREA Brochure with them to their Dorm, and several students affirmed that they still possess their Handbook and Brochure. The students all had a strong understanding of what PREA stands for, their rights, what to report, how to report, and how to ensure they remain safe and free from sexual abuse and sexual harassment while at the facility. All the students knew what actions and behaviors are defined as sexual abuse and sexual harassment, as well as confirmed they have at least one staff member at the

facility they trust and can speak to about any concerns or issues that they may experience while at the DJTC.

- The PCM also confirmed that the facility has a Spanish version of the PREA information provided during the intake process. Additionally, there are Spanish PREA posters posted all throughout the facility.

**Site Review Observations:**

- The facility did not have a new intake scheduled for when the auditor was onsite. However, one of the case managers (CM) who was interviewed sufficiently demonstrated how new students receive the PREA orientation information and comprehensive PREA education during the intake process. This process occurs within a few hours after the students arrive at the facility. The CM explained to the auditor how they go over the PREA brochure and the student handbook with the new students. They also show them a 10-minute long PREA video on the CM's computer, which is turned towards the student. The CM ensures that the students understand the information by asking them questions and having them share what they have learned. Additionally, both the student and the CM sign and date an acknowledgement of understanding/receipt. The auditor also took note of the numerous PREA-related signs posted throughout all areas of the facility. These signs are easy to identify and read, and they provide information about the agency's zero tolerance policy, ways to make a PREA report, how students can stay safe, student rights, and contacts for support services. The auditor confirmed that the signs are posted in both English and Spanish. Furthermore, the auditor conducted two successful test calls to two outside 24/7 reporting entities: Options Inc. and Arkansas Child Abuse Hotline. Both entities confirmed that interpreting services can be provided on a case-by-case basis. Lastly, it is important to mention that the facility has grievance boxes posted outside each housing unit, in the dining hall, in the educational building, and in the administration building. These boxes allow students to make a PREA report directly to the PCM. Students have the option to remain anonymous when making a report, and the PCM stated during the facility inspection that she checks the boxes daily.

**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:
  - Student Orientation Checklist; and
  - ROP Safe Environmental Standards Student Acknowledgement of Zero Tolerance Policy.

Note: The auditor confirmed the following process through the documentation review and onsite observations:

- 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.

The auditor was also provided a link to the facility's student PREA educational video that includes both English and Spanish versions. The video provides for a visual and audio comprehensive student PREA education that is age-appropriate and shown to each student within 10 days of being at the facility. The auditor confirmed that the

PREA videos are approximately 10 minutes in length and includes a breakdown the following information: the agency's zero tolerance policy, how to report, how to stay safe and protect oneself, the importance of reporting, how to not be a victim, examples of inappropriate conversations, reasons why someone would commit sexual abuse, definitions of sexual abuse and sexual harassment, prohibited behaviors, scenarios of bullying and abuse, how to prevent sexual abuse and sexual harassment, hotline reporting process, third party reporting, what not to do, what happens after reporting, investigation process, things to keep in mind, facts about sexual abuse and sexual harassment, etc.

To demonstrate compliance with the PREA Standard in practice at the facility, the PCM uploaded completed forms of the Student Acknowledgement of Zero Tolerance Policy and Student Orientation Checklist for a sample of youth in the program as of November 2023. This sample included students admitted throughout the year. After analyzing the provided documents, the auditor concluded that these 10 students received the initial PREA orientation during the intake process on their first day of admission, and also received comprehensive PREA education within 10 days of entering the facility. The auditor determined that this review successfully demonstrated compliance with the requirements outlined in the PREA Standard. Additionally, it is important to note that the Student Orientation Checklist form includes sections that are initialed by each student upon admission and signed and dated by the intake staff (Case Manager) and student. This checklist document includes the following information that is reviewed with students during the intake process:

- I have been advised of identification of key staff and their roles;
- I have been examined and checked by medical/healthcare services (medical);
- I have watched the PREA video;
- I have reviewed and signed Zero Tolerance Policy;
- I have completed Vulnerability Assessment Instrument;
- I have received a copy of the student handbook, the contents explained;
- I have signed acknowledging of receipt of student handbook; and
- I have been provided an opportunity to make my initial 10 min phone call.

In addition to signing the above Student Orientation Checklist, each student and witnessing staff member sign the agency's Student Acknowledgement of Zero Tolerance Policy form within 10 days of being admitted, which confirms that the following information was reviewed with the student and the student understood the material provided:

- I have received a copy of the ROP Safe Environment Standards: Student Guild to Rights, Protections and Reporting of Sexual Abuse Brochure;
- I understand the zero tolerance policy regarding sexual abuse, sexual misconduct and sexual harassment;
- I received information about and understand how to report incidents or

suspicions of sexual abuse or sexual harassment and my right to be free of retaliation for reporting. I had the opportunity to ask questions, and any questions were answered to my full understanding.

- I received information on how to report to the facility PREA Manager, rape crisis center advocate and hotline numbers.

Furthermore, all students are provided a DJTC Student Handbook, which includes an all-encompassing explanation of the program. The Student Handbook is a comprehensive packet of information and, as confirmed by the auditor, includes the following sections related to PREA that are reviewed with each student upon admission into the program:

- Medical Availability and Sick Call;
- Living Environment;
- Telephone Usage;
- Correspondence;
- Visitation;
- Education Services;
- Youth Rights;
- Grievance Procedures and Abuse Allegations;
- PREA Overview;
- Mental Health & Substance Abuse Services; and
- Acknowledgement of Receipt of Student Handbook

The Acknowledgement of Receipt of Student Handbook page includes the following acknowledgement statement that is signed by the student and staff reviewing the handbook:

- I, \_\_\_\_, certify that I have participated in Orientation and received a copy of the Student Handbook. I have read the Handbook and understand what it contains. If I cannot read, I have had the Student Handbook and this Acknowledgement thoroughly explained or read to me.

To illustrate how the facility guarantees that its staff know how to effectively communicate with all students, including those with disabilities or limited English proficiency (LEP), the auditor was given PREA staff training documents. These documents sufficiently demonstrate that the staff members at the facility understand their responsibility to ensure that disabled or LEP students have an equal opportunity to comprehend their rights regarding sexual abuse, sexual harassment, or retaliation for reporting such incidents. For instance, the provided PREA PowerPoint Presentation includes information about the facility's intake screening process, rules against using a resident interpreter, and the consideration of disability and language limitations on a case-by-case basis.

As outlined in section 115.316 of this Report,



The PCM uploaded the following PREA material that are in Spanish:

- Student PREA Brochure
- PREA Zero Tolerance Poster
- PREA Orientation/Education Student Acknowledgement Form
- PREA Third-Party Reporting Form
- PREA poster on Zero Tolerance and Instructions for Making a PREA Report

In order to demonstrate how the facility ensures youth who are limited English proficient understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form in Spanish. This document has sections for the student to initial that he has received the PREA information and understands the agency's zero tolerance policy regarding sexual abuse, sexual misconduct, and sexual harassment. The student also prints his name, signs, and dates the form, with a witness also documenting the same. Furthermore, the PCM noted in the PAQ that in the past 12 month audit review period, there have been no instances of one student translating for another student in a PREA related situation.

If professional translation and/or interpreting services were ever needed at the facility, the auditor indicated that the "iu group" (<https://www.interpreters.com/>) would be contacted on a case-by-case basis to provide the applicable language services. This was confirmed through an invoice from the iu group from 2022, which sufficiently demonstrated how the facility utilized this company's translation services for an interpreting situation from 2022. Additionally, the auditor reviewed the iu group website and verified that the translating company can provide professional language services (in-person, telephone translation, video remote translation, and ASL translation and document translation).

**Recommendation of Best Practices:**

- The auditor found that the facility adheres to all aspects of this PREA standard both in policy and practice. However, it is worth noting that in order to establish superior practices that go beyond the basic requirements of this PREA standard, it is suggested that the PCM organizes a weekly or monthly PREA refresher course for the students to participate in. The auditor mentioned this during the visit, and the PCM expressed her commitment to ensuring that the students receive regular PREA education and that acknowledgement forms are created accordingly.

**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.**

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1315 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1453 703" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Rite of Passage Safe Environmental Standards/PREA Training Specialized Training for Administrative Investigators Curriculum</li> <li>- ROP Staff Training &amp; Development Documentation</li> <li>- PREA Specialized Investigation Knowledge Assessment</li> </ul> <p data-bbox="280 748 459 781"><b>Interviews:</b></p> <p data-bbox="280 815 1477 1733">- The auditor spoke with the facility's PCM, who is the designated PREA administrative investigator for allegations of sexual abuse and sexual harassment that are reported to have occurred at the facility. The PCM adequately explained the entire administrative investigative process. Additionally, the PCM explained that both the PD and PCM would serve as points of contact during any criminal investigation conducted by the local PD or the Arkansas State Police. The PCM mentioned that her training included techniques for interviewing juvenile victims of sexual abuse, the proper use of Miranda and Garrity warnings, collecting evidence of sexual abuse in confinement settings, and the criteria and evidence necessary to support a case for administrative action or prosecution referral. The PCM emphasized that one of the most crucial elements of conducting an effective investigation is to ensure the preservation and protection of usable evidence by first responders, which should then be promptly collected by the appropriate criminal investigators. Regarding any referrals to the local prosecutor, the PCM advised that the decision would be made by the law enforcement agency conducting the criminal investigation. Furthermore, in the case of an internal investigation into an allegation of sexual harassment involving a student, the referral to law enforcement would be made if the investigator (PCM) suspects that sexual abuse was involved and/or a crime was committed. The auditor was provided with the documentation used for an internal investigation, and the PCM explained how this report (known as the Coordinated Response Plan) would be used to record the entirety of the investigation.</p> <p data-bbox="280 1767 759 1800"><b>Explanation of Determination:</b></p> <p data-bbox="280 1834 507 1868"><b>115.334 (a-d):</b></p> <p data-bbox="280 1912 1477 2069">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."</p>

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.

In order to assess the level of compliance with this PREA Standard in practice at the DJTC, the auditor was provided the specialized PREA investigator training curriculums and associated training verification documentation for the one administrative investigator for the facility- the PCM. Upon the auditor's review, it was determined that the agency is fully compliant with all the specialized training requirements of this PREA Standard. The training verification documentation indicates that the PCM has completed the following training:

- PREA Update and Standards Overview;
- Legal Issues and Liability;
- Culture;
- Trauma and Victim Response;
- First Response and Evidence Collection;
- Juvenile Interviewing Techniques;
- Report Writing; and
- Prosecutorial Collaboration.

In addition to the training verification documents outlined above, the PCM also provided the auditor with a completed PREA Specialized Investigation Knowledge Assessment, which provides further evidence that the PCM understands the investigative training requirements of 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.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1436 672" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Training Verifications (PREA/SES Acknowledgements &amp; Staff Training &amp; Development Documentation)</li> <li>- PREA Specialized Training for Mental and Medical Healthcare Professionals (PRC Modules)</li> </ul> <p data-bbox="280 707 459 743"><b>Interviews:</b></p> <ul data-bbox="280 779 1474 1406" style="list-style-type: none"> <li>- The auditor interviewed one mental health professional (MHP) and one medical professional (RN) who provide full-time services to students at the facility. Both professionals adequately described the PREA training they received since starting their work at the facility. They explained what needs to be reported regarding a PREA allegation, who to report it to, the time frame for reporting, and how to document such a report. They also mentioned that they receive the same level of PREA training as the Coach Counselors on an annual basis. Additionally, they have completed PREA training specific to their role and the services they provide at the facility. Both the MHP and RN mentioned that the training covered the preservation of physical evidence of sexual abuse and how to handle juvenile victims of sexual abuse and harassment in a professional and effective manner. The RN clarified that a forensic medical examination cannot be done at the facility and would instead take place at one of the two local hospitals. Lastly, both professionals indicated that they take the PREA Knowledge Assessment Exam after each PREA training and sign a form acknowledging their understanding of the training.</li> </ul> <p data-bbox="280 1442 762 1478"><b>Explanation of Determination:</b></p> <p data-bbox="280 1514 507 1550"><b>115.335 (a-d):</b></p> <p data-bbox="280 1585 1445 1666">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:</p> <ul data-bbox="351 1729 1471 2060" style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>

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 the DJTC employs four mental and medical healthcare professionals at the facility, one licensed therapist, one registered nurse, and two licensed professional nurses. In order to demonstrate how each of these professionals have completed the PREA training pursuant to this PREA standard, the PCM uploaded PREA Resource Center training material that is focused on specialized training for medical and mental healthcare professionals (four modules). Upon the auditor's review, it was confirmed that the training curriculum includes, at a minimum, the required training elements of this PREA standard. The training modules completed by each of the 4 professionals include topics that cover the following, which were published by the PREA Resource Center:

- Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment;
- Module 2: Reporting and the PREA Standards;
- Module 3: Effective and Professional Responses;
- Module 4: The Medical Forensic Examination and Forensic Evidence Preservation.

To show how each of the four professionals were given and understood the specialized PREA training mentioned earlier, the auditor was provided signed ROP Staff Training and Development Documentation and PREA/SES Acknowledgement Forms for each professional. These training verifications, along with the onsite interviews, adequately demonstrated that all four mental and medical healthcare practitioners have completed and understand the required PREA training according to the requirements of 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.**

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/Overall Risk</li> <li>- Samples of Completed Vulnerability Assessments (last 11 students admitted)</li> <li>- Periodic Risk Re-Assessments</li> <li>- PREA Staff Training PowerPoint Presentation</li> <li>- PREA Staff Training Acknowledgements</li> <li>- Samples of Vulnerability Assessments Re-Screenings</li> <li>- Training Verification Documentation for Medical and Mental Health Staff (Vulnerability Assessment)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one of the facility's Case Managers (CM), who is responsible for conducting the intake process for students admitted into the DJTC program. The CM explained how the intake process is carried out, demonstrating in her office how she processes students when they arrive at the facility from the Alexander intake facility. The CM stated that the intake process begins as soon as a juvenile arrives at the facility and typically takes 2-3 hours to complete. The CM also provided details about the Vulnerability Assessment (VA), which is conducted within an hour or two after a youth is admitted. The CM discussed the specific questions included on the VA and emphasized the importance of obtaining accurate information from the juvenile, as well as gathering additional information from intake paperwork and computer files. The CM confirmed that she has received specialized training for conducting the intake process and explained how the VA covers sensitive topics, such as the youth's identity and past trauma. The CM noted that the VA not only evaluates objective responses to identify the appropriate risk level, but also requires CM to document her perception of the youth. The CM outlined how the VA serves as an overall screening tool for assessing the risk of victimization and sexually aggressive behavior, with a scoring system used to make determinations. However, the CM noted that there is an override option that can be utilized if the CM determines that the risk score is inaccurate and not a true representation of the actual risk level. The results of the VA are used to assign the safest and most appropriate housing for the student, a decision made collaboratively by the CM, Group Living, Supervisors, the PCM, and medical and</li> </ul>

mental health staff. Lastly, the CM confirmed that copies of completed VA forms are provided to the Mental Health Unit, and the original intake documents are stored securely in a locked filing cabinet in the CM office. Access to student intake documents are limited to staff who require the information for their professional duties (e.g., mental health staff, supervisors, medical staff). This information was also verified by the PCM and PC.

- The auditor also interviewed a total of 11 students during the onsite visit, and each student recalled being asked questions that are included on the agency's VA instrument. For instance, every student who was interviewed was asked if they remembered a CM (Case Manager) asking specific questions mentioned on the VA, and each student responded positively and confirmed that these questions were indeed asked when they initially arrived at the facility. The students also mentioned that the screening took place in a private setting, with no concerns raised by any of the interviewed students regarding their privacy or the breach of confidentiality.

**Site Review Observations:**

- During the onsite, the auditor was provided a demonstration of how a student is processed through the intake process with a Case Manager (CM) when arriving at the facility. The CM area included two offices, for two CM's, and cameras mounted in the ceiling to provide video coverage of the intake process. The auditor listened to the CM explain how the intake screenings are conducted for each youth admitted into the program within a few hours after arriving at the facility, as noted above, and confirmed that the area in which the intake screenings are completed provides for a private and confidential setting. The auditor also confirmed that the student files, which includes completed VA's, are stored securely in the CM's office, in a locked file cabinet and on camera view.

**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 was given the facility's risk assessment tool, which is titled "ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/Overall Risk." After reviewing this screening tool, the auditor confirmed that the facility's Vulnerability Assessment includes the minimum eleven elements outlined in provision (c) (1-11), and it is used to objectively screen students entering the facility in order to reduce the risk of sexual abuse by or upon a resident. The Vulnerability Assessment tool contains both objective and subjective questions, which allow the intake officer to gather information through conversations with the student during the intake process and by reviewing supplementary intake documents available at the time of admission.

Additionally, the facility provided the auditor with their PREA training curriculum and PREA Lesson Plan outline. This further demonstrated to the auditor how the facility trains all staff members responsible for conducting Vulnerability Assessments on how to effectively complete the risk screening. As mentioned in section 115.331 of this report, the auditor confirmed that the facility ensures all staff members receive PREA training, including training on the intake process and Vulnerability Assessment tool, when they are first hired and annually as a refresher.

**Non-Compliance Issue & Subsequent Correction Action Completed:**

To determine if the facility is following the requirements of this PREA Standard, the auditor examined eleven completed Vulnerability Assessments (VA) for the most recent eleven students admitted to the program before the onsite visit. These VA's indicated that none of the sampled students who identified as LGBTI had experienced sexual abuse prior to entering the facility, and there were no significant concerns regarding risk in any of the eleven VAs. Moreover, it was found that the facility conducted the VA's for eight out of the eleven students within 72 hours of their arrival. There were three VA's that surpassed the 72 hour threshold set forth by PREA standard 115.341 (a), as outlined below:

- one VA that was conducted past the 72 hours was found in compliance due to a language barrier that required extra time to provide for a professional interpreter; and
- the other two VA's completed past the 72 hour timeframe were found to be out of compliance due to the Veteran's Day holiday causing the disruption in completing the VA's within 72 hours.



The two VA's that were found to be out of compliance were determined to be completed on the next business day after the students were admitted. This happened on the Monday following Veteran's Day. The students were admitted late on the Thursday before Veteran's Day, after normal business hours. This helped to determine that the VA's for each student were completed within 96 hours (4 days), but not within the required 72 hours. To prevent this issue from happening again in the future due to a holiday interruption, the PCM took immediate action upon learning of the deficiency. She developed and implemented a corrective action plan. The PCM had already received approval from the Program Director for this corrective action plan before the onsite visit. The plan is outlined below:

- The Dermott Juvenile Treatment Center Medical Dept. will be trained and available to complete the Vulnerability Assessment (VA) in the event that a member of the Clinical team or a Case Manager are not available to conduct the VA to ensure that it is conducted with the 72-hour threshold and not to exceed the 72-hours. This is to include but not limited to holidays, trainings, and etc.

In order to demonstrate the corrective action plan implementation, the PCM provided the auditor with the following verification documentation prior to 45 days after the onsite, which successfully resolved the non-compliance issue identified:

- Vulnerability Assessment Training for Medical Staff training sign-in sheets;
- Acknowledgement of Understanding forms signed by each member of the facility's the Medical Team; and
- Sample of completed VA's for students admitted into the facility after the onsite and before the final audit report was completed. The auditor confirmed that these VA's were successfully completed within 72 hours of each student being admitted into the facility.

Upon the auditor's review of the verification documentation listed above, the facility was found to be fully compliant with the 72 hour requirement of this PREA standard. Furthermore, it is important to note that the Acknowledgement of Understanding forms include the following statement and were signed and dated by each of the medical staff, the PCM, and the PD:

- I, *staff name*, understand that according to PREA standard 115.341 (a) "Within 72 hours of the student's arrival at the program and periodically throughout a student's stay the (CM/TM) shall complete the Vulnerability Assessment (VA) instrument with the student and document it in the case notes" The Medical Department will ensure that in the absence of a staff member of the Clinical team that the VA will be conducted by a staff member of Medical Dept. to ensure that the Dermott Juvenile Treatment Facility will be in full compliance of this standard within 72 hours. This is to include but not limited to holidays, trainings, court appearances, and etc."

	<p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	---

<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Vulnerability Assessment Instrument: Risk Victimization and/or Sexually Aggressive Behavior/Overall Risk</li> <li>- Samples of Completed Vulnerability Assessments</li> <li>- PREA Staff Training PowerPoint Presentation</li> <li>- PREA Staff Training Acknowledgements</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the facility's PCM, who confirmed that the agency's Vulnerability Assessment (VA) screening instrument is completed by a specially trained Case Manager (CM) to determine the safest and most appropriate housing, bed, education, and program assignments with the ultimate goal of student safety and to prevent sexual abuse and sexual harassment. This was also confirmed by the CM interviewed during the onsite, who shared how a CM conducts the VA screening tool within 72 hours of a student's arrival at the facility to identify risk of sexual victimization and abusiveness and to determine the safest Dorm, room, and programming assignment. This assignment was described as a joint effort between the therapeutic staff, Group Living, medical, supervisors, the PD, and the PCM.</li> <li>- The Program Director (PD), PCM, PC, full-time registered nurse, and Therapeutic Manager of the facility have all acknowledged in their individual interviews that isolation of students for protection is not practiced or allowed according to agency policy. Instead, other options are considered in protective situations, such as removing the threat or individual accused of abuse or harassment from the area or program entirely. Additionally, housing arrangements for all parties involved are re-evaluated at this time and periodically throughout the students' time at the facility. These staff members have also confirmed that there is no specialized housing available at the facility for students identifying as LGBTI, and no transgender or intersex students have been admitted since ROP took over the facility. In the event</li> </ul>

that a transgender or intersex juvenile is pending transport to the DJTC, the administration team (including the PD, PC, PCM, RN, and Therapeutic Manager) would meet to staff the case and ensure that all necessary accommodations are provided. This includes allowing the youth to shower alone (as all students do), communicating the youth's preferred name/s and pronouns to staff, considering the student's perception of their own safety, and reviewing the student's situation and placement on a weekly basis to promote maximum safety and prevent abuse or harassment. Periodic status checks would also be conducted throughout the youth's stay at the DJTC.

**Site Review Observations:**

During the onsite, the auditor did not observe any students isolated in their room as a protective measure or find any evidence to suggest specialized housing of any sort is utilized at the facility. Furthermore, the auditor did not observe any evidence to suggest the facility has admitted a transgender or intersex student into the program within the past 12 months prior to the onsite. This was confirmed through the onsite inspection, informal and formal interactions and interviews with staff and students, and through the documentation review process.

**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.

To evaluate how well the facility complies with the requirements of the PREA Standard in practice, the auditor reviewed a total of eleven completed Vulnerability Assessments for the last 11 students admitted into the program. The auditor determined that the facility had completed risk assessments for each of the 11 students. Additionally, the Vulnerability Assessments confirmed that none of these students identified as LGBTI, none had been victims of sexual abuse before entering the facility, and no significant risk concerns were found. The housing, bed, program, and education assignments were documented on the Vulnerability Assessments and reviewed/approved by a supervisor.

The facility also provided the auditor with their PREA training curriculum and PREA Lesson Plan outline, demonstrating how they train staff who conduct the Vulnerability Assessments to ensure effective risk screening. Section 115.331 of the report confirms that the facility offers PREA training to all staff, including education on the intake process and the Vulnerability Assessment tool, during the onboarding process and annually as a refresher.

Lastly, according to the PCM and a signed memo, there have been no situations in the past 12 months involving a student at risk of sexual victimization being placed in isolation, and no transgender or intersex students were admitted into the program during the audit review period. The auditor verified this information by reviewing each of the 11 completed Vulnerability Assessments, which showed no indication of a juvenile at risk, requiring isolation, or identifying as transgender or

	<p>intersex.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Student Grievance Form</li> <li>- Student PREA Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")</li> <li>- MOU with Options, Inc.</li> <li>- PREA Staff Training PowerPoint Presentation (107 Slides)</li> <li>- PREA Posters (Spanish &amp; English)</li> <li>- Student Handbook</li> <li>- Policy 600.402 (Grievance Policy)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed 12 randomly selected Coach Counselors (CC) who all adequately described the various methods available to students and staff at the facility for reporting sexual abuse, sexual harassment, retaliation, and staff neglect. For instance, the auditor asked each CC an open-ended question about the different ways a student can report a PREA incident. Each CC identified multiple methods, such as: confidentially through the grievance process, filling out a "Speak To" form or any other form or piece of paper, contacting the State of Arkansas Child Abuse Reporting 24/7 Hotline or Options Inc. Reporting Hotline, informing any staff member at the facility, reporting to a family member or friend who can report on behalf of the student, and reporting anonymously through the grievance process, writing a note, or calling one of the reporting hotlines (without providing their name). The CCs also confirmed that they are mandatory reporters of abuse and are obligated to accept and immediately report any allegations of sexual abuse, sexual harassment, retaliation, or staff neglect. The auditor then asked each CC an open-</li> </ul>

ended question relating to a scenario where a student directly reports a PREA allegation to them. Each CC adequately explained how they would first ensure the safety of the reporting student and never leave them alone. They described the subsequent steps of contacting their immediate supervisor and report the PREA allegation to the appropriate authorities and up the chain of command at the facility. Each staff member elaborated in their own words on the requirement to promptly document any verbal report on a facility Incident Report. They also mentioned that they accept reports made verbally, in writing, anonymously, and from third parties. All the CCs advised that students have access to writing utensils in the classroom and housing units, and grievances are available in wall files next to the grievance boxes. The interviewed staff members confirmed that they can make a report privately to the State of Arkansas Police. They can also report PREA-related concerns or issues privately to their direct supervisor or up the chain of command. Additionally, the staff members were asked how they would handle a hypothetical situation where their immediate supervisor did not take a PREA matter seriously. Each CC stated that they would ensure the issue is reported up the chain of command to ensure it is taken seriously by someone in management and report to the proper law enforcement agency. Furthermore, the staff members expressed that they believe the administrative team at the facility has an open-door policy regarding any serious matter, particularly those related to PREA and student safety.

- Eleven students were interviewed by the auditor and were asked an open-ended question about the various ways they can make a PREA report. Each student adequately described the multiple methods they can use to make a PREA report at the facility. These methods include writing and submitting a grievance, writing the report on a piece of paper or "Speak To" form, confiding in a trusted staff member, calling one of the 24/7 outside abuse hotlines, or sharing the information with their parents, attorney, friends, counselors, and so on. The students also clarified that they can make an anonymous report by not including their name on a grievance or piece of paper or by not providing their name to the reporting hotline. The students shared that they felt as though the PCM would take any and all reports related to PREA seriously, even if the report is made through an anonymous method. Furthermore, the students mentioned that they have access to pencils in the classroom and in the Dorm they are housed on, where grievance forms, "Speak To" forms, and paper are readily available. They explained how the grievance process works, with all the students identifying the multiple grievance boxes located throughout the facility, where to find a grievance form, and how to submit a grievance either in one of the many grievance boxes or by giving the grievance to staff. The students were aware of the PREA-related signs posted throughout the facility, and each student confirmed that they received instructions on the various ways to report during the intake process, have the information in their Student Handbook and PREA Brochure, and can read the instructions for reporting on the signs posted throughout the facility. Additionally, the students confirmed that they were allowed to take the Student Handbook and the PREA Brochure to their rooms. However, some students mentioned that they disposed of these documents because they no longer needed them. Throughout the interviews, the auditor never suspected that the students were unaware of the different methods to make a PREA

report. Each student stated that they feel safe while at the facility, have at least one staff member they trust, and have never been involved in any PREA-related situation during their time there.

- The PCM explained that the State of Arkansas Police and Options Inc. hotlines are available to all students and staff at the facility. Instructions on how to contact the hotlines are posted throughout the facility, and the PCM confirmed that any student or staff member can call at any time. Additionally, the PCM mentioned that she checks the locked grievance boxes in the facility every day while at work, as she is the only one with the key. To submit a grievance, a student can write it down, fold it up, put it in an envelope, and place it in one of the secure grievance boxes located throughout the facility. Lastly, the PCM assured that the facility does not detain youth solely for civil immigration purposes.

**Site Review Observations:**

- During the onsite visit, the auditor observed that there were many signs related to PREA posted throughout the entire facility. These signs are easily recognizable and readable, and they provide information about the agency's zero tolerance PREA Policy towards sexual abuse sexual harassment. They also provide multiple ways for individuals to report any PREA incidents, guidelines for student safety, information about student rights, and contact information for advocacy services. These signs are posted in both English and Spanish, at an appropriate reading level. They all contain consistent content and are free from any graffiti or damage that could hinder their readability. To evaluate the effectiveness of the reporting hotlines to external authorities and entities, the auditor made two successful test calls while onsite. One call was made to the Options Inc. reporting hotline, and the other was made to the Arkansas Child Abuse Reporting Hotline. Both entities confirmed that they can provide interpretation services on a case-by-case basis, and their reporting lines are open 24/7. Lastly, it is worth mentioning that the facility has grievance boxes placed outside each housing unit, in the dining hall, in the educational building, and in the administration building. These boxes allow students to make a PREA report directly to the PCM. Students can choose to remain anonymous if they prefer, and the PCM stated during the facility inspection that she checks these boxes daily. Additionally, next to each grievance box, there are wall files containing forms for grievances, "Speak To" forms, as well as sick and mental health call boxes and their respective forms.

**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, student PREA Brochures in Spanish and English (includes two reporting hotline numbers & the different methods to make a report), and PREA Posters that are posted throughout the facility in Spanish and English. The auditor also was provided the facility's Grievance Binder, which included the student grievances submitted in calendar year 2023. The auditor randomly selected five grievances from calendar year 2023, and upon the auditor's review, none of the grievances were related to a sexual abuse or sexual harassment incident or allegation.

The facility's PREA posters include the following information and are posted in



English and Spanish throughout the facility:

- Agency's zero tolerance policy
- Reporting information (notify a staff member, third-party through a friend or family member, abuse hotline, etc.)
- Right to report
- Investigation process
- Holding perpetrator accountable for his/her actions
- Relevant information and support services
- Multiple ways to report:
  - Contact PCM of the facility
  - Contact PC for the facility
  - Rape Crisis Center & Advocacy (Options, Inc. Advocacy Center- address and phone number)
  - Arkansas Child Abuse Hotline
  - Report to any staff, volunteer, contractor, or medical or mental health staff
  - Grievance process
  - Tell a family member, friend, legal counsel, or anyone else outside the facility who can report of a student's behalf
  - Report for another student

Additionally, 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.

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

	<p>PREA Standard:</p> <ul style="list-style-type: none"> <li>• Staff members have a means of reporting privately to the site PREA Compliance Manager or Shift Supervisor; and</li> <li>• Call Agency PREA Coordinator (RIIP).</li> </ul> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Memo Signed by the PCM</li> <li>- Policy 600.402 (Student Problem Solving &amp; Grievance Policy)</li> <li>- Policy 100.407 (Child Abuse Reporting)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.352 (a-g):</b></p> <p>The auditor 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-on-site phase of the audit, the auditor determined that student grievances related to sexual abuse or allegations of sexual abuse (such as accusations of sexual abuse, a fear of sexual abuse, or accusations of mishandling an incident of sexual abuse) are immediately converted into investigations that are handled separately from the agency's administrative remedies process and are not considered as merely grievances by the agency. The auditor was provided with a memo signed by the PCM that confirms all grievances related to sexual abuse or allegations of sexual abuse (such as accusations of sexual abuse, a fear of sexual abuse, or accusations of mishandling an incident of sexual abuse) are immediately converted into investigations that are handled separately from the agency's/facility's administrative remedies process and are not considered as grievances by the agency.</p> <p>To further verify that any student grievance alleging sexual abuse is not handled</p>

internally as a grievance and reported to the appropriate law enforcement authorities, the auditor confirmed that the following language is included in Policies 100.407 and 600.402:

- As Per Policy 600.402 on page 3:
  - b. If a grievance is an allegation of child abuse, the complaint shall be reported to the appropriate authorities (see Policy 100.407 Child Abuse Reporting) that have authorization to conduct an alleged abuse investigation or the proper law enforcement agency immediately.
  - c. If the grievance is an allegation of sexual abuse, sexual harassment, or sexual contact, the Program Director or designee take steps to separate the alleged victim and perpetrator immediately, and shall notify the PREA Coordinator (See Safe Environmental Standards Policy). **Appropriate law enforcement and social services agencies will be notified.**
- As Per Policy 100.407:
  - Rite of Passage employees, contract workers, volunteers, vendors, interns or any persons providing services in the facility who receive any information, regardless of its source, concerning student abuse, harassment, neglect, mistreatment and/or sexual misconduct, or who have reason to suspect, or who observe an incident of student abuse, harassment, neglect, mistreatment and/or sexual misconduct, are required to immediately report the incident to the Shift Supervisor, Human Resources and the Program Director.
  - The staff member must give an immediate verbal incident report to the Shift Supervisor, Human Resources, and the Program Director. A written incident report will be accomplished within one hour of reporting. **Immediate notification must also be made to the local county department of social or human services or the police department by the Program Director or designee.** It is not the staff's role to investigate suspected abuse, only to report it.

As noted in this report, the PCM has indicated that there have been no instances of a student at DJTC being involved in any form of sexual abuse or harassment in the past 12 months, based on the audit review. This finding was further supported by reviewing documents, conducting on-site observations, and interviews, which revealed no evidence of such incidents during the audit review period or the three-year period prior to the PREA audit. Additionally, the auditor was given access to the facility's Grievance Binder, which contained grievances submitted by students in the year 2023. The auditor randomly selected five grievances from that year and found that none of them were related to allegations or incidents of 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.**

115.353	<p><b>Resident access to outside confidential support services and legal representation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- MOU Between DJTC and Options, Inc.</li> <li>- PREA Posters (Spanish &amp; English)</li> <li>- Student PREA Brochure ("A Student's Guide to Rights, Protections, and Reporting of Sexual Abuse")</li> <li>- Options, Inc. Poster</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor spoke with a representative from Options Inc., who is the organization's Anti-Human Trafficking Specialist. This representative confirmed how Options Inc., is able to provide a room for law enforcement to use for conducting a forensic interview. They also mentioned that they can help arrange for a forensic medical examination to be conducted by a certified SANE/SAFE nurse at a local hospital. It was further explained that the organization has over 14 specially trained victim advocates available 24/7 to any juvenile who contacts the organization, with a 24/7 crisis hotline available after hours. The representative also mentioned that Options Inc. is a non-profit organization and can provide assistance with transportation, counseling services, victim advocacy, emotional support services, and more.</li> <li>- The eleven students who were interviewed all said that they were aware of the sign from Options Inc. that is displayed throughout the facility. The students shared that they remembered seeing the Options Inc. form because it has purple on it, in which the auditor confirmed this to be true. They also stated that they would feel comfortable reaching out to this advocacy organization if they needed emotional support services related to sexual abuse. Additionally, the students believed that any conversations they had with an advocate from Options Inc. would remain private and confidential. Each student explained the process of family visitation and phone calls, and all of them confirmed that they are given the opportunity to make at least one phone call and have one in-person visit each week. The students mentioned that they are able to send and receive mail at any time. If they needed to get in touch with an attorney, they can request assistance from a staff member or their Case Manager.</li> <li>- There were no students at the facility during the onsite who were involved in any way with a sexual abuse situation at the facility.</li> </ul>
---------	---

- The Program Director and PCM described how all students have the right to at least one phone call and one in-person visit per week, with more frequent visits and phone calls available depending on the student's behavioral level.

**Site Review Observations:**

- During the onsite visit, the auditor noticed several signs related to PREA that were posted in various areas of the facility. One of these posters was the advocacy center poster of Options, Inc. The poster contained information about how students can reach out to the organization for emotional support services regarding sexual abuse and was confirmed to have purple in the Options Inc. logo. The Options Inc. flyer posted throughout the facility included the organization's address, crisis and office telephone numbers, and their Facebook page details. The PREA posters were strategically placed in easily accessible areas for both students and staff. No issues or concerns were identified during the onsite visit regarding the students' access to the information on the PREA posters or their ability to find a private and confidential space to make a PREA report or seek emotional support services.

**Explanation of Determination:**

**115.353 (a-d):**

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 provided a fully executed MOU between DJTC & Options Inc., which, as verified by the auditor, includes the required elements of this PREA Standard and confirms Options Inc., as the organization that is able to provide students with emotional support services related to sexual abuse. Further details from this MOU are outlined in section 115.321 of this report. Furthermore, the auditor conducted an internet search for information on the Options Inc. organization, in which the following information was found on the organization's website and Facebook page (Options, INC. (canva.site) / Options, Inc. Domestic Violence Shelter | Monticello AR | Facebook):

- Serving Ashley, Bradley, Chicot, Desha, Dre Lincoln, and Union Counties
- Location is in Monticello, Arkansas
- Office number and 24 hour crisis hotline number (870-367-0684)
- Services offered:rape crisis intervention and victim and victim family services;
  - referrals to other community agencies and services;
  - support group;
  - court/legal advocacy and/or legal assistance;
  - counseling to enhance self-esteem, stress management, problem solving skills, etc.
- Motto:To provide emergency shelter and supportive services to victims and survivors of domestic violence, sexual assault, human trafficking, teen dating violence and stalking. The goal of this mission is to help bring an end to violence in Arkansas.

Furthermore, the facility's PREA posters include the following information and are posted in English and Spanish throughout the facility:

- Agency's zero tolerance policy
- Reporting information (notify a staff member, third-party through a friend or family member, abuse hotline, etc.)
- Right to report
- Investigation process
- Holding perpetrator accountable for his/her actions
- Relevant information and support services
- Multiple ways to report:Contact PCM of the facility
- Contact PC for the facility
- Rape Crisis Center & Advocacy (Options, Inc. Advocacy Center- address and phone number)
- Arkansas Child Abuse Hotline
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Grievance process
- Tell a family member, friend, legal counsel, or anyone else outside the

- facility who can report of a student's behalf
- Report for another student

The Options, Inc. poster provides for the physical address, office and crisis numbers, and Facebook page for the advocacy organization. In addition, the poster includes the motto of Options, Inc., as noted above. The poster describes the services offered as:

- Safe shelter & food for domestic violence victims and their children
- Supportive services for non-residents
- 24 Hour Crisis Hotline
- Rape Crisis Intervention
- Referrals to other community agencies & services
- Support Group
- Court/Legal Advocacy and/or legal assistance
- Resource information or referral
- Job seeking skills and resume preparation
- GED Study and referral to Workforce Training Center
- Counseling to enhance self-esteem, stress management, problem solving skills, independent living skills, goal setting, budgeting, referrals, assertiveness training and parenting class referrals

**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.**

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP PREA Third Party Reporting Form (English &amp; Spanish)</li> <li>- Third Party Reporting Poster</li> <li>- DJTC Website (<a href="https://lakegranburyyouthservices.com/prea/">https://lakegranburyyouthservices.com/prea/</a>)</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the onsite visit, the auditor noticed that there were an ample number of</li> </ul>



signs related to the PREA posted all over the facility. These signs are easy to see and read, and they provide information about the agency's policy of not tolerating any form of sexual abuse or sexual harassment, different ways individuals can report PREA incidents, how students can stay safe and be free from abuse or harassment, their rights as students, and contact information for advocacy services and outside reporting entities. The signs are also posted in both English and Spanish and are written at a level that is easy to understand. The signs are not damaged or vandalized in any way that would make the text illegible. Additionally, there is a sign that explains how anyone can report a PREA incident on behalf of a student at the facility (third-party reporting), with a form and a locked box nearby for submitting third-party reports. This box is checked daily by the PCM.

- To evaluate the effectiveness of the hotlines for reporting to external authorities and entities, the auditor made two successful test calls during the onsite visit. One call was made to the Options Inc. Reporting Hotline and the other to the Arkansas Child Abuse Reporting Hotline. Both organizations confirmed that they can provide interpretation services on a case-by-case basis, accept third-party reports, and have their reporting lines open 24/7.

**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 facility's webpage. Furthermore, the following instructions are also included in the Reporting section on the facility's PREA webpage:

- Students are encouraged to report sexual harassment or assault by another

student or a staff member. They may report to any staff member, to an outside agency (phone numbers on posters throughout the program), or anonymously by writing it down and submitting it to any grievance box in any living area.

- 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.
- Staff must report any knowledge or suspicion of sexual harassment or sexual assault to their supervisor immediately. Staff may also privately report to their site PREA Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.
- There is often concern that addressing PREA-related issues in policy and procedure and educating students as to their right to be free from sexual abuse, may result in false accusations or false reports of staff misconduct. All allegations will be thoroughly and timely investigated and knowingly false allegations may be prosecuted.

**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
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Policy 100.407 (Child Abuse Reporting Policy)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- During the onsite phase of the audit, the auditor interviewed a total of 12 randomly selected Coach Counselors (CCs), the Program Director (PD), the PCM, one Special Education Teacher, one custodial staff member, one full-time registered nurse, and the Therapeutic Manager. All of these individuals confirmed, in their own words and in their own individual interviews, that they are mandatory reporters and</li> </ul>

are required to immediately report any knowledge, suspicion, or information they receive about an incident of sexual abuse or sexual harassment that occurs in a facility. This requirement applies regardless of whether the incident takes place within the agency or not. They are also required to report any retaliation against residents or staff who report such incidents, as well as any instances of staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. The interviewed staff members also discussed the confidentiality requirements related to working with juveniles as related to the applicable PREA standards. Each staff member confirmed that, apart from reporting to designated supervisors or officials and designated State or local service agencies, the agency prohibits them from sharing any information related to a sexual abuse report with anyone else unless it is necessary for the purposes of treatment, investigation, or making security and management decisions. The PD and PCM of the facility explained the procedures for promptly notifying the parent, legal guardian, and attorney (if applicable) of an alleged student victim of sexual abuse. These notifications would be documented and most likely carried out by either the youth's Case Manager or the PCM. Lastly, the Program Director and PCM described how any allegations of sexual abuse, sexual harassment, retaliation, or staff neglect (including third-party and anonymous reports) would be promptly investigated by the PCM. The PCM stated that she would be required to travel to the facility and begin an internal investigation as soon as possible if notified of such a report while off-duty.

**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. As noted in sections 115.331 and 115.332 of this report, all employees, volunteers, and contractors are trained before having contact with students at the DJTC and annually during PREA training refreshers on the staff and agency reporting duties pursuant to the requirements of 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.**

<b>115.362</b>	<b>Agency protection duties</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1270 591" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Incident Response Flowchart</li> <li>- ROP Safe Environmental Standards Coordinated Response Plan</li> </ul> <p data-bbox="280 627 459 663"><b>Interviews:</b></p> <ul data-bbox="280 698 1481 2056" style="list-style-type: none"> <li>- The auditor spoke to the Program Director (PD) of the facility, who explained the steps that would be taken to protect a student who is at immediate risk of sexual abuse. These protective measures would include, but are not limited to, taking the situation seriously and promptly removing the threat from the student, ensuring the safety of the victim and providing necessary mental health services, notifying the PCM promptly so that an internal investigation can be conducted, re-evaluating and possibly changing the housing and program assignments of those involved in the situation, checking on the status periodically throughout the investigation and beyond, potentially removing the threat completely from the program, resolving any conflicts involving the students based on the seriousness of the situation, reporting the situation to the appropriate authorities if there are criminal elements involved, monitoring for any retaliation, reviewing the vulnerability assessments of those involved, and conducting re-assessments of the risk as necessary. The PD and PCM stated that no such situation has occurred in the past 12 months of the audit review period; however, the administrators sufficiently shared how the facility would quickly take action to protect a youth who was at risk of sexual abuse.</li> <li>- Twelve randomly selected Coach Counselors (CC) were interviewed and were asked an open-ended question on how they would respond to a hypothetical situation involving a student who expressed concerns of being threatened sexually by another student. All the staff sufficiently shared how they would take immediate action to protect the youth at risk and ensure he is safe. The staff further explained how they would not leave the youth at risk alone, immediately notify the on-duty supervisor and PCM, ensure the threat is no longer able to be around the youth at risk, possibly move students to different Dorms, ensure the situation is communicated with other staff and documented in the Logbook, and continue to monitor the situation to ensure there is no retaliation or continued threat. All the CCs advised that the situation would be immediately reported and investigated internally by the PCM or PD to figure out the facts of the situation and to determine the most effective plan of action to take to ensure student and staff safety. Lastly, it is important to note that all the staff interviewed confirmed that they have never experienced a situation at the facility in which a student was at a substantial risk of sexual abuse.</li> </ul>

	<p><b>Explanation of Determination:</b></p> <p><b>115.362 (a):</b></p> <p>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.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PAQ</li> <li>- Memo Signed by PCM</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor spoke to the PD and PCM of the facility. Both of them mentioned during their respective interviews that they had not been informed by another facility about a youth reporting sexual abuse while at the DJTC. Additionally, the PD and PCM confirmed that the agency policy mandates investigating any allegations received from other agencies or facilities according to PREA standards. Any such allegations would be reported to the appropriate authorities and internally investigated by the PCM in a prompt manner, similar to any other report of sexual abuse being administratively investigated.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.363 (a-d):</b></p>

	<p>The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA Standard on page 35, as outlined below:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</li> <li>• The program shall document in the student's case notes that such notification has been provided.</li> <li>• The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</li> </ul> <p>Furthermore, the PCM noted in the PAQ and provided a signed memo confirming that in the past 12 month audit review period the Dermott Juvenile Treatment Center has not had any allegations at the facility in reference to PREA standard 115.363.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PREA Incident Response Flowchart</li> <li>- DJTC PREA Notification &amp; Responsibility Tree</li> <li>- ROP Safe Environmental Standards Coordinated Response Plan</li> </ul>

**Interviews:**

- Each of the twelve randomly selected Coach Counselors interviewed confirmed that they have received training and fully understand their obligation to immediately report any knowledge or suspicion of student sexual abuse to their immediate supervisor, local law enforcement, and the State of Arkansas. Additionally, the staff adequately explained their responsibilities as first responders, which include immediately calling for assistance, separating the victim from the perpetrator, instructing the victim and perpetrator not to take any actions that could destroy or contaminate physical evidence, and preserving and protecting the scene so that properly trained authorities can conduct a criminal investigation. Furthermore, the Therapeutic Manager, RN, PCM, and PD all shared during their individual interviews that they have been trained on how to respond to a sexual abuse situation as first responders. Their priority is to immediately separate the alleged victim from the alleged perpetrator to prevent further abuse and then advise the victim and perpetrator not to take any actions that could contaminate or destroy usable physical evidence. These staff members also emphasized the importance of preserving and protecting the scene where the sexual abuse allegedly occurred and allowing proper authorities access to collect evidence and investigate the situation. All the staff members interviewed stated that they received training on their first responder duties during their initial in-service training when they were hired, and this information is also reviewed during annual PREA training refresher courses.

**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:

- Initial Notice of PREA Incident
- Coordinated Response Plan
- Administrative Investigative Response
- Administrative Response and Review
- Investigation Recommendations and Implementation
- Post Investigation Student Notification
- SSV Survey
- Checklist
- Investigation Tracker
- Coordinated Response

In order to assess the level of compliance with the first responder training that is provided to all staff working at the DJTC, the auditor confirmed that the PREA training provided during pre-service and during annual PREA refresher trainings include first responder protocols as set forth by 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.**

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> 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)
- DJTC PREA Notification & Responsibility Tree
- ROP Safe Environmental Standards Coordinated Response Plan

**Interviews:**

- The auditor interviewed the facility's PD, who sufficiently described the coordinated response plan that would be immediately taken in response to a sexual abuse allegation or incident at the facility. The PD indicated that the response measures would include, but not limited to: taking the matter seriously and immediately removing the threat from the student at risk, ensuring the victim is safe and provided mental health services as needed to the situation, ensuring the PCM and PC are promptly notified of the situation so that an internal investigation can be conducted, re-assessment and possible re-assignment of housing and program assignments of those involved, ensure the proper medical and mental health action has been or will be taken, assist with the logistics of transport to the local hospital as needed to the situation, ensure Options Inc. is notified and able to provide victim advocacy services to the victim, periodic status checks throughout the investigative process and beyond, possibly removing the threat completely from the program, student conflict resolution process as applicable to the seriousness of the situation, report to the proper authorities if criminal elements are involved with the threat, monitor for retaliation, review Vulnerability Assessments of those involved and conduct risk screening re-assessments as needed to the situation, etc. The PD and PCM confirmed in each of their individual interviews that no such situation has occurred in the past 12 month audit review period; however, as noted above, the PD shared how the facility would take immediate action to protect a youth who was at risk of sexual abuse and ensure the most effective coordinated response is taken among first responders, medical and mental health staff, investigators, and facility leadership.

**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:

	<ul style="list-style-type: none"> <li>◦ Separate the alleged victim and abuser;</li> <li>◦ Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist)</li> </ul> <ul style="list-style-type: none"> <li>• 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.</li> <li>• At a minimum, the follow is to be determined in the plan: <ul style="list-style-type: none"> <li>◦ Assessment of the victim's acute medical needs.</li> <li>◦ Informing the victim of his or her rights under relevant Federal or State law.</li> <li>◦ Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.</li> <li>◦ Offering the presence of a victim advocate or a qualified staff member to be present during the exam.</li> <li>◦ Providing crisis intervention counseling.</li> <li>◦ Interviewing the victim and any witnesses.</li> <li>◦ Collecting evidence.</li> <li>◦ Providing for any special needs the victim may have.</li> </ul> </li> </ul> <p>Additionally, to evaluate the extent to which the facility abides by the criteria outlined in the PREA Standard, the auditor received a Coordinated Response Plan document. This document ensures that in the event of a sexual abuse incident or allegation at the DJTC, a coordinated response will be carried out. It clearly outlines the steps to be taken by staff, facility/agency leaders, medical and mental health practitioners (if relevant and suitable), and investigators.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	---

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul>

	<p>- PAQ</p> <p><b>Interviews:</b></p> <p>The facility's PD and PCM advised in their individual interviews that the facility does not have any form of collective bargaining agreement with the staff and no union representation is available at the DJTC.</p> <p><b>Site Review Observations:</b></p> <p>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> <p><b>Explanation of Determination:</b></p> <p><b>115.366 (a-b):</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 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><b>Conclusion:</b></p> <p><b>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.</b></p>
--	---

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Policy 600.402 (Student Problem Solving and Grievance Procedure)</li> <li>- ROP Policy 100.402 (Staff Protection- Whistleblower)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the PD and PCM, with the PCM designated as the primary administrator responsible for monitoring retaliation. Both administrators stated that the agency's PREA Policy requires the immediate implementation of various</li> </ul>

protection measures. These measures include changing or transferring the housing of resident victims or abusers, removing alleged staff or resident abusers from contact with victims, and providing emotional support services for residents or staff who fear retaliation for reporting sexual abuse or harassment or cooperating with investigations. Although there have been no instances requiring retaliation monitoring during the audit review period, both the PD and PCM provided detailed explanations of how the process would be implemented in practice. For example, the PCM mentioned that she would begin monitoring for retaliation as soon as she is notified of an allegation of sexual abuse at the facility. This monitoring would continue for at least 90 days or longer until the safety of the alleged victim is ensured. The PCM would conduct frequent check-ins and walk-throughs to directly monitor for retaliation and any unusual behavior suggesting possible retaliation. The PCM also explained how she would document the monitoring of retaliation on a form and review various reports and records, such as incident reports, behavioral reports, disciplinary reports, cameras, communication logbooks, and PREA unannounced round sheets, to assess any signs of retaliation. The PCM and PD stated that the monitoring for retaliation would continue beyond 90 days until the alleged victim is released from the facility, in order to follow best practices. The PD mentioned that response measures would include taking the matter seriously, immediately removing the threat from the at-risk individual, ensuring the safety of the alleged victim and providing necessary mental health services, promptly notifying the PCM for an internal investigation, reassessing and potentially reassigning housing and program assignments of those involved, periodically checking the status throughout the investigative process and beyond, possibly removing the threat entirely from the program, resolving student conflicts depending on the seriousness of the situation, reporting to the appropriate authorities if criminal elements are involved, monitoring for retaliation, reviewing Vulnerability Assessments and conducting risk screening reassessments as necessary.

- The PCM and PD confirmed that the facility does not utilize isolation as a form of protection from sexual abuse or retaliation, and no students at the facility have reported or been involved in a sexual abuse situation or retaliation for making such a report.

**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.

Note: As described throughout this report, the facility has not had an incident or allegation received of a student involved in any type of sexual abuse situation in the past 12 month audit review 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.**

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> 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)
- PAQ
- Memo Signed by the PCM

**Interviews:**

- The PCM and PD confirmed that the facility does not use isolation as a form of protection against sexual abuse or retaliation. No students at the facility have reported or been involved in any instances of sexual abuse or retaliation for reporting such incidents. As mentioned in section 115.342 of this report, the facility's PD, PCM, PC, full-time registered nurse, and Therapeutic Manager all acknowledged during their individual interviews that isolating students for protection is not practiced or allowed according to agency policy. Instead, other measures are taken in protective situations, such as removing the threat or person accused of abuse or harassment from the area or program entirely, and re-evaluating housing arrangements for all those involved. These staff members also confirmed that the facility does not have specialized housing available for students who identify as LGBTI or any other specific way, and there has been no admission of a transgender or intersex student since ROP took charge of the facility.
- During their individual interviews, the RN (Registered Nurse) and Therapeutic Manager stated that they have complete and uninterrupted access to all students at the facility in order to provide services within their expertise and licensing, regardless of disciplinary or behavioral situations. They mentioned that they have never been restricted from meeting with a student, and it is their decision to refrain from doing so only if the student is displaying assaultive or aggressive behavior.

**Site Review Observations:**

During the onsite, the auditor did not observe any student in his room due to a disciplinary reason related 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.

**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

	<p>provided alternative housing subject to the requirements of PREA Standard 115.342."</p> <p>Per the PAQ, there has not been a situation involving a resident who alleged to have suffered sexual abuse being placed in isolation in the past 12 months, and the PCM provided the auditor with a signed memo confirming this information.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.371 Criminal and administrative agency investigations</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Letters and Certified Mail Receipts to Advocacy Organizations and Local Police Department</li> <li>- Signed Memo from the PCM (no sexual abuse allegations)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The facility's PCM, who is the designated PREA administrative investigator for sexual abuse and sexual harassment allegations made at the facility, was interviewed. The PCM clearly explained the entire administrative investigative process and confirmed that the facility has established procedures to address the criminal and administrative investigative requirements of this PREA standard. Additionally, the PCM described how the PD and PCM would serve as the points of contact during any criminal investigation conducted by the local PD or the Arkansas State Police. The PCM mentioned that her training included techniques for interviewing, the importance of reviewing previous complaints and reports of sexual abuse involving the suspected perpetrator, proper use of Miranda and Garrity warnings, collecting sexual abuse evidence in confinement settings, reviewing available electronic monitoring data, and the criteria and evidence required to support a case for administrative action or prosecution referral. The PCM emphasized that one of the most crucial elements to conduct an effective investigation is to ensure that usable evidence is properly preserved and protected by first responders and promptly collected by the appropriate criminal investigators. Regarding referrals to the local prosecutor, the PCM advised that the decision would be up to the law enforcement agency conducting the criminal</li> </ul>



investigation. Furthermore, if an internal investigation into an allegation of sexual harassment of a student indicates possible sexual abuse and/or a crime, the referral to law enforcement would be made. The PCM clarified that a PREA internal investigation would continue until the outcome is determined, even if the source of the allegation recants or the individuals allegedly involved are no longer at the facility. The use of compelled interviews and truth-telling devices are not employed for an administrative investigation, and credibility assessments are not used as a tactic to determine the outcome of a case. The PCM provided the auditor with the documentation used for an internal investigation and explained how this report (Coordinated Response Plan) would be utilized to document the entirety of the investigation. Additionally, the PCM elaborated that an administrative investigation includes efforts to determine if staff actions or failures to act contributed to the abuse, which would be fully documented in written reports that describe the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

- The PD and the PCM stated in their separate interviews that they would act as the main contact person for any criminal investigation carried out by either the State of Arkansas Police or the Dermott Police Department. Moreover, they also affirmed the agency's policy of cooperating with external investigators and making efforts to stay updated on the investigation's progress through phone calls, emails, and in-person visits. The PD and PCM mentioned that no investigations related to sexual abuse had taken place at the facility during the audit review period, whether conducted internally or by an external criminal investigative organization.

**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; and
  - Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- 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, as indicated in section 115.334 of this report, the PCM is the primary internal administrative PREA investigators for DJTC, and the auditor was provided the specialized investigator training verifications for the PCM, as noted in section 115.334 of this report.

The PCM noted in the PAQ, as well as confirmed on a signed memo, that the DJTC has not conducted any administrative investigations in regards to sexual abuse in reference to PREA standard 115.321. Furthermore, in order to demonstrate how the facility has conducted its due diligence to enter into an agreement with multiple agencies for criminal investigative and victim services, the PCM provided the auditor with letters sent to the following agencies in the local area via certified USPS mail:

- McGehee Hospital;
- Chicot Memorial Medical Center;
- Chief of the Dermott Police Department (PD); and
- Rape, Abuse & Incest National Network (RAINN).

Each of the letters mailed to the agencies listed above included a U.S. Postal Service Certified Mail Receipt to prove the date and time sent to each agency. Furthermore, the letters contained the following information and were sent in early 2023:

- Letters Sent to the Two Hospitals:
  - Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding (MOU) outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department and then transport the youth to your hospital to receive SAFE/SANE services as deemed necessary. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to your response.
- Letter Sent to Chief of Dermott PD:
  - Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department. The contact information we will be using for our records is: 112 North Freeman Street, Dermott, Arkansas, 71638 phone number 870-538-5269. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to your response.
- RAINN & Options Inc.:
  - Dermott Juvenile Treatment Center is making every effort to meet the compliance of the federal PREA guidelines. In doing so, we are reaching out to your office to support our efforts by granting us an opportunity to meet with you or a representative of your office at which time we will be requesting collaboration in the form of entering into a Memorandum of Understanding (MOU) outlining the request of services in the event of a sexual assault on our campus. Should we suspect or be informed of a sexual assault on our campus we will contact the Dermott Police Department and then provide the youth with your agency contact information to receive victim advocacy services as deemed necessary. We do understand that if it is an emergency, we need to utilize the Emergency contact number of 911. We look forward to

your response.

Finally, during the onsite visit, the auditor was given permission to enter the office of the PCM. This is where the PCM keeps reports and data related to the PREA. The office is located in a secure section of the administrative area within the facility, ensuring a safe and protected space for storing all sensitive and confidential information related to PREA.

**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.**

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
----------------	---

**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)
- Specialized Investigator Training Curriculum

**Interviews:**

- The facility's PCM was interviewed and confirmed the agency's policy on imposing no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Explanation of Determination:**

**115.372 (a):**

As mentioned in the agency's PREA Policy on page 43, it is stated that the agency should not establish any criteria more demanding than the preponderance of evidence when determining the validity of allegations related to sexual abuse or sexual harassment. Additionally, the investigators undergo specialized training which includes a discussion of the preponderance of evidence standard, as verified by the auditor. It has been confirmed that the PCM, who is the facility's administrative investigator responsible for conducting internal PREA investigations, has completed the required training.

**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**

**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)
- Post Investigation Student Notification (SES 115.373) Form

**Interviews:**

- During their individual interviews, the PD and PCM stated that there has not been any situation at the facility that required an investigation under the PREA during the audit review period. However, although no investigations were conducted during this review period, both administrators were aware of the notification requirements of this PREA standard and sufficiently articulated the process of informing the alleged victim in a case of sexual abuse about whether the allegation has been determined to be unfounded, substantiated, or unsubstantiated. In addition, the PD and PCM confirmed that once an investigation into sexual abuse is completed, the PCM would then be obligated to inform the victim about whether the alleged perpetrator is still allowed at the facility and whether there are any criminal charges or convictions related to sexual abuse within the facility. It was explained that all the required notifications under PREA would be recorded on the appropriate ROP form.

**Explanation of Determination:**

**115.373 (a-e):**

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.

In order to demonstrate how the facility would provide the notifications in practice as required by this PREA standard for any investigation into an allegation or incident of sexual abuse, the PCM provided the auditor with the agency's Post Allegation Student Notification Response Form, which includes sections for an administrator to complete related to post notifications pursuant to the requirements of 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 and no corrective action is required.**

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> </ul>

- Sample of Personnel Files Reviewed

**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.

In addition, the PCM mentioned in the PAQ that there have not been any incidents or situations where a staff member, contractor, or volunteer has been involved in any form of student sexual abuse or sexual harassment in the past 12-month audit review period at the facility. Furthermore, during the audit review process, the auditor did not find any evidence to contradict this statement. The personnel file review also confirmed that there were no disciplinary issues related to a violation of the PREA policy in the sample size reviewed for the staff and contractor. This information was also confirmed by the HR Manager, who was interviewed by the auditor and assisted with the personnel file review process during the onsite visit.

**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.**

115.377	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

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

- PAQ

**Interviews:**

- The agency's Program Director (PD) and HR Manager were interviewed during the onsite, and each administrator advised that if a contractor or volunteer was alleged to have violated the agency's PREA Policy, this individual would be immediately escorted out of the facility (if in the facility) and not allowed access to students in the facility during the investigative process. If the investigation found that the alleged perpetrator engaged in a PREA violation, the individual would be permanently restricted access into the facility and the proper law enforcement authority would be notified. It was further clarified by the PD and HR Manager that the PD would have the ultimate decision on if a contractor or volunteer could be allowed back in the facility for an investigative outcome of unsubstantiated or unfounded.

- The PCM and PD confirmed onsite that the facility does not currently have any volunteers providing services to students at the facility, with this also being verified by the auditor during the onsite phase of the audit.

**Explanation of Determination:**

**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.

In addition, the PCM mentioned in the PAQ that there have not been any incidents or situations where a staff member, contractor, or volunteer has been involved in any form of student sexual abuse or sexual harassment in the past 12-month audit review period at the facility. Furthermore, during the audit review process, the auditor did not find any evidence to contradict this statement. The personnel file review also confirmed that there were no disciplinary issues related to a violation of the PREA policy in the sample size reviewed for the staff and contractor. This information was also confirmed by the HR Manager, who was interviewed by the auditor and assisted with the personnel file review process during the onsite visit.

**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.**



<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1315 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1267 515" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PAQ</li> </ul> <p data-bbox="280 555 459 591"><b>Interviews:</b></p> <ul data-bbox="280 627 1481 1863" style="list-style-type: none"> <li>- The PCM and PD confirmed that the facility does not use isolation as a punishment. During the audit review period, no students at the facility were placed in their individual rooms as a result of a PREA related situation. It was further explained that the only reason a student would be secured in a room is for a cooling off period in response to negative or disruptive behavior. Facility staff is only allowed to seclude a student for a short period of time (30 minutes to one hour), unless approved on a case-by-case basis by the Program Director. If a time out is approved by the PD to exceed 60 minutes, medical staff and Coach Counselors are required to check on the youth at staggered intervals not exceeding 15 minutes. If the time out exceeds four hours due to the severity of the event or continued aggressive behavior, the PD explained how the Arkansas Department of Youth Services must be contacted to approve the extension. However, the PD and PCM emphasized that long-term seclusion for a PREA related situation is not used. Instead, alternative and less restrictive methods are employed to ensure student safety. These methods include removing the threat or alleged perpetrator from the area or program, re-evaluating housing and programming for all individuals involved, conducting Vulnerability Assessments and re-assessments, removing the perpetrator from the facility, and implementing a collaborative team approach between Group Living, Mental Health, Medical, and administration in cases where a student is a perpetrator of sexual abuse. Finally, the PD advised that if a student is secluded in his room for a PREA related matter, the necessary rights associated with physical exercise, education, and programming would be provided.</li> <li>- The Registered Nurse (RN) and Therapeutic Manager stated in their separate interviews that they have complete and uninterrupted access to all students at the facility, enabling them to provide services within their professional expertise and licensing, no matter the disciplinary or behavioral circumstance. They clarified that there have never been any limitations imposed on their ability to interact with a student, but they do make the decision to not engage with a student if they are exhibiting assaultive or aggressive behavior.</li> </ul> <p data-bbox="280 1899 699 1935"><b>Site Review Observations:</b></p> <p data-bbox="280 1971 1417 2051">During the onsite, no youth were secured in their room as a means of protective isolation or disciplinary sanction related to a PREA situation.</p>

**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.

Per the PAQ and a signed memo from the PCM, there has not been a situation involving a resident who alleged to have suffered sexual abuse being placed in a disciplinary seclusion in the past 12 months.

**Conclusion:**

	<p><b>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.</b></p>
--	---

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavioral/Overall Risk</li> <li>- 14 Day Mental Health Tracker (blank copy)</li> <li>- Student Services Offered Acknowledgement</li> <li>- Memo from the PCM</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one youth whose Vulnerability Assessment indicated he had experienced prior sexual victimization before being admitted into the facility, and this student confirmed that a therapist met with him within a week after arriving at the facility. The student also confirmed being assigned a therapist soon after this first counseling session was conducted and meetings with this therapist occur weekly.</li> <li>- The auditor also inquired from each of the eleven students who were interviewed if they had met with a counselor within two weeks after being accepted. All the students responded positively and shared their recollection of meeting with a counselor shortly after being admitted. The students also verified that they regularly meet with their assigned therapist on a weekly basis. Furthermore, several students provided additional details, mentioning that they participate in monthly family counseling sessions.</li> <li>- The auditor also spoke with a Case Manager (CM), who stated that if a student answers "yes" to previous sexual victimization or abusiveness on the Vulnerability Assessment (VA) during the intake process, that student is referred to the counseling unit after the VA is finished. The CM explained that she either directly contacts the therapist or sends an email to inform the counseling unit about the need for mental health follow-up within 14 days of the student's arrival at the facility. Additionally, the CM made it clear that all completed VAs are sent to the counseling unit for their review, and a therapist meets with every student admitted</li> </ul>

into the facility within a week, regardless of whether the VA indicates prior sexual victimization or abusiveness.

- The Registered Nurse (RN) and Therapeutic Manager who were interviewed stated that their departments meet with every student who is admitted to the facility. The Therapeutic Manager clarified that she meets with every student within one week of their arrival at the facility and reviews each student's completed Vulnerability Assessment, looking for any previous victimization or abusive experiences. She explained that the initial counseling meeting is conducted to go over the mental health services available, assess the student's mental state, discuss the requirements for confidentiality regarding mental health, evaluate the most appropriate level of care or treatment, and determine which counselor they will be assigned to. The RN mentioned in her interview that a medical professional meets with every student as soon as they enter the program to conduct a comprehensive medical assessment. If a student arrives outside of normal business hours and there is no medical staff present, a medical professional will see the student on the following business day. Lastly, the RN and Therapeutic Manager confirmed that both medical and mental health professionals who meet with students at the facility need to obtain consent from the residents before reporting any information about previous incidents of sexual victimization that did not occur at the institution, unless the student is under 18 years old.

**Site Review Observations:**

During the onsite, the auditor reviewed the physical storage areas where PREA related data and information is stored, and all areas were secure with no issues of concern identified. For example, the Case Manager and Counseling offices were inspected by the auditor, with each area being in a secure part of the facility and on camera view.

**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 facility indicated in the PAQ that the agency's 14 Day Mental Health Tracker and Student Services Offered Acknowledgement forms would be used for any student who requested to have the 14 day follow-up pursuant to the requirements of this PREA standard. Additionally, in order to clarify the practice for providing all students a meeting with a medical AND mental health professional within 14 days of being admitted into the facility, the PCM provided the following information on a memo prior to the onsite:

- Upon arrival at the Dermott Juvenile Treatment Center, students are seen by medical and mental health professional within 14 days of admission into the program. In the event the Vulnerability Assessment indicates prior sexual victimization the student will be referred to mental health services and provided follow up services. At this time all students have been seen within 14 days and there has not been any prior sexual victimization reported during the past 12 months.

The auditor also reviewed a significant number of Vulnerability Assessments during the pre-onsite and onsite phases of the audit. No issues of concern were identified regarding compliance with the requirements of this PREA standard. Furthermore, the auditor determined that the facility has fully incorporated the practice of conducting in-person counseling sessions and medical assessments for all students admitted into the program within 14 days after their arrival. This surpasses the minimum requirements outlined in this PREA standard.

**Conclusion:**

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

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1315 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="280 412 1398 591" style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP Safe Environment Standards Student Services Offered Acknowledgment</li> <li>- ROP 14 Day Mental Health Tracker</li> </ul> <p data-bbox="280 627 459 663"><b>Interviews:</b></p> <p data-bbox="280 698 1481 1568">- During the onsite visit, the auditor interviewed a full-time nurse (RN) and the Therapeutic Manager of the facility. Both professionals stated in their individual interviews that they have not encountered a situation where a student from the DJTC was involved in a sexual abuse or assault incident at the facility. However, they emphasized that if such a situation were to arise in the future, the students involved would receive immediate access to emergency medical and mental health services based on the circumstances. They explained that onsite emergency services can be provided within the professional capabilities of each individual, and 911 emergency services can be called for assistance whenever needed. Additionally, if necessary, students can be transported to a local emergency medical facility to ensure they receive the highest level of treatment. The Therapeutic Manager and RN affirmed that student victims of sexual abuse have timely and unrestricted access to emergency medical treatment and crisis intervention services. They are also provided with timely information and access to emergency contraception and prophylaxis for sexually transmitted infections, following acceptable professional standards of care. In most cases, this treatment and information is provided at a local emergency hospital, with additional support from the onsite medical and mental health professionals when the student returns to the facility. The RN stated that the facility has a contracted offsite physician who can provide further medical services as needed. Finally, it was confirmed that all male youth admitted to the DJTC are biological males.</p> <p data-bbox="280 1603 762 1639"><b>Explanation of Determination:</b></p> <p data-bbox="280 1675 507 1711"><b>115.382 (a-d):</b></p> <p data-bbox="280 1747 1433 1908">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:</p> <ul data-bbox="351 1980 1442 2051" style="list-style-type: none"> <li>• Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature</li> </ul>

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 Day Mental Health Tracker" log sheet, which is used to document the follow-up mental health care provided.

**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.**

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- PAQ</li> <li>- Student Services Offered Acknowledgement Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one of the facility's full-time registered nurses (RNs) and the Therapeutic Manager on-site. Both individuals stated in their individual interviews that they have not encountered a situation where a student from the DJTC was involved in a sexual abuse or sexual assault incident at the facility. However, it is important to note that the RN and Therapeutic Manager mentioned that if such a situation were to arise in the future, the students involved would be given access to appropriate emergency medical and mental health services. They would also be offered medical and mental health evaluations, as well as any necessary treatment for residents who have been victims of sexual abuse. Upon transfer to other facilities or release from custody, victims of sexual abuse would receive necessary follow-up services, treatment plans, and, if required, referrals for ongoing care. The Therapeutic Manager mentioned that her mental health team is capable of providing re-assessments of treatment plans for students on-site. This re-evaluation would include revised goals and a review of risk, with immediate implementation of the new treatment plan. She also stated that she can provide sex offender treatment and consult with her Clinical Supervisor as needed. Additionally, the RN stated that the facility's medical staff has a contract with an off-site physician who can provide further medical services when necessary. Both professionals expressed that Options Inc. is available to support students as needed, by providing emotional support, victim advocacy, and other specialized services related to sexual abuse. Finally, it was confirmed that all youth admitted into the DJTC are biological males.</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.383 (a-h):</b></p> <p>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:</p>



- 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

	<p>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 ___</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- ROP SES/PREA Administrative &amp; Response Review</li> <li>- ROP SES/PREA Investigation Recommendation &amp; Implementation</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The PCM and PD of the DJTC stated in their interviews that they have not encountered any sexual abuse incidents that required a sexual abuse incident review during the audit period. However, they mentioned that if a situation like that were to arise in the future, the review would be conducted within 30 days after the completion of a sexual abuse investigation, whether it was found to be true or not. The PCM and PD mentioned that they would be part of the sexual abuse incident review team, along with upper-level management officials, and they would also involve line supervisors, investigators, and medical or mental health practitioners for their input. The administrators also explained the specific aspects of the incident that would be examined, such as relevant policies, procedures, practices, and training, the motivations behind the incident, the location where the abuse took place, staff levels and supervision, Vulnerability Assessments of the affected individuals, student movement, daily operations, video surveillance, and others. Additionally, the PCM and PD confirmed that the details of the sexual abuse incident review would be documented using the appropriate agency reporting forms, specifically the Administrative &amp; Response Review form and Investigation</li> </ul>

Recommendation & Implementation form.

**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.
- 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.

To demonstrate how the facility would follow the aforementioned procedures in real-life situations related to student sexual abuse, the auditor was given the PREA Administrative & Response Review and PREA Investigation Recommendation & Implementation forms from the agency. These forms include sections that administrators need to complete when carrying out a review of a sexual abuse incident. The auditor concluded that the forms adequately display a process that is in line with the requirements for documenting such a review.

	<p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- 2022 PREA Annual Report</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.387 (a-f):</b></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"> <li>• Rite of Passage will collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control.</li> <li>• 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.</li> <li>• 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.</li> <li>• Each RIIP shall aggregate the incident-based sexual abuse data at least annually.</li> <li>• 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.</li> </ul> <p>Additionally, as stated in section 115.312 of this report, LGYS and ROP do not enter into contracts for the containment of the individuals under their care. Consequently, clause (e) of this PREA Standard is not applicable to LGYS.</p> <p>To demonstrate how the facility adheres to the PREA Standard in practice, the auditor was given the facility's 2022 PREA Annual Report. The report outlines the data collection requirements of this standard. It's important to note that the report indicates no allegations of sexual abuse occurred at the DJTC in 2022. Therefore, no</p>

sexual abuse data or supplemental documentation needed to be collected, maintained, or reviewed in accordance with this standard. The report states the following:

- Dermott Juvenile Treatment Center is committed to providing a safe environment and has a Zero Tolerance Policy regarding sexual abuse, sexual assault or sexual misconduct for the students in our care. To this end, Dermott has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2022, this facility continued the implementation of these standards and initiated further staff training, interactive supervision, physical plant improvements, and quality assurance reviews with the involvement of PREA Compliance Managers.
- In 2022 there was zero (0) allegations and zero (0) substantiations. Given this data and our analysis of our data, Dermott Juvenile Treatment Center will continue to focus on student safety and creating a culture supported by staff training and re-training on boundaries and supervision 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.

**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.**

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- 2022 PREA Annual Report</li> <li>- DJTC Website (Dermott Juvenile Center – Improving the lives of youth, families, and communities).</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed the PD, PC, and PCM, who discussed the process of collecting and reviewing data required by this PREA standard. This process is used</li> </ul>

to assess and improve the effectiveness of sexual abuse prevention, detection, response policies, and training. The administrators stated that this review process is conducted at least once a year, as a formal meeting with agency leadership. During this meeting, the team identifies problem areas related to PREA compliance, student and staff safety, and addresses any corrective actions implemented throughout the year. The PCM shared that she prepares a report of the team's findings from the data review, as well as any corrective actions deemed necessary as a result of the review. The PD indicated that he approves the annual report, which is then provided to the PC for the agency to be shared with agency-wide leadership with ROP. The report is also uploaded to the facility's website, with any sensitive and confidential information redacted.

**Explanation of Determination:**

**115.388 (a-d):**

According to the facility's PREA Policy on page 53:

- 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 facility's 2022 PREA Annual Report, which outlines the data review requirements of this PREA standard. It should be noted that the report indicates there were zero allegations of sexual abuse at the DJTC in 2022 and, therefore, no applicable sexual abuse data or supplemental documentation was required to be aggregated, maintained, or reviewed for calendar year 2022 pursuant to the requirement of this PREA standard. The report states the following:

- Dermott Juvenile Treatment Center is committed to providing a safe

environment and has a Zero Tolerance Policy regarding sexual abuse, sexual assault or sexual misconduct for the students in our care. To this end, Dermott has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2022, this facility continued the implementation of these standards and initiated further staff training, interactive supervision, physical plant improvements, and quality assurance reviews with the involvement of PREA Compliance Managers.

- In 2022 there was zero (0) allegations and zero (0) substantiations. Given this data and our analysis of our data, Dermott Juvenile Treatment Center will continue to focus on student safety and creating a culture supported by staff training and re-training on boundaries and supervision 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 confirmed that the facility has published on the facility's website their 2022 PREA Annual Report online, which can be found at Safe Environmental Standards - Dermott Juvenile Center (2022-PREA-Annual-Report-Dermott.pdf (secureserver.net)). Additionally, currently there is no data to compare from 2022 to 2023 due to the facility reporting no sexual abuse incidents, allegations, or investigations during this time 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. No corrective action is required.**

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Agency's PREA Policy (Rite of Passage Safe Environment Standards)</li> <li>- Memo from the PCM</li> <li>- PREA Training Verifications</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor conducted an in-depth interview with the facility's PREA Coordinator</li> </ul>

(PC) and the PCM regarding the management of incident-based and aggregate data concerning allegations of sexual abuse and harassment. The interviewees assured that comprehensive data retention policies are in place that align with PREA Standard and highlighted the procedures used to secure sensitive information, ensuring that any incident-related data is stored in a manner that mitigates the risk of unauthorized access. These measures are integral to maintaining the confidentiality of the victims and any other individuals involved. The PC and PCM explained the process by which sensitive and confidential information is redacted from reports that are published. This includes the removal of personally identifiable information (PII) before publishing any data on the institution's and the agency's websites. These protocols demonstrate compliance with privacy requirements, safeguarding individual identities, and adhering to legal standards for public information.

**Site Review Observations:**

- During the onsite audit, particular attention was given to the internal security measures implemented by the facility to safeguard sensitive PREA data against unauthorized access. No immediate concerns or deficiencies relating to data handling, storage, or dissemination were observed during the onsite phase of the audit.

**Explanation of Determination:**

**115.389 (a-d):**

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:

- 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. In addition, the auditor confirmed that the PREA



	<p>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.</p> <p>The PCM also noted in a memo provided prior to the onsite in response to an Issue Log item that the agency secures all sensitive and confidential information at the ROP's cooperate office, which stores all such information on a secure SharePoint as an electronic backup. The auditor confirmed through the PREA training documentation review that both the PC and PCM have participated in training specifically designed to address requirements under the PREA standards for data collection, reporting, and privacy protections. Their respective duties involve periodic reviews to confirm that ongoing practices continue to meet or exceed the stipulated standards, exemplifying a commitment to continuous compliance and improvement.</p> <p><b>Conclusion:</b></p> <p><b>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.</b></p>
--	--

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Explanation of Determination:</b></p> <p><b>115.401:</b></p> <p>This audit report has been completed within 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, 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><b>Conclusion:</b></p> <p><b>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.</b></p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Explanation of Determination:</b>  <b>115.403:</b>  The auditor advised the PC that the Final Report needs to be posted on the agency's website within 30 days of receipt. This is the DJTC's first PREA audit since Rite of Passage took over the facility.  <b>Conclusion:</b>  <b>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.</b>

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

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

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	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 )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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



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

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

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

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

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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