

# PREA Facility Audit Report: Final

**Name of Facility:** The Oaks Brownwood

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/02/2024

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> 08/02/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	06/23/2024
<b>End Date of On-Site Audit:</b>	06/25/2024

FACILITY INFORMATION	
<b>Facility name:</b>	The Oaks Brownwood
<b>Facility physical address:</b>	800 Farm to Market Road 3254, Brownwood, Texas - 76801
<b>Facility mailing address:</b>	

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

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Tarino Russell
<b>Email Address:</b>	Tarino.russell@rop.com
<b>Telephone Number:</b>	3035887198

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Tarino Russell
<b>Email Address:</b>	tarino.russell@rop.com
<b>Telephone Number:</b>	O: (303) 588-7198
<b>Name:</b>	Derek Greene
<b>Email Address:</b>	derek.greene@rop.com
<b>Telephone Number:</b>	O: (405) 795-0126

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	LeQueya Hall
<b>Email Address:</b>	Lequeya.hall@rop.com
<b>Telephone Number:</b>	7624365929

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	41
<b>Average daily population for the past 12 months:</b>	41

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	5
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	56
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

#### AGENCY INFORMATION

<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

#### Agency Chief Executive Officer Information:

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

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Angela Lowe	<b>Email Address:</b>	angela.lowe@rop.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

#### Number of standards exceeded:

1	<ul style="list-style-type: none"> <li>• 115.381 - Medical and mental health screenings; history of sexual abuse</li> </ul>
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#### Number of standards met:

42
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#### Number of standards not met:

0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-23
2. End date of the onsite portion of the audit:	2024-06-25

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>During the audit visit, the auditor contacted the Paluxy River Children's Advocacy Center (PRCAC) in Brownwood and discussed the victim advocacy services available to students at The Oaks facility with a representative from the organization over the phone. The discussion included the specific victim advocacy required by this PREA standard to support juvenile victims of sexual abuse. The PRCAC representative confirmed that a specially trained advocate is available 24/7 to provide assistance to victims of sexual abuse, offering support throughout the investigative process. This includes being present for the victim during forensic interviews and examinations. Furthermore, advocates from the PRCAC are equipped to provide emotional support services and other victim advocacy services upon request, whether the juvenile is located at the facility or in the community. Importantly, all victim services provided by the PRCAC are offered at no cost to the victim or their family. The advocate further detailed how specialized mental and medical care would be facilitated by the advocacy center, local hospital, or through referrals to providers within the community.</p>
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**AUDITED FACILITY INFORMATION**

<p><b>14. Designated facility capacity:</b></p>	<p>64</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>41</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>5</p>
<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p> <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) </p>

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

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

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

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>63</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>



<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>2</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<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  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <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 facility only accepts male youth. The auditor selected a representative sample of nine students from the student population roster provided by the facility. Additionally, since the only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite.</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 <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>2</p>
<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>	

<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>2</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>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</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>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</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>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</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>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</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>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite. However, all the youth confirmed they met with a therapist and medical staff member when they first arrived at the facility and meet with their assigned counselor on a bi-weekly basis.</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>The only youth in the facility who fell under one of the targeted criteria were those who have a disability and receive special education services, a youth from this specific criteria was selected to be included in the sample, making a total of ten youth who were interviewed onsite. Additionally, this was verified by the auditor through the onsite inspection, a review of Vulnerability Assessments and other PREA related student documents, and through the interviews conducted onsite.</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 type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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>If "Other," describe:</b></p>	<p>Gender and languages spoken. The PCM is bilingual in English and Spanish.</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>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<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 type="checkbox"/> Other
<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>	3
<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>	In addition, a victim advocate from the contracted Children's Advocacy Center was interviewed over the phone.

## 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>Conducted test calls to the outside abuse reporting center with the Texas Juvenile Justice Department and to the contracted Children's Advocacy Center.</p>
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**Documentation Sampling**

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

<p><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>
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<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>No barriers or issues of concern to note regarding the sampling and reviewing of documentation for this audit. The PCM provided the auditor with all the requested information and proof documentation in a timely manner throughout all phases of the audit process.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

**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>	2	0	2	0
<b>Total</b>	2	0	2	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>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	2	0	2	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	2	0	0
<b>Total</b>	0	2	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	1
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	0	1

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

<p><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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><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>2</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><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>2</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

<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 (SES) (*will be referred to throughout this report as "Agency's PREA Policy")</li> <li>ROP Policy 600.600 (PREA Policy Statement)</li> <li>ROP Organizational Chart</li> <li>The Oaks Brownwood Organizational Chart</li> <li>Pre-Audit Questionnaire (PAQ)</li> <li>ROP Safe Environment Standards Zero-Tolerance Acknowledgement</li> <li>The Oaks Brownwood Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>Agency-Wide PREA Coordinator (PC)</li> </ul>

- PREA Compliance Manager (PCM) for The Oaks Brownwood

**Site Review Observations:**

During the onsite visit, the auditor confirmed that the facility displays PREA signage throughout the facility, outlining the agency's zero tolerance policy and detailing the various methods available for making a PREA report. Furthermore, the agency-wide PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) were present onsite during the audit and granted the auditor full access to all facility areas and provided all the requested documentary evidence to demonstrate compliance. The PCM and PC served as the main points of contact during all audit phases, with each administrator exhibiting the necessary time and authority to effectively develop, implement, and oversee agency initiatives to ensure compliance with the PREA standards. They were knowledgeable with not only the ROP's Safe Environment Standards but also facility specific PREA related procedures and practices.

**Explanation of Determination:**

**115.311 (a-c):**

The auditor was provided the ROP PREA Policy and confirmed through a thorough review that this 54 page PREA manual includes procedures that correspond with each of the PREA Standards for Juvenile Facilities. Moreover, this policy clearly 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 important to note that The Oaks Brownwood facility adheres to and has fully implemented the ROP Safety Environmental Standards (SES) as the facility's PREA manual and staff receive training on this manual when they are first hired- during pre-service. This ensures all staff have a full understanding of how to prevent, detect, and respond to situations involving PREA. Throughout this report, the ROP SES will be referred to as the agency's PREA Policy.

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.).

In addition, 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 designates an agency-wide PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) for The Oaks Brownwood facility, as well as outlines each individual's responsibilities for developing, implementing, and overseeing the program's efforts to comply with the PREA standards.

To showcase the agency and facility's adherence to the requirements regarding the authority vested in the PC and PCM to oversee compliance with PREA standards, the auditor was provided with the ROP agency-wide organization chart and The Oaks Brownwood organizational chart for 2024. These documents explicitly outline the PC's authority across the agency and within The Oaks Brownwood facility. Moreover, the PCM is formally assigned as the facility's Compliance Coordinator, reporting directly to the Director of Group Living and the PC. In turn, the PC reports directly to the Program Director and Executive Director.

During the onsite, the auditor conducted interviews with both the PC and the PCM, during which each administrator adeptly expressed their respective roles and responsibilities in upholding compliance with the PREA standards at The Oaks Brownwood facility. The PC and PCM elaborated on their regular meetings to address any PREA-related issues or concerns, as well as their implementation of periodic compliance reviews at the facility to identify and address any compliance deficiencies with specific PREA requirements. Both administrators confirmed that they possess the requisite time and authority to effectively develop, implement, and oversee agency initiatives aimed at ensuring compliance with the PREA standards. Additionally, they outlined their protocol for addressing any identified non-compliance issues by convening the administrative team to devise a corrective action plan aimed at swift and efficient resolution of the problem.

They also emphasized how specific PREA-related responsibilities, such as conducting PREA investigations or managing incidents involving the safety of a juvenile or staff member, take precedence over all other duties they may have. For instance, the PCM and PC detailed the immediate action protocols that must be followed upon



receiving an allegation of sexual abuse or harassment at the facility. These response procedures include ensuring the safety of the victim by promptly separating them from the alleged perpetrator, and depending on the circumstances, taking steps such as placing a staff member accused of misconduct on administrative leave, or relocating a juvenile perpetrator to a different housing unit and enforcing a no-contact directive with the victim. They elaborated on the mandatory reporting obligations in such cases, highlighting the requirement to promptly notify the Texas Juvenile Justice Department (TJJD) Office of the Inspector General (OIG) following any allegation of sexual abuse or harassment, as well as involving local law enforcement, particularly the Brown County Sheriff's Department, in cases involving sexual abuse.

Additionally, the PC and PCM outlined the coordinated response plan, which involves collaboration with staff first responders, medical and mental health professionals, administrative staff, TJJD OIG, local law enforcement, the Paluxy River Child Advocacy Center, and local medical emergency services. They also provided insights into the internal investigation process, underscoring their authority to oversee and implement agency-wide efforts to ensure compliance with PREA standards in addressing incidents of sexual abuse or harassment.

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.
- 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.

In addition, The Oaks Brownwood website was reviewed by the auditor, and this site was found to include the following information related to PREA:

- 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 licensing and industry best-practices.
- Rite of Passage has a Zero Tolerance Policy regarding sexual assault, sexual harassment and sexual activity. All students in our programs have a right to be free from sexual assault or harassment, as well as free from retaliation for reporting. There is no "consensual" sexual activity between students or between staff and students at Rite of Passage programs.
- 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. 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 Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.
- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

	<ul style="list-style-type: none"> <li>• Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from sexual abuse.</li> </ul> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• The Oaks Brownwood Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager (PCM)</li> <li>• PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312 (a-b):</b></p> <p>According to the information provided to the auditor from the PC and PCM and as confirmed by their interviews onsite, 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.</p> <p>Additionally, as stated on page 7 of the agency's PREA Policy, PREA Standard 115.313 does not apply to the Rite of Passage, Inc. {The Oaks Brownwood}. The auditor also reviewed The Oaks Brownwood's website and verified that this facility is a residential treatment center that does not contract with private agencies or other entities to confine residents from The Oaks Brownwood facility.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.313</b>	<b>Supervision and monitoring</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Staffing Plan and Staffing Plan Review for 2023</li> <li>• Completed PREA Unannounced Round Logs for Calendar Year 2023</li> <li>• Texas Juvenile Justice Department (TJJD) Most Recent Audit Reports (TAC 343 and 344)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Compliance Manager (PCM)</li> <li>• PREA Coordinator (PC)</li> <li>• Supervisors who Conduct PREA Unannounced Rounds (2)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the three-day onsite visit, the auditor thoroughly assessed all areas of the facility and observed program operations during both day and night shifts. Throughout this onsite period, the auditor did not detect any issues with the facility's adherence to its Staffing Plan or the required PREA staff to student ratios. The auditor also made note of the students being directly supervised by direct care staff members (Coach Counselors- CCs). This evaluation of staffing levels confirmed that the facility consistently met the required PREA ratios, with at least one staff member assigned to every eight residents at all times the auditor was onsite.</p> <p>Furthermore, it is noteworthy that when students are present in educational buildings, the facility significantly surpasses the minimum waking hour PREA staff ratio of 1:8 by assigning a Coach Counselor and a teacher to each classroom. The teachers receive the same PREA training as security staff (CC's), as evidenced by the verification of their training records and interviews conducted with three</p>

teachers onsite. The maximum student capacity in a classroom is set to eight residents, with one Coach Counselor and one teacher, resulting in a staff-to-student ratio of 2:8 or 1:4. Additionally, the auditor observed the night shift programming that commences at 7pm and confirmed that the facility had adequate staff on duty to comply with the 1:8 waking hour PREA ratios during the limited waking hours on this shift and 1:16 during sleeping hours. Staffing levels were consistently maintained in all areas of the facility, and direct supervision of students was provided without any concerns raised by the auditor.

Furthermore, the auditor was granted access to the facility's main control room, which houses multiple TV monitors displaying video surveillance footage from all areas of the facility. The auditor verified that no camera angles intruded on spaces where a student might likely be in a state of undress, such as the shower/restroom and private room areas. During the onsite walkthrough, the auditor observed and documented the camera placements, identified any blind spots not captured on camera, evaluated the line-of-sight dynamics, and observed how staff conducted the state required room observations. At no time during this inspection did the auditor find the facility at risk of deviating from the Staffing Plan or in jeopardy of non-compliance with the required PREA supervision ratios.

**Explanation of Determination:**

**115.313 (a-e):**

Upon the auditor's review of the agency's PREA Policy, it was determined that all the requirements pursuant to this PREA standard are included therein on pages 7-8. Moreover, 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. 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 PCM, PC, and Program Director in August of 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:

- Plan to ensure adequate staffing levels and video monitoring to protect juveniles from sexual abuse;
- Details on the requirement for facility to follow all State of Texas Juvenile Justice Department (TJJD) regulations and Texas Statutes and Texas Administrative Codes (TAC);
- Program Ratio and Staffing plan specific to The Oaks Brownwood facility;
- Requirement to adhere to the PREA supervision ratios of 1:8 and 1:16;
- Resident room observation procedures (staggered checks);
- Breakdown of housing units, number of beds, and resident dynamics (all male facility);

- Staffing details (52 full-time employees and 17 contracted educational staff with one Program Director);
- Dining hall and education area specifics;
- Staff shifts and schedule breakdown;
- Camera placement (100 cameras in total);
- Program information, external and internal audit findings, and critical posts;
- Consideration of the following in developing the Staffing Plan:
  - Generally accepted detention and correctional practices (requirements associated with TAC Standards);
  - Any judicial findings of inadequacy;
  - Any findings of inadequacy from Federal investigative agencies;
  - Any findings of inadequacy from internal or external oversight bodies (provided most recent TJJD Audit Reports);
  - All components of the facility's physical plan (including blind spots or areas where staff or students may be isolated);
  - The composition of the resident population;
  - The number & placement of supervisory staff;
  - Institutional programs occurring on a particular shift;
  - Any applicable state or local laws, regulations, or standards;
  - The prevalence of substantiated and unsubstantiated incidents of sexual abuse (none in 2022); and
  - Any other relevant factors.

To evaluate compliance with the requirements of this PREA standard and the facility's Staffing Plan, the auditor conducted interviews with several administrators during the onsite visit. These administrators included the Program Director, PCM, and PC, who each provided detailed explanations of the Staffing Plan components and the protocols in place to ensure adherence to the plan. The Program Director, as the facility head, expressed how he collaborated with the PC and his administrative team to incorporate all necessary elements of the PREA standards into the Staffing Plan. Moreover, the administrators emphasized their regular meetings to ensure continued Staffing Plan compliance and their vigilance in monitoring staffing levels and student dynamics to maintain the required staff-to-student ratios. They also highlighted the annual formal review meetings of the administrative team to assess the Staffing Plan and determine if any modifications or updates are needed. The Program Director, PCM, and PC further noted that the video monitoring system is under continuous surveillance by a specially trained control room staff member 24/7. Any issues with the monitoring system are promptly reported to the Program Director for immediate resolution. Lastly, each administrator verified that they have not been aware of any incidents involving a deviation from the facility's Staffing Plan since the last PREA audit. However, in the event that such a situation were to arise, the administrators assured that prompt corrective measures would be implemented, and appropriate documentation would be completed accordingly.

To demonstrate compliance with the unannounced PREA supervisory rounds requirements stipulated in provision (e) of the PREA standard, the auditor was

furnished with samples of completed Daily Unannounced Rounds Log Sheets for the calendar year 2023. Upon examination, it was verified that the facility practices the required unannounced PREA supervisory rounds on each shift at least once per month. Notably, the facility's adherence to this provision exceeded the minimum requirements outlined in this PREA provision (e) and the Agency's PREA Policy, as proven by documentation showcasing the completion of unannounced rounds on each shift 20 to 30 times monthly. Furthermore, the rounds were initiated at random intervals, with no discernible patterns or predictability identified during the auditor's review of the provided logs.

The auditor also interviewed a Supervisor and an administrator responsible for overseeing the PREA unannounced rounds at the facility. Both individuals provided insights into the procedures for conducting these rounds on each shift and documenting them on the Daily Unannounced Round Log Sheet. They described how the rounds are initiated randomly to prevent staff from being forewarned, monitoring radio communications to ensure discretion, and commencing the rounds at varying times. Additionally, they underscored that each round commences and concludes at different locations, emphasizing the importance of these rounds in promoting safety for both students and staff, as well as in preventing and detecting instances of sexual abuse and harassment.

**Conclusion:**

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

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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</li> <li>• PREA Staff Training Curriculum</li> <li>• Review of Samples of Staff Training Verifications</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 600.123 (Physical Searches and Viewing of Persons)</li> <li>• Moss Group Cross-Gender and Transgender/Intersex Pat Search Video</li> </ul> <p><b>Interviews:</b></p>

- 12 Randomly Selected Coach Counselors (CCs)
- 9 Random Students and 1 Targeted Student

**Site Review Observations:**

The facility does not conduct cross-gender pat searches, strip searches, or body cavity searches. Per policy and verified practice, searches are limited to scenarios where students are permitted to retain their underwear while being searched upon initial arrival at the facility or if there is suspicion of contraband. Staff members emphasized that these searches are entirely hands-off and visual, with students allowed to keep their underwear on during the process. These searches are also conducted off camera view due to the youth dressing down to their underwear and to limit opposite gender staff viewing. The male staff remains on camera view outside the room where the searches are conducted in the intake area, and this area was observed by the auditor during the onsite inspection.

Furthermore, same-gender pat searches are exclusively conducted by male staff, given that the facility only admits male youth. Female staff members confirmed that they are trained to perform visual searches—referred to as "shake outs"—whereby they visually inspect the youth who remains fully clothed. During these searches, the youth shakes out their pockets and waistband under the supervision of the female staff.

The auditor also observed the student bathroom areas, which were off camera view and ensured privacy through shower curtains and restroom partitions. These areas were described by the students and staff onsite as private areas that are supervised directly by male staff to ensure the safety of the youth. The auditor further noted the presence of signs posted outside each housing unit, reminding female staff to adhere to this protocol. It is worth emphasizing that the facility exclusively houses male youth, consequently necessitating that only female staff make these opposite-gender announcements. Additionally, during the onsite, the auditor observed and documented multiple instances of female staff making the required opposite-gender announcements.

**Explanation of Determination:**

**115.315 (a-f):**

(a - c): The auditor confirmed that The Oaks Brownwood facility includes the requirements of this PREA Standard in the agency's PREA Policy on page 9, 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.
- 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.

The auditor also reviewed the staff PREA training curriculum and discovered that the above resident search procedures and prohibitions are included therein on slide 79. This slide presents on the following topics:

- Searches of transgender and intersex students
- Policy regarding transgender students showering
- Policy regarding cross gender strip searches and visual body cavity searches
- Policy regarding cross gender pat down searches
- Students' rights to shower, change clothes or perform bodily functions without being viewed by staff of the opposite gender
- Opposite gender staff announcement when entering a housing unit

In addition, the auditor reviewed the agency's Search Policy (600.123- Physical Searches & Viewing of Persons). This policy also includes specific search requirements and prohibitions, as set forth by this PREA standard.

During the onsite visit, the auditor conducted interviews with 10 students and 12 Coach Counselors, all of whom affirmed in their individual interviews that the facility strictly prohibits cross-gender pat-down searches of residents, strip searches, and body cavity searches. The interviewed students verified that exclusively male staff members conduct the pat-search process and expressed no issues or concerns regarding this procedure. They also attested that they have never been required to fully undress in front of staff members, with male staff members solely overseeing the process during the admission procedure, which entails students removing their clothes down to their underwear for a visual search. The students unanimously confirmed that female staff members have neither physically touched them nor observed them in a state of undress. The interviewed Coach Counselors validated the search practices and emphasized their commitment to ensuring that the youth feel comfortable and respected during any search process. They outlined their approach to searches, which involves explaining the process to the youth before commencing to ensure clarity and to uphold the youth's dignity and comfort.

The validity of the aforementioned procedures was further affirmed through responses provided in the PAQ, which indicated that the facility had no instances of cross-gender pat searches and zero occurrences of strip or body cavity searches in the previous 12-month audit period. During the interview, the PCM communicated that all staff receive training on search procedures as a component of the new staff training program, with additional coverage provided during annual PREA refresher trainings for all staff members. The auditor validated that the staff PREA training curriculum includes facility-specific student search procedures that align with the practices observed at the facility. Furthermore, the PCM clarified that while the exigent circumstances aspect of this PREA standard is addressed during training sessions, it is important to comply with the regulations stipulated in the Texas

Administrative Code, which prohibits cross-gender searches in juvenile facilities regardless of any exigencies faced. Staff members corroborated that they have received thorough training on conducting student searches and affirmed that there has consistently been an adequate number of male staff present on duty to facilitate same-gender searches at all times.

(d): As per the Agency's PREA Policy on page 9:

- 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.
- 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.

Furthermore, the students and staff members interviewed during the onsite visit affirmed that the facility has instituted policies and procedures that facilitate students' ability to engage in activities such as showering, performing bodily functions, and changing clothing without non-medical staff of the opposite gender having visibility to their buttocks or genitalia, unless under exigent circumstances or when such visibility is incidental to routine room observations. The Coach Counselors provided detailed insights on how students are afforded privacy when using the restroom, showering, and changing clothes. They explained that shower curtains and restroom partitions are in place to uphold privacy standards effectively. Moreover, it was noted as a standard practice that if there are multiple youth requiring restroom or shower access simultaneously, a male staff member is designated to provide direct supervision. However, in instances where only one student requires the use of the facilities, a female staff member may permit entry into the restroom/shower area, provided that no other student is present during the time. The female staff member does not provide direct supervision but maintains vigilance outside the restroom/shower area to ensure the student's safety and prevent unauthorized entry. The students corroborated this practice, with each student also specifically questioned about the adequacy of privacy levels at the facility. In response, each youth expressed satisfaction with the level of privacy afforded and did not raise any concerns with the auditor regarding restroom use, showering, or changing clothes in private.

The students and staff interviewed confirmed the practice of female staff making announcements upon entering a housing unit. The auditor further noted the presence of signs posted outside each housing unit, reminding female staff to adhere to this protocol. It is worth emphasizing that the facility exclusively houses male youth, consequently necessitating that only female staff make these opposite-gender announcements. Furthermore, during the onsite, the auditor observed and documented multiple instances of female staff making the required opposite-gender announcements.

(e): According to the Agency's PREA Policy on page 9:

- 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 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.

During the audit process, the auditor did not uncover any information regarding youth who identified as transgender or intersex. Staff members also reported no recollection of the facility admitting a transgender or intersex student. It is essential to note that The Oaks Brownwood facility follows a pre-screening process for all admitted youth, emphasizing the likelihood of identifying any transgender or intersex individuals before their arrival at the facility. Additionally, in discussions with Coach Counselors (CCs) about the potential admission of a transgender or intersex student, they expressed their expectations for comprehensive communication and guidance from management. The CCs indicated their belief that management would provide adequate notice and thoroughly review the situation to prioritize the student's safety while at the facility. Furthermore, the CCs confirmed that they have received training on the specific prohibition of searching or physically examining a transgender or intersex resident solely for the purpose of determining their genital status. Staff members affirmed that such actions have never occurred and will not take place at the facility. Each CC elaborated that if a pat-down search was necessary for a transgender youth and this youth felt uncomfortable or refused the search process, they would not proceed and staff the situation with their supervisor. All the CC's confirmed they have been trained on how to conduct student searches in the most appropriate, professional, and respectful manner possible, with explaining to the student the search process before beginning in order to alleviate any concerns the youth may have.

(f): The auditor was furnished with the agency's PREA training curriculum, which was confirmed to include a review of the student search policy on page 79 of the presentation. This training slide disseminates key information to staff, encompassing policies on conducting searches of transgender and intersex students, transgender student showering protocols, cross-gender pat-down search policies, student privacy rights during personal activities, and guidelines for opposite-gender staff interactions.

Furthermore, the PC and PCM attested in their individual interviews that all staff undergo training by viewing the Moss Group Cross-Gender and Transgender/Intersex Pat Search Video during pre-service. Documentation provided to the auditor serves as solid proof that all staff members are trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner feasible while aligning with security requirements.

All 12 CCs interviewed affirmed that they have received comprehensive training on

	<p>student searches and are well-versed in conducting searches in a manner that is both appropriate and respectful. While staff members have been trained on cross-gender pat-down searches and how to conduct searches on transgender and intersex youth, no such search situations have occurred at the facility, according to the feedback provided by interviewed staff members and documentary evidenced analyzed by the auditor.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards Student Acknowledgement of Zero Tolerance Policy (English &amp; Spanish)</li> <li>• ROP Safe Environment Standards Student Additional Education Acknowledgement (English &amp; Spanish)</li> <li>• PREA Signage in English &amp; Spanish</li> <li>• Student Handbook</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Targeted Student Identified with a Disability</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite assessment, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing units, hallways, the Intake Unit, Medical area, Dining Hall, Visitation area, and Public Lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Additionally, a test call was conducted to an outside reporting entity, specifically the Texas Juvenile Justice</p>

Center (TJJD) Reporting Hotline, which was confirmed to provide interpreting services upon request. It was noted that the PCM is bilingual in Spanish and English, and there were other staff members available onsite who could offer translation services for students with Spanish as their primary language.

Moreover, specially trained licensed therapists and Case Managers engage with each student upon admission to review the PREA orientation material and provide the required comprehensive PREA education. These staff members were identified as possessing the necessary skills to ensure that students with disabilities, such as those who are deaf or hard of hearing, blind or with low vision, or individuals with intellectual, psychiatric, or speech-related disabilities, have an equal opportunity to engage in and benefit from all aspects of the agency's endeavors to prevent, detect, and address sexual abuse and harassment.

**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 Oaks Brownwood facility 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

To ensure that 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 and "Student Additional Education Acknowledgement" form that are both available in Spanish. These documents contain sections for the student to initial their receipt and understanding of the PREA information and the agency's zero-tolerance policy pertaining to sexual abuse, sexual misconduct, and sexual harassment. The student is required to print their name, sign, and date the form, with a witness also documenting the same. Furthermore, samples of the two acknowledgment forms were presented to the auditor to illustrate how they are implemented at the facility. Each acknowledgment form was signed and dated by both the student and the staff member responsible

for reviewing the PREA material, as documented to have been provided on the same date as each youth's admission to the facility."

Additionally, the PCM and PC confirmed the presence of bilingual staff at the facility, proficient in both Spanish and English, who can provide assistance as needed to ensure that residents with limited English proficiency have an equal opportunity to engage in, and benefit from, all aspects of the agency's initiatives to prevent, detect, and respond to sexual abuse and harassment. The administrators further shared that The Oaks Brownwood facility, being a post-adjudication program, conducts thorough screening of all youth before admission to the program. Given the program dynamics, only juveniles fluent in English and Spanish are accepted to ensure equal opportunities for success within the program. However, in the event of considering a juvenile whose primary language differs from English or Spanish, the facility is committed to providing reasonable and appropriate accommodations to ensure equal participation in, and benefit from, the agency's initiatives to address sexual abuse and harassment. Furthermore, the administrators verified that over the past three years, no incidents have arisen where a youth admitted to the program was deprived of equal opportunity to engage in or benefit from the agency's efforts to address sexual abuse and harassment. Notably, during the audit review period, there were no youth admitted whose primary language for understanding and communication was other than English or Spanish.

During the onsite, the auditor conducted an interview with a specific student who had a diagnosed disability to assess the level of comprehension of the PREA education provided. The student, who had undergone the intake process where a therapist and Case Manager individually met with him upon arrival at the facility, demonstrated a sufficient understanding of PREA and his rights. The student articulated that both professionals had presented him with the PREA orientation and education in a manner that he could fully grasp. He outlined specific methods for making a PREA report, ensuring his safety against bullying, abuse, and harassment, and mentioned regular meetings with his therapist. The student expressed feeling secure while at the facility and did not voice any concerns during the interview.

Additionally, in discussions with 12 Coach Counselors (CCs), all confirmed that in a situation involving sexual abuse or harassment, they would not have one youth translate for another; instead, they affirmed their commitment to calling in a supervisor to ensure that an adult is called in to provide translation services.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Safe Environment Standards Zero-Tolerance Acknowledgement
- ROP Policy 100.209 (Background Record Clearance)
- Review of Sample of Personnel Files
- Employee Performance Evaluation Forms (Employee Acknowledgement Section)
- Sample of Staff Applications (including one for a promotion)
- Texas Department of Family & Protective Services (DFPS) Clearance Documentation
- Institutional Reference Check Documentation
- Disclosure of PREA Employment Standards Violation Forms

**Interviews:**

- Human Resource (HR) Administrator

**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 11 and 12, 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.

Since The Oaks Brownwood facility is located in Texas and, therefore, required to adhere to the background requirements associated with Texas Administrative Code (TAC) 344, the auditor reviewed the TAC standards as related to the criminal history background checks required to be ran by the Texas Department of Public Safety (DPS). Per the DPS website:

- The FACT Clearinghouse is a repository of the DPS and the FBI fingerprint-based criminal history results. The FACT Clearinghouse allows an authorized entity access to a consolidated response of the DPS and FBI criminal history fingerprint results, including an electronic subscription and notification service for new arrest activity on subscribed persons.
- Only persons processed through Fingerprint Applicant Services of Texas (FAST) are eligible for FACT. FAST is a service of the DPS that provides the electronic capture and submission of fingerprints for a fingerprint background check.
- The subscription service notifies an entity of new activity to a Texas criminal history record and now with the implementation of FBI Rap Back, new activity on an individual's national criminal history. Not only will the subscribing entity receive notifications of events that occurred within Texas, they will also receive notifications of events that occurred elsewhere in the nation.
- Events that can generate a notification are arrests, record updates, Sex Offender Registry activity, and death notices. These notifications will help eliminate the need to re-fingerprint employees to determine if new activity has been received after the initial check.

During the assessment of compliance with the PREA standard at the facility, the auditor interviewed the Human Risk (HR) Generalist, who demonstrated a comprehensive understanding of the staff, contractor, and volunteer screening processes, supported by detailed responses and documentation provided during the onsite visit. The HR administrator outlined the thorough screening procedures, explaining that all adults having contact with students are screened prior to hire or approval of services to identify any disqualifying criminal history through checks with the Department of Public Safety (DPS) background check, Department of

Family and Protective Services (DFPS) child abuse registry check, and institutional reference check. Additionally, all individuals are included in the FBI Rap Back system, ensuring immediate notifications to the HR Generalist and Program Director for any criminal activity-related events.

Furthermore, the HR Generalist described how all applicants are required to respond to PREA-related questions as part of the application process, with examples of completed applications provided to the auditor showing inclusion of the required PREA questions in question number 13. It was highlighted that when staff members apply for promotions or position changes, they must also address the PREA question in the ROP application. The HR administrator elaborated on the institutional reference checks process, indicating that staff must submit a form for this check, and the HR department contacts prior institutions to verify rehire eligibility and any conduct issues related to the PREA standard. Additionally, the evaluation process, conducted annually, was discussed, with a specific focus on the "Employee Acknowledgement Section" in evaluations. The auditor confirmed that this section includes questions that employees must respond to concerning any violations of Company Policy, involvement in misconduct related to sexual abuse, harassment, inappropriate sexual behavior, or staff code of conduct, both on and off-duty, that they wish to report.

**Personnel File Review:**

The auditor conducted a random selection of ten staff members to review their personnel files, comprising eight recently hired staff and two veteran staff. The sample included various positions such as Coach Counselors, Case Manager, Licensed Vocational Nurse (LVN), Medical Assistant, and Director of Student Services. The HR Generalist pulled proof documentation from each staff member's file, demonstrating compliance with the applicable required elements of this PREA standard. Upon thorough analysis, the auditor determined that all files reviewed in this sample contained the necessary proof documentation, indicating full compliance with the standard. Additionally, it is important to note that the auditor utilized the PREA published "Document Review Worksheets" to ensure a comprehensive and systematic file review process was implemented.

**Conclusion:**

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

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)

**Interviews:**

- Program Director
- PREA Compliance Manager (PCM)

**Site Review Observations:**

During the onsite, the auditor conducted a thorough examination of all areas of the physical plant and the video monitoring system at the facility, and at no time did the auditor identify any substantial modification or expansion to the physical plant of the facility or to the facility's video monitoring system.

**Explanation of Determination:**

**115.318 (a-b):**

According to the Agency's PREA Policy on page 13:

**POLICY:** 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.

**PROCEDURE:** 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.

The information provided by the PCM in the PAQ indicated that The Oaks Brownwood facility has not undertaken any new construction or renovation projects since the previous PREA audit. Furthermore, the PCM stated that there have been no updates or installations of video monitoring systems, electronic surveillance systems, or other monitoring technologies since the last audit. This information was corroborated by the agency-wide PREA Coordinator (PC) and PCM during their respective interviews onsite.

Additionally, during an onsite interview with the facility's Program Director (PD) in

the capacity of the Agency Head, the PD confirmed that there have been no significant physical plant or video monitoring modifications or expansions at the facility since the last PREA audit. The only updates to the video monitoring system involved the installation of cameras in specific areas, including the medical prescription room, Ram recreation room, library, and barbershop. These cameras were strategically added to enhance the safety and security of both students and staff, as well as to broaden the coverage of the video monitoring system.

**Conclusion:**

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

115.321	Evidence protocol and forensic medical examinations
	<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</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• The Oaks Brownwood Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))</li> <li>• Letter &amp; MOU Sent to Brown County Sheriff</li> <li>• ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>• "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents" Second Edition</li> <li>• Hendrick Medical Center Website (Health System in Abilene, TX Serving Midwest TX   Hendrick Health)</li> <li>• Letter Sent to the Hendricks Trauma Center Charge Nurse</li> <li>• Memorandum of Understanding (MOU) with Paluxy River Children's Advocacy Center (PRCAC)</li> <li>• ROP SES Student Services Offered Acknowledgement Form</li> <li>• Sexual Abuse and Sexual Harassment Investigative Files</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager (PCM)</li> <li>• PREA Coordinator (PC)</li> </ul>

- 12 Randomly Selected Security Staff (Coach Counselors)
- No Residents were Involved in a Sexual Abuse Situation at the Facility
- Advocate from the Paluxy River CAC

**Explanation of Determination:**

**115.321 (a-h):**

(a & b): As verified by the auditor, the Agency's PREA Policy includes the requirements of provisions (a) and (b) on page 14, as outlined below:

- 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."

Furthermore, in order to demonstrate how the facility complies with the above procedures in practice, the PCM provided the auditor with the Department of Justice developed manual, titled: "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents" Second Edition. This manual ensures the facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions and was created by the Department of Justice's Office on Violence Against Women (OVW) and the IAFN (International Association of Forensic Nurses). However, it should be noted that The Oaks Brownwood facility does not conduct forensic medical examination, and such an exam would be conducted by a SANE/SAFE at the Hendricks Trauma Center in Abilene, TX.

The auditor reviewed the Hendrick Medical Center website and other online publications to confirm that certified SANE/SAFE nurses are available at the Emergency Care Unit at the Hendricks Hospital in Abilene, TX.

As the facility is responsible for conducting the administrative investigation into allegations of sexual abuse and sexual harassment (in conjunction with TJJJD OIG as appropriate to the situation), the evidence protocols outlined in the Agency's PREA Policy were found by the auditor to sufficiently establish a uniform and comprehensive evidence protocol that enhances the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. Additionally, the facility's policies and training provided to all staff at the facility ensure full cooperation with local and state criminal investigators, further optimizing the investigative processes. Moreover, during interviews with randomly selected staff members, all indicated that they are mandatory reporters for sexual abuse and sexual harassment. They further confirmed that all such reports must be promptly brought to the attention of their immediate supervisor and the appropriate authorities—specifically, the TJJJD OIG and Brown County Sheriff's Department. This

demonstrated a clear commitment to reporting and addressing instances of sexual abuse promptly and effectively.

As per the Agency's PREA Policy on the bottom of page 15:

- "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."

(c - e): As per the Agency's PREA Policy on page 14:

- 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.

Additionally, it is important to add that the auditor was provided the ROP titled, "Student Services Offered Acknowledgement." This document is available to be used by the facility for documenting the victim services that are offered to a resident victim of sexual abuse/assault at the facility. The acknowledgement form states the following:

"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 \_\_\_\_

Student Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapeutic Manager Name: \_\_\_\_\_ TM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SES Compliance Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The auditor was also presented with a letter issued by the Regional Compliance Director from ROP to the Charge Nurse at the Hendricks Trauma Center in Abilene, TX, within the OAS. This formal communication requested the Charge Nurse to establish contact with the facility to draft a Memorandum of Understanding (MOU) specifying the requested services in the event of a sexual assault at The Oaks Brownwood facility. The letter also inquired about the Hendricks Trauma Center's ability to provide forensic services. While serving as evidence of the facility's proactive approach for the previous PREA audit, the auditor observed that this letter was dated August 26, 2020, and no subsequent correspondence or executed MOU from the Hendricks Trauma Center was available for review in the OAS.

Upon highlighting this concern to the PCM before the onsite visit, prompt action was taken. On June 18, 2024, an updated letter and MOU were sent to the Hendricks Trauma Center. Proof of the mailed letter was provided in the form of a copy of the US Postage Stamp indicating First-Class mailing on 6/18/2024.

In addition, the auditor was provided a signed MOU with Paluxy River Children's Advocacy Center (PRCAC), which was reviewed by the auditor and found to include the required victim services pursuant to this PREA standard related to victim advocacy. This MOU states that the PRCAC shall provide victim assistance and counseling services that are essential for Agency to comply with the Prison Rape Elimination Act (PREA) and 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. The PRCAC also agrees in this MOU to provide victim services to students reporting sexual abuse. Services shall be consistent with the community level of care. In the event a victim has been found as a perpetrator in the past, the Community Provider will assist at another location such as the local District Attorney's Office, or via teleservice. The MOU clarifies that the PRCAC presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of services.

During the audit visit, the auditor contacted the Paluxy River Children's Advocacy Center (PRCAC) in Brownwood and discussed the victim advocacy services available to students at The Oaks facility with a representative from the organization over the phone. The discussion included the specific victim advocacy required by this PREA standard to support juvenile victims of sexual abuse. The PRCAC representative confirmed that a specially trained advocate is available 24/7 to provide assistance to victims of sexual abuse, offering support throughout the investigative process. This includes being present for the victim during forensic interviews and examinations. Furthermore, advocates from the PRCAC are equipped to provide emotional support services and other victim advocacy services upon request, whether the juvenile is located at the facility or in the community. Importantly, all victim services provided by the PRCAC are offered at no cost to the victim or their family. The advocate further detailed how specialized mental and medical care would be facilitated by the advocacy center, local hospital, or through referrals to providers within the community.

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

- Paluxy River Children's Advocacy Center opened its doors on September 1, 2006. It was the 61st center to open in the state of Texas.
- Our CAC serves Erath, Hood and Somervell Counties. We provide services for children under the age of 18 who are involved in a case related to sexual abuse and/or severe physical abuse.
- Vision Statement: Bearing in mind the best interest of each individual child, the vision of Paluxy River Children's Advocacy Center is to reduce the trauma to child abuse victims and their non-offending family members and to work toward improving the justice system's response to child abuse by uniting the efforts of public agencies and enlisting community support.
- Purpose:
  - To provide a child friendly environment where children who are alleged victims of sexual abuse, severe physical abuse or witnesses to a crime may be interviewed.
  - To minimize the trauma of child abuse victims by reducing the number of interviews with the child;
  - To coordinate a multidisciplinary team approach among the agencies

involved in the prevention, investigation and prosecution of child abuse;

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

The PCM and PC confirmed in their individual interviews the procedures detailed above and further explained the working relationship The Oaks Brownwood facility has with the PRCAC. They described how if there was a resident at the facility who was a victim of sexual abuse, regardless of where the abuse occurred (within the facility or prior to being admitted), the youth would be promptly provided the victim services as outlined in the MOU and in the agency's PREA Policy. The services would be provided at no cost to the victim or victim's family and the proper documentation

would be maintained to ensure compliance with the applicable elements of this PREA standard.

In discussions with the Program Director (PD) and PCM onsite and through the auditor's review of the provided PREA investigative files, it was confirmed that the facility did not encounter any instances that rose to the level of sexual abuse necessitating victim services as outlined by this PREA standard. During the audit review period, two situations emerged where the initial allegations made by youth were evaluated, with one involving alleged over-the-clothing rubbing and the other occurring during a doctor's office visit. Following in-depth administrative investigations conducted by the Program Director, both cases were ultimately determined to be unfounded. Prompt notifications were made to the TJJJD OIG, local law enforcement (Brown County Sheriff's Department), the originating juvenile agency, and the student's parent/guardian. The TJJJ OIG and Brown County Sheriff's Department chose not to pursue criminal charges, and no further action was taken on their part. The auditor was provided with the final administrative reports and supporting documentation for each of the two sexual abuse allegations, with no instances of non-compliance with the relevant PREA standards identified in either investigation.

(f): As per the Agency's PREA Policy on page 15:

- 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 requirements as set forth by provisions (a) through (f) of this PREA standard.

In addition, in order to demonstrate how The Oaks Brownwood facility complies with this provision in practice, the auditor was provided a signed letter from The Oaks Brownwood facility's PCM to the Brown County Sheriff. This letter is dated March 20th, 2024, and was marked as received by the Sheriff's Office on March 25th, 2024. The letter outlines the official request from the facility to enter into a Memorandum of Understanding (MOU) with the Brown County Sheriff's Department in order to comply with the applicable requirements set forth by this PREA standard.

(h): As stated in the Agency's PREA Policy on page 15:

- "For the purposes of this standard, a qualified program staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general."

**Sexual Abuse and Sexual Harassment Investigative File Review:**

In discussions with the Program Director (PD) and PCM during the onsite visit regarding the four PREA investigations conducted at the facility over the past

	<p>12-month audit review period, it was confirmed that the facility did not encounter any instances that met the criteria for sexual abuse necessitating victim services as outlined by this PREA standard. During the audit review period, two situations arose where the initial allegations made by youth were evaluated and assessed as possible sexual abuse, with one involving alleged over-the-clothing rubbing and the other occurring during a doctor's office visit. The PD provided the auditor with investigative reports and supplemental documents for each of the four PREA investigations and detailed the specifics of each investigation during the interview.</p> <p>Following administrative investigations carried out by the PD for the two sexual abuse allegations, both cases were ultimately deemed unfounded. Prompt notifications were sent to the TJJD OIG, local law enforcement (Brown County Sheriff's Department), the originating juvenile agency, and the student's parent/guardian. The TJJD OIG and Brown County Sheriff's Department decided not to pursue criminal charges, and no further action was taken on their part. The auditor received the final administrative reports and supporting documentation for each of the two sexual abuse allegations, with no instances of non-compliance with the relevant PREA standards identified in either investigation.</p> <p>Regarding the two sexual harassment allegations, the internal investigator concluded one as founded (youth-on-youth) and the other as unfounded (staff-on-youth). The sexual harassment investigations were conducted promptly and thoroughly, with no compliance issues identified.</p> <p>In sum, the auditor meticulously reviewed each investigative file and confirmed that the facility adhered to all applicable response and investigative elements as stipulated by the PREA standards. Additionally, no instances of non-compliance with the relevant PREA standards were found by the auditor in any of the four PREA investigations.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<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</li> </ul>

- ROP Policy 600.600 (PREA Policy Statement)
- Pre-Audit Questionnaire (PAQ)
- The Oaks Brownwood Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))
- Letter & MOU Sent to Brown County Sheriff
- ROP Safe Environment Standards Student Services Offered Acknowledgement
- "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents" Second Edition
- Sexual Abuse and Sexual Harassment Investigative File Review

**Interviews:**

- Program Director (PD)
- PREA Compliance Manager (PCM)

**Explanation of Determination:**

**115.322 (a-c):**

As per the Agency's PREA Policy on page 16:

- The program shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.
- Allegations of sexual abuse or sexual harassment will be referred for investigation to 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 allegations of sexual abuse and sexual harassment at the facility are promptly reported to the proper authorities, with the Brown County Sheriff's Department identified as the local law enforcement agency responsible for conducting criminal investigations. This confirmation was supported by correspondence marked as received by the Brown County Sheriff's Department, as detailed in section 115.321 of the report. The auditor discussed mandatory

reporting protocols and investigative processes with the Program Director (PD) and PCM during individual interviews conducted on-site. The administrators demonstrated a strong understanding of reporting requirements and investigative procedures. They emphasized the importance of immediately reporting any allegations of sexual abuse or harassment from a student victim to supervisors, TJJJ, and local enforcement.

The PD, who is a trained administrative investigator at the facility, described the comprehensive training completed in relation to PREA investigations and the entire investigative process, from receiving initial allegations to documenting the final conclusion in administrative reports and conducting incident reviews. All PREA-related allegations are treated seriously, with a priority placed on ensuring the safety of students and staff through separation practices such as removing alleged perpetrators from victims. Depending on whether the alleged perpetrator is a staff member or another student, actions such as administrative leave or housing reassignments are taken to ensure sight and sound separation.

All allegations of sexual abuse are reported to TJJJ OIG and local law enforcement, and internal administrative investigations are promptly initiated. Retaliation monitoring is conducted through separation of alleged perpetrators from victims, frequent check-ins, walk-throughs, documentation reviews, and Vulnerability Re-Assessments. While the PD currently leads PREA investigations, the PCM is being trained and designated to conduct such investigations.

The TJJJ OIG has the authority to ensure administrative and criminal investigations are conducted at any juvenile facility in Texas. The PD maintains a good working relationship with the OIG investigator and Brown County investigators, facilitating information sharing through various communication channels. The PD detailed the process of conducting internal PREA investigations, including assessing initial allegations, ensuring effective response plans, reviewing evidence, conducting interviews, and determining disposition based on the preponderance of evidence standard.

The HR Generalist assists with staff-related administrative leave and disciplinary actions, with a founded disposition of an allegation of sexual abuse resulting in immediate termination. Internal investigations are documented in reports provided to agency leadership for review. For founded or unsubstantiated sexual abuse investigations, the management team conducts a thorough incident review within 30 days, evaluating all aspects of the incident and making recommendations for improvement.

Additionally, the auditor reviewed the facility's website ([theoaksbrownwood.com/ses](http://theoaksbrownwood.com/ses)) and confirmed that the administrative and criminal investigative requirements are posted online. The following information was found to be included on the facility's website:

- Rite of Passage has a Zero Tolerance Policy regarding sexual assault, sexual harassment and sexual activity. All students in our programs have a right to

be free from sexual assault or harassment, as well as free from retaliation for reporting. There is no “consensual” sexual activity between students or between staff and students at Rite of Passage programs.

- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.
- Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from sexual abuse.
- 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. 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 Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.

During the review of the agency's policies and the relevant Texas Administrative Code (TAC) Chapters, it was confirmed that any allegations of sexual abuse or sexual harassment involving a resident at The Oaks Brownwood facility must be promptly reported to the Texas Juvenile Justice Department (TJJD) Incident Reporting Center (IRC). Upon receipt of the report, the TJJD IRC assesses the situation to determine if an abuse, neglect, or exploitation (ANE) case should be opened by the TJJD Office Inspector General (OIG), or if the facility can address the report internally as a grievance. In the event that the TJJD OIG initiates an official investigation, a specially trained OIG investigator will be assigned to the case and conduct a thorough investigation. The TJJD OIG Investigative Division is empowered to conduct both administrative and criminal investigations and collaborate with local law enforcement as necessary.

According to TAC 358.200 & 358.300:

- Departments, programs, and facilities must have written policies and procedures that require, in accordance with this chapter:
  - reporting allegations of abuse {*which include allegations of sexual*



*abuse and sexual harassment of a juvenile*}, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJJ, and other appropriate governmental units; and

- reporting serious incidents to TJJJ.
- An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJJ and local law enforcement if he/she:
  - witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or
  - has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.
- In accordance with Texas Family Code §261.101, the duty to report cannot be delegated to another person.
- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.
- A report of alleged sexual abuse or serious physical abuse must be made to TJJJ immediately, but no later than four hours after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.
- The initial report to TJJJ must be made by phone using the toll-free number as designated by TJJJ.
- Within 24 hours after the initial phone report to TJJJ, the completed Incident Report Form must be submitted to TJJJ by fax or e-mail.
- The initial report to law enforcement must be made by phone.
- Notification, or diligent efforts to notify, must be made to the parent(s), guardian(s), and custodian(s) of a juvenile who has died or who is the alleged victim of abuse, neglect, or exploitation.
- The notice or efforts to notify required by subsection (a) of this section must be made as soon as possible, but no later than 24 hours from the time a person gains knowledge of or has a reasonable belief that the allegation of abuse, neglect, or exploitation or the death of a juvenile occurred.
- The notice or efforts to notify required by subsection (a) of this section may be made by phone, in writing, or in person.
- The notice or efforts to notify required by subsection (a) of this section must be documented on TJJJ's Incident Report Form and in the internal investigation report.

For the TAC required internal investigation procedures for The Oaks Brownwood facility, TAC 358.400 states the following requirements:

- In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by

- experience or training to conduct a comprehensive investigation.
- The internal investigation must be initiated immediately upon the chief administrative officer or the private facility administrator or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. However, the initiation of the internal investigation will be postponed if:
    - directed by law enforcement;
    - requested by TJJJ; or
    - the integrity of potential evidence could be compromised.
  - Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.
  - The internal investigation must be completed within 30 business days after the initial report to TJJJ. TJJJ may extend this time frame upon request. TJJJ may require submission of all information compiled to date or a statement of the status of the investigation when determining whether or not to grant an extension or after granting an extension.

**Sexual Abuse and Sexual Harassment Investigative File Review:**

In discussions with the Program Director (PD) and PCM during the onsite visit regarding the four PREA investigations conducted at the facility over the past 12-month audit review period, it was confirmed that the facility did not encounter any instances that involved a criminal investigative element; however, each allegation was reported to TJJJ OIG and law enforcement as applicable to the seriousness of the situation.

During the audit review period, two situations arose where the initial allegations made by youth were evaluated and assessed as possible sexual abuse, with one involving alleged over-the-clothing rubbing and the other occurring during a doctor's office visit. The PD provided the auditor with investigative reports and supplemental documents for each of the four PREA investigations and detailed the specifics of each investigation during the interview.

Following administrative investigations carried out by the PD for the two sexual abuse allegations, both cases were ultimately deemed unfounded. Prompt notifications were sent to the TJJJ OIG, local law enforcement (Brown County Sheriff's Department), the originating juvenile agency, and the student's parent/guardian. The TJJJ OIG and Brown County Sheriff's Department decided not to pursue criminal charges, and no further action was taken on their part. The auditor received the final administrative reports and supporting documentation for each of the two sexual abuse allegations, with no instances of non-compliance with the relevant PREA standards identified in either investigation.

Regarding the two sexual harassment allegations, the internal investigator

	<p>concluded one as founded (youth-on-youth) and the other as unfounded (staff-on-youth). The sexual harassment investigations were conducted promptly and thoroughly, with no compliance issues identified.</p> <p>In sum, the auditor meticulously reviewed each investigative file and confirmed that the facility adhered to all applicable response and investigative elements as stipulated by the PREA standards. Additionally, no instances of non-compliance with the relevant PREA standards were found by the auditor in any of the four PREA investigations.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.331</b>	<b>Employee training</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</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Sample of PREA Training Verification Documents (Zero Tolerance Acknowledgement)</li> <li>• ROP Safe Environment Standards PREA Training Curriculum for Staff (107 pages)</li> <li>• Staff PREA Training File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 12 Random Staff (Coach Counselors- CCs)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.331 (a-d):</b></p> <p>The auditor verified that the Agency's PREA Policy includes all the required elements of this PREA standard on pages 17-18, as detailed below.</p> <p>(a): According to the Agency's PREA Policy on pages 17-18:</p>

- The RIIP, PREA Site Compliance Manager, Site Trainer, or Human Resources Manager shall train all staff (full time, part time and contracted mental health care practitioners):
  - Its zero-tolerance policy for sexual abuse and sexual harassment;
  - How to fulfill their responsibilities under program sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - Students' right to be free from sexual abuse and sexual harassment;
  - The right of students and staff to be free from retaliation for reporting sexual abuse and sexual harassment;
  - The dynamics of sexual abuse and sexual harassment in juvenile facilities;
  - The common reactions of juvenile victims of sexual abuse and sexual harassment;
  - How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between students;
  - How to avoid inappropriate relationships with students;
  - How to communicate effectively and professionally with students, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming students;
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
  - Relevant laws regarding the applicable age of consent (There is no age of consent for juveniles in confinement).

In addition, the auditor was provided with the agency's PREA training curriculum, which comprises 107 pages of PREA-related material that is administered to all staff during pre-service training and subsequently every six months from their last site training, as stated in the Agency's PREA Policy on page 17. Upon review of this extensive 107-page PREA training presentation, the auditor confirmed that it includes, at a minimum, the eleven training topics mandated by the required PREA provision (a) (1-11). Moreover, the training curriculum integrates interactive scenario-based learning activities and uses visual aids, including numerous images. This training program surpasses the minimum requirements outlined in the PREA provision by covering additional topics such as PREA-related definitions and statistics, the investigative process, disciplinary measures for violating PREA policies, responding to residents at risk of imminent sexual abuse, the facility's immediate coordinated response plan for sexual abuse incidents, vulnerability assessment procedures, resident PREA orientation and comprehensive education procedures, how to firmly establish healthy boundaries, recognizing signs of potential sexual abuse or harassment, and other relevant and important topics on how to keep residents and staff safe.

(b): As per the Agency's PREA Policy on page 18:

- Such training shall be tailored to the unique needs and attributes of students in the programs and to the gender of the students in the programs. The staff shall receive additional training if the staff is reassigned from a program that houses only male students to a program that houses only female students, or vice versa.

The auditor confirmed that The Oaks Brownwood facility exclusively accommodates post-adjudicated male residents, and as such, the PREA training is customized to address the specific needs of this population.

(c & d): The Agency's PREA Policy states on page 18:

- The program shall provide each staff with refresher training every six months to ensure that all staff know the program's current sexual abuse and sexual harassment policies and procedures. The program shall document, through attendance sheet and Form 13.44 which must include staff signature or electronic verification that staff understand the training they have received. Documentation will be kept in employee files. The training will be added to the program's annual training calendar.

The auditor was also provided with the agency's "ROP SES Zero-Tolerance Acknowledgement" form. This document includes an acknowledgment statement with sections for the staff members, volunteers, and contractors who attended the PREA training to initial, sign, and date. Additionally, the signature of the trainer who conducted the PREA training course is required on this document. By signing this form, the attendees confirm their understanding of the PREA information presented during the training.

To evaluate the facility's compliance with the requirements of the PREA standard, the auditor selected a representative sample of 12 security staff members (CCs) and conducted interviews with them. The CCs were asked open-ended questions to assess their understanding of the PREA information provided to them during pre-service training, before they had contact with students, and during annual PREA training refreshers. The staff members demonstrated a strong grasp of key PREA elements, including the agency's zero tolerance policy, residents' rights related to PREA, mandatory reporting protocols, prevention practices for student and staff safety, response protocols, first responder protocols, victim services, professional boundaries in working with juveniles, effective communication and monitoring of vulnerable youth, and dynamics of sexual abuse and harassment in a confinement setting. The staff members effectively articulated their knowledge of PREA training content and displayed a comprehensive understanding of the requirements outlined in the PREA standard. Their responses indicated that the high level of PREA training they received aligned with the expectations set forth by the standard.

**Staff PREA Training File Review:**

The auditor selected a representative sample of staff members, including at least 10

	<p>CCs and the medical and mental health personnel who work full-time at the facility, to review their PREA training verification documents for compliance with the specified PREA standard. The auditor examined signed "Zero Tolerance Acknowledgements" and completed "PREA Competency Based Knowledge Assessments" for each selected individual. Following the review, no instances of non-compliance were identified.</p> <p>All staff members included in the sample had signed the acknowledgement forms, affirming their understanding of the materials provided, and had successfully passed the knowledge assessment tests. This comprehensive verification process indicates that the staff members demonstrated a solid grasp of the PREA training content and were compliant with the requirements outlined in the PREA standard.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.332</b>	<b>Volunteer and contractor training</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</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Sample of PREA Training Verification Documents (Zero Tolerance Acknowledgement)</li> <li>• ROP Safe Environment Standards PREA Training Curriculum for Contractors &amp; Volunteers</li> <li>• ROP Safe Environment Standards/PREA Training Contractor &amp; Volunteer Lesson Plan</li> <li>• ROP Safe Environment Standards/PREA Training Test (Volunteers &amp; Contractors)</li> <li>• ROP Volunteer/Contractor PREA/SES Information Document</li> <li>• Contractor PREA Training Verification Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Contractors (3)</li> </ul>

- Zero Volunteers Have Contact with Youth at the Facility
- PCM
- PC

**Explanation of Determination:**

**115.332 (a-c):**

The auditor verified that all the required elements of this PREA standard are included in the Agency's PREA Policy on page 19, as outlined below:

- 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. 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.

In addition, the auditor was provided with the agency's PREA training curriculum and corresponding lesson plan, which comprises 67 pages of PREA-related material that is administered to all volunteers and contractors before they are allowed to enter the facility and be around residents. Upon review of this PREA training presentation, the auditor confirmed that it includes, at a minimum, the PREA training elements required by this PREA standard. Moreover, the training curriculum integrates interactive scenario-based learning activities and uses visual aids, including numerous images and videos. This training program surpasses the minimum requirements outlined in the PREA provision by covering additional topics such as PREA-related definitions and statistics, the investigative process, disciplinary measures for violating PREA policies, responding to residents at risk of imminent sexual abuse, the facility's immediate coordinated response plan for sexual abuse incidents, PREA related intake procedures, boundaries, recognizing signs of potential sexual abuse or harassment, and other relevant and important topics to keep residents safe. In addition to the above PREA information, all volunteers and contractors also are provided a PREA handout, which includes information on mandatory reporting protocols for allegation of sexual abuse and sexual harassment (including third party reports), definitions of sexual abuse and sexual harassment, how to make a PREA report at the facility.

The auditor also received the agency's "ROP SES Zero-Tolerance Acknowledgement" form, which contains an acknowledgment statement with sections for staff members, volunteers, and contractors who attended the PREA training to initial, sign, and date. The document also mandates the signature of the trainer who

conducted the PREA training course. By signing this form, attendees confirm their understanding of the PREA information presented during the training. Furthermore, in addition to signing the Zero-Tolerance Acknowledgement form, all volunteers and contractors are required to complete and pass a PREA Training Test. Samples of completed tests were provided to demonstrate compliance with this agency practice. The skills test comprises 12 questions that volunteers and contractors who have contact with residents at the facility must successfully complete before being permitted to have contact with residents.

During the onsite preparation call and through a signed memorandum, the PCM and PC confirmed that The Oaks Brownwood facility has not engaged any volunteers in any capacity within the preceding three-year audit period. However, it was verified that the facility utilizes two contracted professionals, a medical physician's assistant and a psychologist, who conduct weekly sessions with the youth at the facility. Additionally, TEA-certified teachers employed by Brownwood ISD deliver educational services to the students at the facility. The PCM and PC explained that all these contracted professionals receive regular PREA training similar to the facility staff, and verification documents of their PREA training were provided, as detailed below.

The auditor also interviewed three contracted educational staff members, who all confirmed in their individual interviews their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Additionally, the teachers also verified that they received this training when they initially began providing educational services at the facility, before having contact with youth, and are provided a PREA refresher training before each school year. They further confirmed that they sign a PREA zero tolerance acknowledgement form and are required to pass a competency assessment test.

**Contractor PREA Training File Review:**

The auditor selected a representative sample of contracted educational professionals who were teaching youth at the facility while the auditor was onsite to review their PREA training verification documents for compliance with the specified PREA standard. The auditor examined signed "Zero Tolerance Acknowledgements" and completed "PREA Competency Based Knowledge Assessments" for each selected individual. Following the review, no instances of non-compliance were identified. The auditor examined signed "Zero Tolerance Acknowledgements" and completed "PREA Competency Based Knowledge Assessments" for each selected individual. Following the review, no instances of non-compliance were identified.

All contractors included in the sample had signed the acknowledgement forms, affirming their understanding of the materials provided, and had successfully passed the knowledge assessment tests.

Note: At no time during this audit process did the auditor learn of the facility allowing volunteers to meet with youth at the facility. This was verified by the PCM and confirmed through the onsite inspection and interviews.

**Conclusion:**



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

**115.333 Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Safe Environment Standards (SES) Student Education Acknowledgement (English & Spanish)
- ROP SES Student Acknowledgement of Zero Tolerance Policy (English & Spanish)
- ROP SES Student Additional Education Acknowledgement (English & Spanish)
- PREA Signage (English & Spanish)
- The Oaks Student Handbook
- The Oaks SES Brochure
- Student File Review

**Interviews:**

- 9 Randomly Selected Residents
- 1 Targeted (Received Special Educational Services)
- 12 Randomly Selected CCs
- Director of Student Services

**Site Review Observations:**

During the on-site visit, the auditor observed the presence of English & Spanish PREA signage in various prominently visited areas throughout the facility, including housing units, dayrooms, intake areas, medical unit, dining hall, visitation areas, public lobby, and recreational spaces. The PREA signs provided informative details about students' rights, the agency's zero tolerance policy, available student reporting methods, the importance of respecting boundaries ("no means no"), contact information for children advocates for emotional support services, the TJJD Hotline, Ombudsman contact information, safety strategies to prevent abuse or harassment, as well as Student Grievance and Speak Out forms and instructions. Each sign was visibly displayed, easily readable, and free from damage.

The auditor also noted the presence of Grievance Boxes in each housing unit, accompanied by Student Grievance and Speak Out forms for students to submit confidential complaints. During informal conversations with staff and youth, students provided proof that their Student Handbook and PREA documents received during intake were still in their rooms. Additionally, a youth assisted the auditor in placing a call to the TJJJ Hotline and explained the various reporting methods available to students at the facility. It was also verified that all youth have access to writing utensils in order to have the ability to write down an allegation of sexual abuse or sexual harassment.

As part of the on-site assessment, the auditor was presented with a mock demonstration of the intake process by the PCM and Director of Student Services. They showcased how new intakes are processed and provided PREA orientation and educational information. New intakes are shown a PREA video, receive a Student Handbook and PREA Brochure containing essential PREA information according to the standard. The auditor also viewed PREA Zero Tolerance Acknowledgement forms signed by each new intake, demonstrating compliance with both the initial PREA orientation and the more comprehensive 10-day PREA education process.

**Explanation of Determination:**

**115.333 (a-f):**

The auditor examined the Agency's PREA Policy and determined that all the required elements of this PREA standard are incorporated therein, as documented on page 20 of the Agency's PREA Policy and noted below. As per this Policy, "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." A breakdown of each provision is outlined below.

(a): According to the Agency's PREA 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.

In order to demonstrate how The Oaks Brownwood facility complies with the procedures documented above, the auditor was provided The Oaks SES/PREA Brochure for students and samples of the agency's "Student Acknowledgment of Zero Tolerance Policy" forms. These documents include the following information and are required to be signed and dated by the staff member reviewing the material with the resident, a witness, and the resident receiving the PREA orientation.

- *{Resident Initial}* I have received a copy of the Rite of Passage Safe Environment Standards: Student Guide to Rights, Protections and Reporting of Sexual Abuse Brochure
- *{Resident Initial}* I understand the zero tolerance policy regarding sexual abuse, sexual misconduct and sexual harassment
- *{Resident Initial}* I received information about and understand how to report incidents or suspicions of sexual abuse or 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.
- *{Resident Initial}* I received information on how to report to the facility PREA Manager, rape crisis center advocate and hotline numbers.

Student Printed Name: \_\_\_\_\_

Student

Intake Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date:

\_\_\_\_\_

In a practical demonstration of the form's utilization at the facility, the PCM uploaded two signed copies of the 'Student Acknowledgement of Zero Tolerance' forms, each completed with the required signatures and dates. The auditor identified no instances of non-compliance with the requirements of this PREA standard. Moreover, the auditor was provided with The Oaks Student Handbook, confirming that all students receive a copy upon entering their assigned housing unit. Within the Handbook, several pages are dedicated to PREA-related information, including the agency's zero-tolerance policy, resident rights, risk mitigation strategies, reporting protocols, hotline reporting numbers to the Texas Juvenile Justice Department (TJJD), available medical and behavioral health services, mail procedures, student grievance procedures, program services, code of conduct, disciplinary procedures, and more. Moreover, the Handbook includes a 'Student Handbook Acknowledgement' page signed and dated by the student and the staff member conducting the intake process (Case Manager). This acknowledgement statement reads, 'I have received, read, understand, and have access to the ROP Student Handbook. If I have any further questions, I know I can ask my Case Manager or Group Living Coach.'

(b): According to the Agency's PREA Policy on page 20:

- 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.

In order to demonstrate how The Oaks Brownwood facility complies with the procedures above, the auditor was provided samples of the agency's "Student Additional Education Acknowledgement" forms. This document includes the following information and is signed and dated by the staff member reviewing the material with the resident and the resident receiving the PREA comprehensive education.

- *{Resident Initial}* I have watched the Rite of Passage Safe Environmental Standards Student Video explaining what sexual abuse, sexual misconduct and sexual harassment is, my right to be free from sexual abuse, sexual misconduct and sexual harassment, how to avoid it, and how to report it.
- *{Resident Initial}* I understand the information regarding my right to be free from sexual abuse, sexual misconduct and sexual harassment and to be free from retaliation for reporting such incidents.
- *{Resident Initial}* I understand the program policies and procedures for responding to sexual abuse, sexual misconduct and sexual harassment
- *{Resident Initial}* I was provided the opportunity to ask questions and had my questions answered.

Student Printed Name: \_\_\_\_\_

Student Intake

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date of Additional

Training: \_\_\_\_\_

Training Provided by: \_\_\_\_\_

Date: \_\_\_\_\_

As part of a demonstration of the form's implementation, the PCM uploaded two signed copies of the 'Student Additional Education Acknowledgement' forms. These forms were completed with the required signatures and dates, and no instances of non-compliance with the requirements of this PREA standard were identified. Furthermore, in alignment with what is stated in the previous section (a), the auditor verified that all students receive The Oaks Student Handbook and sign an acknowledgement page upon admission into the facility, providing a detailed explanation of their rights to be free from sexual abuse, harassment, and retaliation for reporting such incidents, along with information on program policies and procedures for addressing such situations.

(c): As per the Agency's PREA Policy:

- 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.

It should be noted that the auditor confirmed through the documentary evidence review and onsite phase of the audit that all residents who are admitted into The Oaks Brownwood facility are processed through the same intake procedures as

explained above.

(d): The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on pages 10 and 20, which sufficiently demonstrates how The Oaks Brownwood facility 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. Furthermore, as per this Policy on page 20, "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."

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

To ensure that 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 and "Student Additional Education Acknowledgement" form that are both available in Spanish. These documents contain sections for the student to initial their receipt and understanding of the PREA information and the agency's zero-tolerance policy pertaining to sexual abuse, sexual misconduct, and sexual harassment. The student is required to print their name, sign, and date the form, with a witness also documenting the same. Furthermore, samples of the two acknowledgment forms were presented to the auditor to illustrate how they are implemented at the facility. Each acknowledgment form was signed and dated by both the student and the staff member responsible for reviewing the PREA material, as documented to have been provided on the same date as each youth's admission to the facility."

Additionally, the PCM and PC confirmed the presence of bilingual staff at the facility, proficient in both Spanish and English, who can provide assistance as needed to ensure that residents with limited English proficiency have an equal opportunity to engage in, and benefit from, all aspects of the agency's initiatives to prevent, detect, and respond to sexual abuse and harassment. The administrators further shared that The Oaks Brownwood facility, being a post-adjudication program, conducts thorough screening of all youth before admission to the program. Given the program dynamics, only juveniles fluent in English and Spanish are accepted to

ensure equal opportunities for success within the program. However, in the event of considering a juvenile whose primary language differs from English or Spanish, the facility is committed to providing reasonable and appropriate accommodations to ensure equal participation in, and benefit from, the agency's initiatives to address sexual abuse and harassment. Furthermore, the administrators verified that over the past three years, no incidents have arisen where a youth admitted to the program was deprived of equal opportunity to engage in or benefit from the agency's efforts to address sexual abuse and harassment. Notably, during the audit review period, there were no youth admitted whose primary language for understanding and communication was other than English or Spanish.

During the onsite, the auditor conducted an interview with a specific student who had a diagnosed disability to assess the level of comprehension of the PREA education provided. The student, who had undergone the intake process where a therapist and Case Manager individually met with him upon arrival at the facility, demonstrated a sufficient understanding of PREA and his rights. The student articulated that both professionals had presented him with the PREA orientation and education in a manner that he could fully grasp. He outlined specific methods for making a PREA report, ensuring his safety against bullying, abuse, and harassment, and mentioned regular meetings with his therapist. The student expressed feeling secure while at the facility and did not voice any concerns during the interview.

Additionally, in discussions with 12 Coach Counselors (CCs), all confirmed that in a situation involving sexual abuse or harassment, they would not have one youth translate for another; instead, they affirmed their commitment to calling in a supervisor to ensure that an adult is called in to provide translation services.

(e): The Agency's PREA Policy states on page 20:

- "The program shall maintain documentation of student participation in these education sessions in the student file."

(f): According to the Agency's PREA Policy, "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." During the PAQ review process conducted prior to the onsite visit, the auditor was presented with examples of PREA signage displayed throughout the facility. These included the agency's "Zero Tolerance" form, "You Can Report Sexual Abuse or Harassment on behalf of a Student" form, "No Means No" form, "What is a Hotline Call" form, the "Auditor's Notice" form, and "TJJD Abuse Hotline" forms. Furthermore, during the onsite inspection, the auditor verified that these forms were prominently posted in areas accessible to all youth, were undamaged, easy to read, and available in both English and Spanish. Additionally, the residents interviewed confirmed being aware of the forms posted and expressed reading them on occasion.

**Interviews & Documentation Review:**

To evaluate compliance with the PREA standard provision at the facility, the auditor conducted interviews with a representative sample of residents and staff members. Nine randomly selected students and one targeted student receiving special education services were interviewed. Each student demonstrated a thorough understanding of the PREA orientation and comprehensive education they received upon their arrival at the facility. They articulated their rights, reporting procedures, safety measures, and various methods available for making a PREA report, including verbal, anonymous, third-party, and written reporting. The students were also able to identify and explain the content of the PREA signs posted throughout the facility.

The auditor also interviewed 12 CCs, who confirmed their awareness of the multiple PREA signs displayed in the facility. All staff members indicated that students are educated on PREA upon their arrival by Case Managers, therapists, and other staff members. The staff mentioned that students receive a Student Handbook and other PREA-related resources during intake and watch a PREA video.

Additionally, the Director of Student Services provided detailed information regarding the intake process for admitted students. The students first meet with medical and mental health professionals for individual assessments and screenings, during which PREA information is reviewed. Subsequently, they meet with a Case Manager in a private setting to go through additional PREA orientation materials in detail and sign acknowledgment forms on their first day at the facility, typically within a few hours of arrival. The Director explained that all new students meet with their Case Managers again within 10 days of intake to watch the PREA video and review comprehensive education materials, signing additional acknowledgment forms during this process to document understanding.

The Director highlighted that efforts are made to ensure effective communication of PREA information to students with lower functioning or communication barriers through assistance from licensed mental health professionals, special education professionals, staff translators, and ad hoc utilization of language lines for limited English proficiency cases. This approach was described to ensure that all students fully comprehend the PREA education provided, promoting a safe and inclusive environment at the facility.

The auditor reviewed the PREA orientation and comprehensive PREA education acknowledgement forms for the last ten youth admitted into the program prior to the onsite. Upon the auditor's review all the verification documents were found to be fully compliant with the required elements of this PREA standard except for one. The auditor discovered one 10-day comprehensive acknowledgement form was dated outside the 10 day required timeline. For this situation, the PCM was took immediate action and developed a corrective action plan with the management team to ensure the 10 day requirement of this PREA standard is never in jeopardy of being surpassed.

The auditor found that the PREA orientation and comprehensive PREA education acknowledgment forms for the last ten youth admitted before the on-site visit were largely compliant with the required elements of the PREA standard. However, one

10-day comprehensive acknowledgment form was dated outside the 10-day timeline. In response to this non-compliance outlier, the PCM took immediate action and collaborated with the management team to develop a corrective action plan to ensure that the 10-day requirement specified in the PREA standard is consistently met in the future. The corrective action plan outlined by the PCM includes measures to prevent similar deviations from the timeline in the future. This involved reinforcing internal procedures, providing additional training and reminders to staff involved in the PREA orientation and education process, and establishing mechanisms for ongoing monitoring and oversight to ensure timely completion of the 10-day comprehensive PREA acknowledgment forms.

To demonstrate the effectiveness of the corrective action plan, the PCM provided the auditor with examples of completed 10-day comprehensive PREA acknowledgment forms for youth admitted after the on-site visit. The auditor's subsequent review confirmed that these forms were in full compliance with the requirements of the PREA standard, indicating that the corrective measures put in place were successful in addressing the identified issue. By proactively addressing the non-compliance through the development of a corrective action plan immediately upon the deficiency being identified and subsequently ensuring compliance with the standard through effective implementation, the facility successfully demonstrated compliance with this PREA standard in policy and practice.

**Conclusion:**

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

115.334	Specialized training: Investigations
	<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</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Staffing Training &amp; Development Documentation (PC &amp; PCM Investigator Training Verification) / Nine Training Modules</li> <li>• ROP SES/PREA Training Specialized Training for Administrative Investigators Curriculum (9 Modules)</li> <li>• ROP SES/PREA Specialized Investigation Knowledge Assessments for the PC and PCM</li> </ul>



**Interviews:**

- Program Director (PD)
- PCM

**Explanation of Determination:****115.334 (a-c):**

As per 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." Moreover, the procedures outlined on page 21 of this Policy are elaborated below, demonstrating alignment with the requirements established by this PREA standard.

- 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 Oaks Brownwood facility, the auditor was provided the specialized PREA investigator training curriculums and associated training verification documentation for the PCM and PC. 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 PC and PCM have completed the following training modules related to administrative investigations at the facility:

- 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.

Alongside the training verification documents previously outlined, the PCM and PC also furnished the auditor with completed PREA Specialized Investigation Knowledge Assessment forms for each administrative investigator at The Oaks Brownwood facility. These assessments serve as additional evidence that the internal investigators comprehensively grasp the investigative training requirements mandated by this PREA standard.

The PD, who is a specially trained administrative investigator at the facility, described the comprehensive training completed in relation to PREA investigations and the entire investigative process, from receiving initial allegations to documenting the final conclusion in administrative reports and conducting incident reviews. He shared the topics of the investigator training he has received throughout his career working in juvenile justice facilities, which included discussing the techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

In addition to the PD's interview, the auditor spoke with the PC and the PCM about their qualifications for conducting administrative internal investigations into PREA allegations at the facility. Both the PC and PCM demonstrated sufficient knowledge and expertise, explaining the specialized investigator training they had completed and outlining the internal investigative process in detail. They sufficiently showcased their proficiency in all aspects related to conducting investigations into PREA allegations, including the initial assessment of the allegation to determine its classification as sexual abuse, sexual harassment, or sexual misconduct. They also elaborated on the subsequent steps involved in the investigative process, which included interviewing individuals involved, reviewing relevant documents, examining camera footage, inspecting the area where the alleged incident occurred, reviewing facility policies, and documenting the investigation on a reporting form that is provided to their higher ups.

**Conclusion:**

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

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Agency's PREA Policy
- ROP Policy 600.600 (PREA Policy Statement)
- Pre-Audit Questionnaire (PAQ)
- PREA Training Verifications for the Mental Health and Medical Professionals the Facility
- PREA Training Curriculum for Mental Health & Medical Professionals

**Interviews:**

- Full-time Medical Assistant
- Full-time Licensed Professional Counselor (LPC)

**Explanation of Determination:**

**115.335 (a-d):**

As per the Agency's PREA Policy on page 22, it is a policy of ROP to ensure all 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. Furthermore, this Policy also outlines the following procedures, which were found by the auditor to correspond with the required elements set forth by this PREA standard:

- Rite of Passage shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
  - How to detect and assess signs of sexual abuse and sexual harassment;
  - How to preserve physical evidence of sexual abuse;
  - How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
  - 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.

During the on-site visit, the auditor conducted interviews with a full-time Licensed Professional Counselor (LPC) and a medical assistant at The Oaks facility. Both professionals emphasized the specialized and general PREA training they have undertaken while working at the facility. The training sessions included specialized modules designed to equip them with the necessary skills to detect potential victims of sexual abuse, ensure the preservation and protection of the scene, respond effectively and efficiently to the needs of victims, and familiarize them with the reporting protocols in place at the facility.

In their interviews, both the LPC and the medical assistant mentioned that they are mandated to report any knowledge or suspicion of sexual abuse or harassment immediately to their immediate supervisor, the PCM, administrative staff on-duty or on-call, as well as to the relevant authorities, which may include the Texas Juvenile Justice Department (TJJD) and local law enforcement agencies.

Furthermore, the professionals noted that they undergo annual refresher PREA training sessions, similar to the requirements for security staff, which was described as a way to help keep them informed about best practices, updates in policies and procedures, and reinforces their understanding of their roles and responsibilities in preventing and responding to incidents of sexual abuse or harassment.

**Medical and Mental Health Staff PREA Training File Review:**

The auditor was provided numerous PREA training verifications for the medical and mental health personnel who work full-time at the facility to assess for compliance with the requirements as set forth by this PREA standard. Upon the auditor's analysis, it was verified that these specialized staff members have successfully completed the required PREA training pursuant to the requirements of this standard. The auditor examined signed "Zero Tolerance Acknowledgements" and completed "PREA Competency Based Knowledge Assessments" provided, and no instances of non-compliance were identified.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Oaks Brownwood facility meets all elements of this PREA standard and 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>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk
- Samples of Completed Vulnerability Assessments
- Staff PREA Training Curriculum
- PREA Staff Training Verifications
- Samples of Vulnerability Assessment Re-Screenings

**Interviews:**

- Full-time Therapist (LPC)
- Director of Student Services (DSS)
- 10 Students

**Site Review Observations:**

During the onsite, the auditor was provided a demonstration of how a new intake is processed, including how the Vulnerability Assessment (VA) is completed by a therapist within a few hours of a student's arrival at the facility. The area in which a therapist conducts the VA is in a private and confidential setting to ensure the youth feel comfortable and at ease. In addition, the VA's are stored securely onsite and only those staff who need to know the information for their professional duties are allowed access.

**Explanation of Determination:**

**115.341 (a-e):**

The auditor reviewed the Agency's PREA Policy and confirmed that all the required elements as set forth by this PREA standard are included therein, on pages 23-24. The procedures for each provision that are included in this Policy are detailed below. In addition, the agency's Vulnerability Assessment Instrument tool was uploaded in the OAS and reviewed by the auditor. This screening form was found to be an objective screening tool that can be used to ascertain the information as required by provision (c) (1-11) of this PREA standard.

(a & b):

- All students will be screened for risk of sexual victimization and abusiveness.
- 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.

(c):

- Information should include:
  - Prior sexual victimization or abusiveness;
  - Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the students may therefore be vulnerable to sexual abuse;
  - Current charges and offense history;
  - Age;
  - Level of emotional and cognitive development;
  - Physical size and stature;
  - Mental illness or mental disabilities;
  - Intellectual or developmental disabilities;
  - Physical disabilities;
  - The student's own perception of vulnerability; and
  - Any other specific information about individual students that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other students.

(d):

- 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.

(e):

- 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 interviewed the Director of Student Services (DSS) and full-time LPC while onsite, and each staff member sufficiently explained in their individual interviews the process in which the VA's are completed. For example, the LPC and DSS advised that a licensed full-time therapist conducts the VA's in a counselor's office within a few hours of a youth arriving at the facility. It was shared that the VA's are conducted in a private and confidential setting to limit distractions and improve the validity of the assessment. They described the questions that are on the assessment, and how the answers are used to calculate the risk score using a standard set of risk factors. The VA scores and pertinent information ascertained

	<p>from the initial intake process are shared with Group Living in order for the housing and programming assignments to be made by the DSS.</p> <p>Furthermore, the DSS and LPC confirmed how both an assigned Case Manager and assigned therapist meet with all students on a regular basis to check in and re-assess the student's status in the program. This is a required aspect of each student's treatment plan and was explained to help with re-assessing their risk level, housing, and program assignment. In addition, examples of formal periodic re-assessments that were conducted by a LPC were provided to the auditor to further demonstrate how the periodic risk re-assessment are conducted in practice.</p> <p>The auditor also asked each of the ten students interviewed if they remembered a therapist asking them certain questions that are on the VA within a few hours of arriving at the facility, and each student confirmed that this was done. Furthermore, each student also shared that they meet with their assigned therapist and Case Manager often.</p> <p><b><u>Risk Assessment Documentation Review:</u></b></p> <p>The auditor selected the last ten youth admitted into the facility prior to the onsite to review their Vulnerability Assessments (VAs). Upon the auditor's review, no issues of non-compliance were identified, and each risk screening included the necessary information to determine an objective and valid risk score. Additionally, each VA was signed off by a licensed therapist who conducted the screening and approved by a supervisor to determine the safest and most appropriate housing and programming assignments.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.342</b>	<b>Placement of 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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Vulnerability Assessment Instrument: Risk of Victimization and/or</li> </ul>

Sexually Aggressive Behavior/Overall Risk

- Samples of Completed Vulnerability Assessments
- Staff PREA Training Curriculum
- PREA Staff Training Verifications
- Samples of Vulnerability Assessment Re-Screenings
- Signed Memo From PCM

**Interviews:**

- PCM
- Director of Student Services (DSS)
- LPC
- Program Director (PD)
- 12 Random Security Staff
- Medical Assistant
- Zero Youth were Housed in any Form of Isolation or Seclusion Related to PREA
- No Youth Identified as Transgender/Intersex

**Site Review Observations:**

During the onsite inspection and numerous walk throughs, the auditor never discovered a youth secured in his room due to a PREA related situation involving as a form of disciplinary or protection. Additionally, there was no indication to suggest a youth at the facility identified as transgender.

**Explanation of Determination:**

**115.342 (a-i):**

The auditor reviewed the Agency's PREA Policy and confirmed that all the required elements as set forth by this PREA standard are included therein, on pages 25-26.

The procedures for each provision that are included in this Policy are detailed below. In addition, the agency's Vulnerability Assessment Instrument tool was uploaded in the OAS and reviewed by the auditor. This screening form was found to be an objective screening tool that is used for making housing, bed, and programming assignments for residents with the goal of keeping all residents safe from sexual abuse.

(a): According to the Agency's PREA Policy on page 25:

- Rite of Passage programs shall use all information obtained pursuant to § 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. Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342.



(b): As per the Agency's PREA Policy on page 25:

- 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.

(c - e): Per Page 25:

- 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.

(f - i): As per Page 26:

- A transgender or intersex student's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex students shall be given the opportunity to shower separately from other students. If a student is isolated pursuant to provision (b) of this PREA standard, 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.

Note: The PCM provided the auditor with a signed memorandum confirming that the facility has not placed any resident in isolation, either as a protective measure

or disciplinary action due to a PREA-related situation, in the past three years. Furthermore, the memorandum clarifies that no youth identifying as transgender or intersex has been admitted to the facility within the same period. The PCM emphasized the facility's dedication to upholding the standards outlined in the Prison Rape Elimination Act (PREA) and ensuring the safety and well-being of all residents. This information was reiterated during the PCM's interview onsite. The PCM also explained in his interview the housing, programming, and educational assignment process. This process uses the VA risk score and pertinent intake information to determine the safety assignments for all youth admitted into the facility. Additionally, in making housing and programming assignments, the facility would consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems and take the youth's own perception of vulnerabilities into serious consideration when staffing the situation with the management team. The safety level of all students, especially youth who are the most vulnerable populations, is taken into serious consideration and staffed on a case-by-case basis to ensure maximum protections are in place.

The auditor interviewed the Director of Student Services (DSS) and full-time LPC while onsite, and each staff member sufficiently explained in their individual interviews the process in which the VA's are completed. For example, the LPC and DSS advised that a licensed full-time therapist conducts the VA's in a counselor's office within a few hours of a youth arriving at the facility. It was shared that the VA's are conducted in a private and confidential setting to limit distractions and improve the validity of the assessment. They described the questions that are on the assessment, and how the answers are used to calculate the risk score using a standard set of risk factors. The VA scores and pertinent information ascertained from the initial intake process are shared with Group Living in order for the housing and programming assignments to be made by the DSS.

Furthermore, the DSS and LPC confirmed how both an assigned Case Manager and assigned therapist meet with all students on a regular basis to check in and re-assess the student's status in the program. This is a required aspect of each student's treatment plan and was explained to help with re-assessing their risk level, housing, and program assignment. In addition, examples of formal periodic re-assessments that were conducted by a LPC were provided to the auditor to further demonstrate how the periodic risk re-assessment are conducted in practice. They also described how if a youth was admitted who identified as transgender/ intersex, this youth's situation would be thoroughly staffed with the management team to determine the safest programming, showering status, and housing assignment. The youth would be allowed to shower and use the restroom alone, provided any reasonable accommodations related to clothing (undergarments) and such, counseled with about the search process, and allowed to express the youth's own perception of vulnerabilities that would be taken into serious consideration by the facility. In addition, frequent check-ins by administrative staff, case managers, therapist, and supervisors would be implemented on an as needed basis to ensure maximum safety and prevent any sexual abuse, sexual harassment, and bullying or

teasing type behavior.

The auditor also asked each of the ten students interviewed if they remembered a therapist asking them certain questions that are on the VA within a few hours of arriving at the facility, and each student confirmed that this was done. Furthermore, each student also shared that they meet with their assigned therapist and Case Manager often. In addition, all the students confirmed that they felt safe at the facility and believed the level of privacy was sufficient for it being a secure juvenile facility.

The auditor also interviewed the facility's Program Director (PD), who confirmed that isolation is not used as a form of protective isolation or discipline unless it is as a very last resort to ensure safety when less restrictive measures have been exhausted or are not effective. The PD could not recall a situation in the past in which a youth was isolated in a room due to a PREA related protective isolation or disciplinary matter; however, if such a situation were to occur, it would most likely be to place an aggressor of sexual abuse or sexual harassment in room until being discharged or arrested for a new charge. Additionally, it was confirmed that the facility does not have any specialized housing or groupings for youth who identify as LGBTI. This was confirmed by the auditor during the onsite, as well.

The 12 security staff members interviewed all confirmed that there was not a youth currently in the facility at the time of the onsite who was isolated in a room due to a PREA related matter. In addition, they could not recall such a situation ever to have occurred. However, no matter the reason a youth is secured in a room, medical and mental health staff have full and unimpeded access to all students without restriction. The only restriction explained would be due to a youth displaying aggressive behavior at the time of the visit, at which time the medical or mental health provider can meet with the youth through the door or wait until the student is calm. Moreover, the LPC and medical assistant also confirmed this during their interviews; advising that they have full and unrestricted access to all students at the facility.

**Risk Assessment Documentation Review:**

The auditor selected the last ten youth admitted into the facility prior to the onsite to review their Vulnerability Assessments (VAs). Upon the auditor's review, no issues of non-compliance were identified, and each risk screening included the necessary information to determine an objective and valid risk score that was used to determine the most appropriate and safety housing, programming, and educational assignments. Additionally, each VA was signed off by a licensed therapist who conducted the screening and approved by a supervisor.

**Conclusion:**

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

<b>115.351</b>	<b>Resident reporting</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="354 443 1347 770" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Student Grievance Form</li> <li>• ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• ROP Policy 600.364 (Incident Reporting Policy)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Texas Juvenile Justice Department (TJJD) Website</li> </ul> <p data-bbox="280 810 459 846"><b>Interviews:</b></p> <ul data-bbox="354 913 612 1025" style="list-style-type: none"> <li>• 12 Random CCs</li> <li>• 10 Students</li> <li>• PCM</li> </ul> <p data-bbox="280 1070 699 1106"><b>Site Review Observations:</b></p> <p data-bbox="280 1142 1474 1594">During the on-site visit, the auditor observed the presence of English &amp; Spanish PREA signage in various prominently visited areas throughout the facility, including housing units, dayrooms, intake areas, medical unit, dining hall, visitation areas, public lobby, and recreational spaces. The PREA signs provided informative details about students' rights, the agency's zero tolerance policy, available reporting methods, boundaries to be mindful of, the importance of respecting boundaries ("no means no"), contact information for children advocates for emotional support services, the TJJD Hotline, Ombudsman contact information, safety strategies to prevent abuse or harassment, as well as Student Grievance and Speak Out forms and instructions. Each sign was visibly displayed, easily readable, and free from damage.</p> <p data-bbox="280 1630 1474 1917">During the facility audit, the auditor observed the presence of Grievance Boxes in each housing unit, containing Student Grievance and Speak Out forms for residents to submit confidential complaints. Through informal conversations with both staff and youth, it was confirmed that some students retained their Student Handbook and PREA documentation received during intake in their rooms. One youth even assisted the auditor in placing a successful call to the TJJD Hotline, educating the auditor on the various reporting methods available to students at the facility.</p> <p data-bbox="280 1953 1474 2069">An evaluation of the TJJD Hotline confirmed that the external reporting hotline accepted all reports of sexual abuse and harassment, including anonymous reports. The auditor also verified the availability of professional translation services through</p>

the reporting center. Furthermore, it was confirmed that all youth have access to writing utensils to facilitate the reporting of allegations of sexual abuse or harassment in a tangible format.

During the on-site visit, two test calls were conducted. In the first call, a student assisted in contacting the TJJJD Hotline, which was successful. However, the auditor's second call to the contracted children's advocacy center for emotional support services did not go through due to a recent time restriction placed on phone calls to prevent unauthorized outbound calls by students. Upon discovery of this issue, the PCM and management team took immediate action, contacting the contracted phone service to rectify the time restriction promptly. The auditor was provided with evidence that the phone was functioning correctly during the previously restricted time window, demonstrating the facility's commitment to addressing and resolving any barriers to effective communication or reporting.

**Explanation of Determination:**

**115.351 (a-e):**

The auditor reviewed the Agency's PREA Policy and verified that all the required elements set forth by this PREA standard are included therein, as outline below. Moreover, as per the Policy statement included on page 27: "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."

As per this PREA Policy on page 27:

- 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.

To demonstrate the written means available for students to report a PREA incident, the auditor was provided with the Student Grievance Form and Student One-on-One Request Form at The Oaks Brownwood facility. These forms offer students the option to submit reports with or without disclosing their identities. Additionally, the auditor reviewed posted PREA documents, confirming that they adequately inform students on how to make a third-party report to the TJJJ Incident Reporting Center (ANE Hotline). It is noteworthy that the TJJJ Incident Reporting Center, which operates around the clock, allows for anonymous reports and offers translation services. Notably, as outlined on the TJJJ website, the hotline is staffed by personnel from the Office of the Inspector General, ensuring constant availability for reporting.

In addition, the auditor examined the agency's Student Problem Solving and Grievance Policy, which outlines specific procedures for students, parents/guardians, placing agencies, authorizing representatives, and other stakeholders to lodge grievances that violate a student's rights. The policy underscores that students are informed of their grievance rights upon admission to the facility, during the intake process, through a review and signature of the acknowledgment and Student Handbook. Moreover, the guidelines necessitate the clear posting of resident grievance procedures in the residential living area, in which the auditor confirmed to be true during the onsite inspection. The policy further mandates that the Student Grievance Form must be easily accessible to residents in program areas where they can independently access forms without staff assistance. Provision of written materials for grievance writing purposes is mandated whenever a student wishes to submit a grievance, with completed forms securely deposited by students in the designated Grievance Box (the auditor confirmed onsite that the Grievance boxes were easily accessible to youth). Notably, the policy explicitly states that grievances involving allegations of child abuse (such as sexual abuse or harassment) must be promptly reported to the authorities authorized to investigate alleged abuse or law enforcement agencies.

The auditor also interviewed 12 CCs and 10 residents while onsite, and each individual interviewed shared in their own words the multiple reporting methods available to students and staff at the facility. These included students being able to

document a PREA report on a Student Concern form or grievance with or without their name, calling the TJJD Hotline (w/ ability to make an anonymous report), verbally telling a staff member or another adult they trust, telling their family members or guardians (third-party report) and they report on their behalf, and merely writing the report on a piece of paper and turning into a CC, Case Manager, therapist, nurse, supervisor, etc.

During the interviews with staff members, a hypothetical scenario was presented in which they were asked how they would respond if a student directly reported abuse to them, and their immediate supervisor instructed them to ignore the report and not take it seriously. In response to this scenario, all staff members indicated that they would escalate the matter up the chain of command and/or directly contact the TJJD Hotline to report the allegation. This demonstrates a strong commitment from staff to ensuring the safety and well-being of the students, even in challenging situations where initial responses may not align with proper reporting protocol.

Additionally, staff members were questioned about their experiences with the availability of management at the facility. Each CC stated that the administration maintains an open-door policy, allowing staff to communicate with any member of the management team about any concerns or issues they may encounter.

**Conclusion:**

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

<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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Student Grievance Form</li> <li>• ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Signed Memo</li> </ul> <p><b>Interviews:</b></p>

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

**Explanation of Determination:**

**115.352 (a-g):**

The auditor conducted a review of the Agency's PREA Policy and verified the inclusion of all required elements of this PREA standard on pages 28-29. However, after assessing the mandatory child abuse reporting obligations of the State of Texas and examining the reporting requirements established by the Agency's PREA Policy and other pertinent policies, the auditor concluded that this standard is deemed inapplicable to The Oaks Brownwood facility. This determination stems from the facility's written policy and state-mandated directive, which necessitates the immediate reporting of any allegation of sexual abuse (including sexual harassment) to TJJJ. Moreover, TJJJ, as a state-regulated entity, is mandated to evaluate and investigate all sexual abuse and sexual harassment allegations involving juveniles in Texas facilities, either through criminal or administrative avenues. Given that any sexual abuse or harassment allegation reported on a Student Grievance Form falls within these prescribed requirements, the auditor found that the facility effectively demonstrates, through its written agency policy, the prompt translation of sexual abuse-related grievances into investigative actions beyond the administrative recourse process. Furthermore, such matters are not classified as grievances within the agency's framework.

Note: Additional details concerning the State-mandated requirements discussed above can be found for review in section 115.322 of this PREA standard (Texas Administrative Code 358.200 & 358.300).

The auditor was furnished with a signed memorandum from the PCM, affirming that all grievances concerning allegations of sexual abuse are promptly reported to TJJJ and local law enforcement. This ensures the swift initiation of a criminal investigation by the appropriate authorities. Additionally, the PC and PCM interviewed both confirmed adherence to this mandated procedure and attested that The Oaks Brownwood facility has not encountered any resident grievances alleging sexual abuse in the past three year audit review period.

**Conclusion:**

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

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</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
- Pre-Audit Questionnaire (PAQ)
- Student Grievance Form
- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- MOU with the Paluxy River Children's Advocacy Center (PRCAC)

### **Interviews:**

- 10 Students
- PCM
- Program Director (PD)
- LPC
- Advocate from the PRCAC

### **Site Review Observations:**

During the onsite, the auditor confirmed that the facility has posted a sign that is clear and easily read, which includes the contact information (phone and mailing address) to the Paluxy River Children's Advocacy Center in Granbury, TX. These signs are posted in each housing unit's dayroom area, and a student phone is nearby. The auditor verified that youth are able to contact an advocate at this children's advocacy center by either calling the center directly using the student or their Case Manager's phone, by writing a letter, or by requesting that a staff at the facility contact the advocacy center for them to schedule a call or appointment. In addition, the auditor also observed the family visitation and phone call processes onsite, with family visits and phone calls going on while the auditor was onsite. The facility has a visitation area in which the in-person visits take place, and all youth are able to utilize the student phones that are located in each housing unit.

### **Explanation of Determination:**

#### **115.353 (a-d):**

Upon review of the Agency's PREA Policy, it was confirmed by the auditor that the requirements set forth by this PREA standard are included therein, as outlined below.

- As per the procedures included on page 30:
  - 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 a signed Memorandum of Understanding (MOU) with the Paluxy River Children's Advocacy Center (PRCAC), which the auditor verified includes all the necessary elements of this PREA Standard. Additionally, the MOU requires PRCAC not only to offer victim advocacy and support services as required by PREA Standard 115.321 but also to provide emotional support services, crisis intervention, information, and referrals to other agencies that can offer further victim advocacy services to all students in the facility.

The auditor contacted the PRCAC while in Brownwood and discussed the advocacy services available to students at The Oaks facility. The PRCAC advocate verified over the phone that emotional support services and other victim advocacy services are available to any juvenile victim of sexual abuse. In addition, the PRCAC clarified that emotional support services related to sexual abuse would be made available to any juvenile.

The auditor also interviewed a LPC at the facility, who confirmed the emotional support services the licensed therapist can provide to students onsite, which is in addition to the PRCAC assistance.

In discussions with the ten students interviewed, it was explained by each youth the visitation and phone call policy at the facility. It was confirmed that all youth are provided weekly free phone calls to approved family members, and in-person visits are available on the weekends. The students also expressed how they can request to speak to an attorney through their Case Manager and Juvenile Probation Officer. The PCM also confirmed these visitation and phone call rights that are provided at

the facility.

**Conclusion:**

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

**115.354 Third-party reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- Third Party Reporting Form (English & Spanish)
- The Oaks Brownwood Website
- Policy 600.402 (Student Problem Solving and Grievance Policy)

**Interviews:**

- PCM

**Site Review Observations:**

The auditor confirmed that the facility has third party reporting signs posted throughout the facility and in the public lobby area. In addition, there are locked reporting boxes that are checked daily by the management team. These boxes can be used for third party reports to be submitted by someone on behalf of student at the facility.

**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.
- 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 provided with the agency's "ROP SES/PREA Third-Party Reporting Form" available in both English and Spanish. This form is accessible to the public via the facility's website: 'Safe Environmental Standards - The Oaks - Brownwood' (theoaksbrownwood.com). The form enables any third-party individual to submit a PREA report on behalf of a student at the facility, either directly to the facility administration or by mailing it to the PREA Coordinator. Moreover, according to the facility's website, 'Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student.' Third-party reporting forms can be obtained at the program's front desk or downloaded from the website. In case of suspected sexual abuse, individuals are encouraged to report it to Rite of Passage at (775) 267-9411 or to the pertinent Sheriff or Police Department where the incident occurred. All reports are treated with seriousness and subject to investigation."

Furthermore, the agency's Child Abuse Reporting Policy outlines the established procedures for receiving and reporting third-party reports of sexual abuse and sexual harassment to the appropriate authorities and internal investigators. The facility also displays multiple third-party reporting posters throughout the premises, offering students and staff guidance on third-party reporting protocols. These posters feature instructions for contacting the TJJJ Reporting Hotline and other external reporting entities, as confirmed by the auditor onsite.

The auditor also learned that third party reporting procedures are included in the agency's Student Problem Solving and Grievance Policy on page 2, as expressed below:

- 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.

During the interview with the PCM, he confirmed that all reports of sexual abuse and sexual harassment are taken seriously and reported to the proper authorities and internal administrators, including third party reports. The third party reporting forms were shared with the auditor, and the PCM showed the auditor a third party reporting box and sign that was posted in the public lobby area.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Oaks Brownwood facility meets all**

elements of this PREA standard and no corrective action is required.

**115.361 Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- PREA Training Curriculums for Employees, Contractors, and Volunteers
- The Oaks Brownwood Website (Safe Environmental Standards - The Oaks - Brownwood (theoaksbrownwood.com))
- ROP SES/PREA Third Party Reporting Form

**Interviews:**

- 12 CCs
- LPC
- Medical Assistant
- PCM
- PD

**Explanation of Determination:**

**115.361 (a-f):**

The auditor examined the Agency's PREA Policy and confirmed that all the required elements set forth by this PREA standard are included therein, on pages 32 and 33. The corresponding procedures included in this Policy are outlined below:

**POLICY:** 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.

**PROCEDURE:**

- 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.

To further demonstrate The Oaks Brownwood facility's commitment to promptly reporting all instances of sexual abuse, harassment, retaliation, and staff neglect, the auditor confirmed the presence of child abuse mandatory reporting, third-party reporting, and zero tolerance PREA signs placed throughout the facility. The facility's third-party reporting form titled, 'You Can Report Sexual Abuse or Harassment on Behalf of a Student,' outline the reporting process clearly and were

found to be easily accessible to all individuals who enter the facility.

The staff training curriculums provided to all adults interacting with students were reviewed by the auditor and found to include comprehensive information on the facility's mandatory reporting protocols. Moreover, the agency's third-party reporting form, accessible to the public on the facility's website, allows for making a PREA report on a student's behalf.

Additionally, the facility's website reinforces the following reporting information:

- 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. 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 Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.

The auditor confirmed that allegations of sexual abuse and sexual harassment at the facility are promptly reported to the proper authorities, with the Brown County Sheriff's Department identified as the local law enforcement agency responsible for conducting criminal investigations. This confirmation was supported by correspondence marked as received by the Brown County Sheriff's Department, as detailed in section 115.321 of the report. The auditor discussed mandatory reporting protocols and investigative processes with the Program Director (PD) and PCM during individual interviews conducted on-site. The administrators demonstrated a strong understanding of reporting requirements and investigative procedures. They emphasized the importance of immediately reporting any allegations of sexual abuse or harassment from a student victim to supervisors, TJJD, and local enforcement.

During the onsite, the auditor asked each of the twelve CCs interviewed if they are mandatory reporters of abuse and harassment of a student at the facility, in which 100% confirmed they are. The CCs verified that they are required to immediately report to their supervisor, the PCM and to TJJD any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that involves a juvenile at the facility. In addition, all allegations of sexual abuse are required to be immediately reported to the local law enforcement

	<p>agency, which is the Brown County Sheriff's Department. The staff all understood the mandate of immediately reporting abuse, harassment, neglect, and exploitation and the inability to pass the report on to someone else to report on their behalf.</p> <p>The mandatory child abuse reporting requirements were also understood by the LPC and medical assistant interviewed, who both shared their own understanding of the reporting protocols of immediately reporting to their supervisor, the PCM, and administration.</p> <p>The PCM and PD discussed the notification requirements related to this PREA standard, in which the facility utilizes a ROP notification form and Coordinated Response Plan form to document the required notifications to the parent/guardian, sending agency, attorney, DFPS, etc. Furthermore, in the PREA investigative documents reviewed by the auditor for the two sexual abuse allegations, the required notifications were documented and found to be compliant with the requirements of this PREA standard.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.362</b>	<b>Agency protection 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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Signed Memo</li> <li>• PREA Incident Response Flowchart and Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 12 CCs</li> <li>• PD</li> </ul> <p><b>Explanation of Determination:</b></p>



**115.362 (a):**

According to the Agency's PREA Policy on page 34, in cases where a student is deemed to be at substantial risk of imminent sexual abuse, immediate action must be taken to protect the student. The policy specifies that the PREA Incident Response Flowchart and Checklist should be followed in responding to such situations. The provided document demonstrates the facility's preparedness to promptly safeguard any resident identified as being at substantial risk of imminent sexual abuse.

Additionally, the PCM supplied the auditor with a signed memorandum confirming that The Oaks Brownwood facility has not encountered any instances in the past three years involving a resident found to be at substantial risk of imminent sexual abuse. In this memo the PCM also expresses how the staff at The Oaks Brownwood facility are dedicated to maintaining a safe environment for all residents and strictly adhere to the standards set forth by the Prison Rape Elimination Act (PREA), and how the agency's policies and procedures are designed to identify and mitigate any potential risks to resident safety promptly and effectively.

During the interviews with CCs and the PD, a hypothetical scenario was presented related to a student expressing fear of potential sexual assault by another youth. In this scenario, the student had not experienced any physical touching or assaultive behavior but was being bullied and teased in a sexual manner, causing fear and discomfort. All staff members responded appropriately to the hypothetical situation, demonstrating a strong understanding of the necessary steps to ensure the safety and well-being of the student.

In their responses, the staff members stated that they would listen to the student, gather as much information as possible about the situation, and ensure that the student is continuously monitored by a staff member. They mentioned the importance of moving the student to an area away from any potential threat and immediately reporting the situation to their immediate supervisor to initiate the appropriate steps to de-escalate the situation and prevent any further harm.

Housing re-assignment was identified as a potential course of action to enhance the safety of the student, and a re-assessment of the youth's safety would be conducted to determine the best course of action. The staff also emphasized the importance of informing other staff members working with the student about the situation to ensure ongoing monitoring and support.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 100.407 (Child Abuse Reporting)

**Interviews:**

- PD

**Explanation of Determination:**

**115.363 (a-d):**

The auditor examined the Agency's PREA Policy and confirmed the inclusion of the required elements specified by this PREA standard on page 35, as detailed below:

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

During the interview conducted with the PD, the PD confirmed that agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. Additionally, he explained how if such a situation were to occur, a full internal investigation would be conducted immediately, with TJJOD OIG and law enforcement also notified.

**Conclusion:**

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

**115.364 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Training for Staff
- Sample of PREA Training Verifications for Staff
- PREA Incident Response Flowchart and Checklist Form
- ROP SES Coordinated Response Plan
- Memo for PCM

**Interviews:**

- PCM
- 12 Random CCs

**Explanation of Determination:**

**115.364 (a-b):**

According to the Agency's PREA Policy on page 36:

- POLICY: 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.
- PROCEDURE:
  - 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); and
    - 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.

Moreover, as all staff members are trained as first responders, the auditor noted the inclusion of first responder PREA training within the PREA employee training curriculum on pages 95-97. Additionally, various documents, such as the PREA Incident Response Flowchart and Checklist and the Coordinated Response Plan, were provided. These documents further demonstrate the facility's use of structured protocols to ensure the appropriate first responder steps are executed in alignment with agency policies and procedures and according to the applicable PREA standards.

During the interviews with the 12 randomly selected CCs, the auditor presented a hypothetical worst-case scenario to each CC involving a situation where one youth was actively sexually assaulting another in a room, with the first responder being the staff member to observe the incident. Male staff members indicated without hesitation that they would immediately call for assistance and then enter the room to separate the individuals involved. However, some female staff members (but not all) expressed concerns about entering the room due to being female and working in an all-male facility, stating that a male staff member would be required to assist in such situations. The other female staff indicated how they would take the immediate action necessary to stop the assault and separate the youth.

Upon learning of this discrepancy in responses, the auditor discussed the matter with the PCM and the PD, prompting the development of a corrective action plan to ensure all staff, including female staff, understand the first responder requirement to take immediate action to stop any instance of sexual abuse from continuing. This corrective action plan aimed to reinforce the importance of all staff members acting swiftly and decisively in response to emergencies, regardless of gender.

The PCM provided the auditor with an explanation of the corrective action plan while on-site, and a memo outlining the training topics addressed during the staff training session was later provided. The topics covered included the definition and role of a first responder, differentiation between a first responder and a crisis response team, immediate actions required upon discovering an incident, crisis response protocol, and coordination between first responders and crisis response teams to ensure an effective response.

To confirm the implementation of the training, the PCM provided the auditor with

	<p>signed training verification documents for 32 current staff members. The auditor determined that this evidence was sufficient to demonstrate the corrective action implemented, indicating that no further action was required to address the initial discrepancy in staff responses to the hypothetical scenario.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.365</b>	<b>Coordinated response</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PD</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.365 (a):</b></p> <p>The auditor reviewed the Agency's PREA Policy and Coordinated Response Plan, confirming that each document successfully outlines the coordinated action plan pursuant to the requirements of this PREA standard. As per the Agency's PREA Policy on page 36:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> </li> </ul>

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.

Furthermore, upon the auditor's review of the facility's Coordinated Response Plan document, it was found to include a comprehensive outline for how the facility should respond to a sexual abuse incident. The Plan includes sections to document and explain how first responders, medical and mental health practitioners, investigators, and facility leadership collaborated in their response to a sexual abuse situation at the facility.

The PD outlined the coordinated actions taken in response to incidents of sexual abuse at the facility during an interview with the auditor. The PD explained the swift and effective response protocol in place, involving staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PD emphasized the availability of resources and the ability to ensure a coordinated response in any situation involving sexual abuse. The onsite medical and mental health professionals are equipped to provide immediate assistance within the scope of their practice, and emergency services from the local hospital can be accessed by dialing 911. Staff members at the facility are trained as first responders in accordance with the relevant PREA standard and hold certifications in first aid and CPR, enhancing their ability to respond to emergencies effectively.

Additionally, the PD mentioned that the Paluxy River Children's Advocacy Center (CAC) has agreed to provide advocacy services, demonstrating a valuable partnership in supporting victims of sexual abuse. The facility maintains a positive working relationship with the TJJOD OIG and local law enforcement, facilitating collaboration and assistance in investigating incidents of sexual abuse. Furthermore, the PD reported recent discussions with the local hospital, which has added a full-time Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic

	<p>Examiner (SAFE) nurse to their staff. This addition enhances the capacity to provide specialized care and forensic services to victims of sexual assault and is only a few minutes away from the facility.</p> <p>The auditor's review of the Coordinated Response Plan documents provided as part of two sexual abuse investigations conducted at the facility during the previous 12-month audit period confirmed the practices outlined by the PD.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Administrator (FA)</li> </ul> <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." The Facility Administrator also confirmed this information during his onsite interview.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP SES Coordinated Response Plan</li> <li>• ROP PREA/SES Retaliation Monitoring Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PD</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.367 (a-e):</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>



- 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.

Moreover, as validated by the auditor, the agency's Coordinated Response Plan incorporates a dedicated section detailing how the facility implemented actions to prevent retaliation. This section notably features a checkbox to indicate that immediate steps were taken to monitor the treatment and behavior of students/staff who report sexual abuse or harassment, or cooperate in investigations (for a minimum of 90 days). Furthermore, the form serves to document the designated individual responsible for directly monitoring and addressing any potential incidents of retaliation. It is important to add that the auditor was provided these Coordinated Response Plan documents for the two *unfounded* sexual abuse investigations conducted at the facility during the audit review period, and each form included documentation that even though the allegations were unfounded, the monitoring retaliation process was still implemented.

In addition, the auditor was presented with the agency's Retaliation Monitoring Form, a required form by the agency for documenting the monitoring process for retaliation. In accordance with the document, 'ROP monitors the conduct and treatment of residents and staff who have reported sexual abuse or harassment and promptly addresses any instances of retaliation. This form serves as a record of monitoring activities.'

The Retaliation Form necessitates the inclusion of various monitoring information, such as the resident's name, type of report, date and time of monitoring, designated monitor's name, any issues involving other residents or staff, the resident's own sense of safety, additional information acquired during monitoring and meeting with students and staff, and actions taken to safeguard the youth from retaliation.

The PD outlined in his interview onsite the protocols for monitoring and preventing retaliation following any allegation of sexual abuse at the facility, in accordance with the relevant PREA standard requirements. The PD described the steps taken to prevent retaliation, which included re-examining housing and programming assignments for both the alleged perpetrator and the victim, conducting new risk screenings (VAs), and clearly communicating to all individuals at the facility that retaliation in any form would not be tolerated, emphasizing a strict zero-tolerance policy.

The PD explained that he, or an administrator designated by him, would be responsible for conducting daily or weekly check-ins to ensure the safety of the victim and monitor for any retaliatory behavior. These check-ins would be documented on a retaliation monitoring form and continue for at least 90 days, or longer if deemed necessary to ensure the ongoing safety and well-being of the victim. Additionally, the retaliation monitoring process would involve reviewing camera footage and examining behavior reports regularly to identify any suspicious patterns of behavior. In cases where potential retaliatory behavior is detected, the PD indicated that an independent internal investigation into the suspected behavior would be initiated and unannounced rounds may be increased to address and mitigate any risks promptly. In sum, the PD's description of the retaliation monitoring process aligns with the requirements set forth by the PREA standard and as documented on the applicable retaliation monitoring documents.

**Conclusion:**

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

115.368	Post-allegation protective custody
	<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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Memo Signed by the PCM</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• Director of Student Services (DSS)</li> <li>• LPC</li> </ul>

- Program Director (PD)
- 12 Random Security Staff
- Medical Assistant

**Site Review Observations:**

During the onsite inspection and numerous walk throughs, the auditor never discovered a youth secured in his room due to a PREA related situation involving as a form of disciplinary or protection. Additionally, there was no indication to suggest a youth at the facility identified as transgender.

**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. Furthermore, "any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342." In addition, the following procedures that correspond with the requirements of this PREA standard are included on pages 39 and 40:

- 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.

- A transgender or intersex student’s own views with respect to his or her own safety shall be given serious consideration.
- Transgender and intersex students shall be given the opportunity to shower separately from other 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 this section a review to determine whether there is a continuing need for separation from the general population.

Note: The PCM provided the auditor with a signed memorandum confirming that the facility has not placed any resident in isolation, either as a protective measure or disciplinary action due to a PREA-related situation, in the past three years.

Furthermore, the memorandum clarifies that no youth identifying as transgender or intersex has been admitted to the facility within the same period. The PCM emphasized the facility's dedication to upholding the standards outlined in the Prison Rape Elimination Act (PREA) and ensuring the safety and well-being of all residents.

The auditor also interviewed the facility's Program Director (PD), who confirmed that isolation is not used as a form of protective isolation or discipline unless it is as a very last resort to ensure safety when less restrictive measures have been exhausted or are not effective. The PD could not recall a situation in the past in which a youth was isolated in a room due to a PREA related protective isolation or disciplinary matter; however, if such a situation were to occur, it would most likely be to place an aggressor of sexual abuse or sexual harassment in room until being discharged or arrested for a new charge. Additionally, it was confirmed that the facility does not have any specialized housing or groupings for youth who identify as LGBTI. This was confirmed by the auditor during the onsite, as well.

The 12 security staff members interviewed all confirmed that there was not a youth currently in the facility at the time of the onsite who was isolated in a room due to a PREA related matter. In addition, they could not recall such a situation ever to have occurred. However, no matter the reason a youth is secured in a room, medical and mental health staff have full and unimpeded access to all students without restriction. The only restriction explained would be due to a youth displaying aggressive behavior at the time of the visit, at which time the medical or mental health provider can meet with the youth through the door or wait until the student is calm. Moreover, the LPC and medical assistant also confirmed this during their interviews; advising that they have full and unrestricted access to all students at the facility.

**Conclusion:**

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

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- ROP Policy 600.600 (PREA Policy Statement)
- Pre-Audit Questionnaire (PAQ)
- PREA Investigative File Review

**Interviews:**

- Program Director (PD)
- PC
- PCM

**Site Review Observations:**

During the onsite, the auditor reviewed the four PREA investigative files completed during the past 12 month audit review period in the PD's office. This proved that the PREA investigative documents are stored in a secure area- in the PD's locked office that is in the secure facility.

**Explanation of Determination:**

**115.371 (a-k):**

The auditor identified each of the required elements of this PREA standard in the Agency's PREA Policy on pages 41 and 42, as outlined below:

POLICY:

- 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.

PROCEDURE:

- When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.
- Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
- Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.
- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- Administrative investigations:
  - Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
  - Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or Rite of Passage shall not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

To further confirm allegations of sexual abuse and sexual harassment are referred to the proper authorities, the auditor confirmed that the local law enforcement agency who would be contacted to conduct a criminal investigation is the Brown County Sheriff's Department. This was confirmed as evident through the correspondence provided that was marked as received by the Brown County Sheriff's Department, as detailed in sections 115.321 and 115.322 of this report.

Additionally, during the review of the agency's policies and the relevant Texas

Administrative Code (TAC) Chapters, it was confirmed that any allegations of sexual abuse or sexual harassment involving a resident at The Oaks Brownwood facility must be promptly reported to the Texas Juvenile Justice Department (TJJD) Incident Reporting Center (IRC). Upon receipt of the report, the TJJD IRC assesses the situation to determine if an abuse, neglect, or exploitation (ANE) case should be opened by the TJJD Office Inspector General (OIG), or if the facility can address the report internally as a grievance. In the event that the TJJD OIG initiates an official investigation, a specially trained OIG investigator will be assigned to the case and conduct a thorough investigation. The TJJD OIG Investigative Division is empowered to conduct both administrative and criminal investigations and collaborate with local law enforcement as necessary.

According to TAC 358.200 & 358.300:

- Departments, programs, and facilities must have written policies and procedures that require, in accordance with this chapter:
  - reporting allegations of abuse {which include allegations of sexual abuse and sexual harassment of a juvenile}, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and
  - reporting serious incidents to TJJD.
- An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJD and local law enforcement if he/she:
  - witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a juvenile or an allegation of abuse, neglect, or exploitation; or
  - has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.
- In accordance with Texas Family Code §261.101, the duty to report cannot be delegated to another person.
- A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.
- A report of alleged sexual abuse or serious physical abuse must be made to TJJD immediately, but no later than four hours after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse or serious physical abuse has occurred.
- The initial report to TJJD must be made by phone using the toll-free number as designated by TJJD.
- Within 24 hours after the initial phone report to TJJD, the completed Incident Report Form must be submitted to TJJD by fax or e-mail.
- The initial report to law enforcement must be made by phone.
- Notification, or diligent efforts to notify, must be made to the parent(s), guardian(s), and custodian(s) of a juvenile who has died or who is the alleged victim of abuse, neglect, or exploitation.

- The notice or efforts to notify required by subsection (a) of this section must be made as soon as possible, but no later than 24 hours from the time a person gains knowledge of or has a reasonable belief that the allegation of abuse, neglect, or exploitation or the death of a juvenile occurred.
- The notice or efforts to notify required by subsection (a) of this section may be made by phone, in writing, or in person.
- The notice or efforts to notify required by subsection (a) of this section must be documented on TJJJ's Incident Report Form and in the internal investigation report.

For the TAC required internal investigation procedures for The Oaks Brownwood facility, TAC 358.400 states the following requirements:

- In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation.
- The internal investigation must be initiated immediately upon the chief administrative officer or the private facility administrator or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. However, the initiation of the internal investigation will be postponed if:
  - directed by law enforcement;
  - requested by TJJJ; or
  - the integrity of potential evidence could be compromised.
- Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.
- The internal investigation must be completed within 30 business days after the initial report to TJJJ. TJJJ may extend this time frame upon request. TJJJ may require submission of all information compiled to date or a statement of the status of the investigation when determining whether or not to grant an extension or after granting an extension.

As discovered by the auditor to be published on the facility's website: Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from sexual abuse.

All allegations of sexual abuse are reported to TJJJ OIG and local law enforcement,



and internal administrative investigations are promptly initiated. Retaliation monitoring is conducted through separation of alleged perpetrators from victims, frequent check-ins, walk-throughs, documentation reviews, and Vulnerability Re-Assessments. While the PD currently leads PREA investigations, the PCM is being trained and designated to conduct such investigations.

The TJJD OIG has the authority to ensure administrative and criminal investigations are conducted at any juvenile facility in Texas. The PD maintains a good working relationship with the OIG investigator and Brown County investigators, facilitating information sharing through various communication channels. The PD detailed the process of conducting internal PREA investigations, including assessing initial allegations, ensuring effective response plans, reviewing evidence, conducting interviews, and determining disposition based on the preponderance of evidence standard.

The HR Generalist assists with staff-related administrative leave and disciplinary actions, with a founded disposition of an allegation of sexual abuse resulting in immediate termination. Internal investigations are documented in reports provided to agency leadership for review. For founded or unsubstantiated sexual abuse investigations, the management team conducts a thorough incident review within 30 days, evaluating all aspects of the incident and making recommendations for improvement.

Furthermore, in the interviews conducted with the PD and PCM onsite, these administrators provided insights into the four PREA investigations conducted over the past 12 months. It was confirmed that while none of the cases involved criminal investigations, each allegation was promptly reported to the TJJD OIG and law enforcement, as applicable to each situation. Out of the four investigations, two were assessed as possible sexual abuse by the PD. One incident involved alleged over-the-clothing rubbing, while the other allegedly took place during a doctor's office visit. Following administrative investigations conducted by the PD, both sexual abuse allegations were ultimately deemed unfounded. The auditor verified through the provided documentary evidence that notifications were promptly made to relevant parties, including TJJD OIG, local law enforcement, the originating juvenile agency, and the student's parent or guardian. The TJJD OIG and Brown County Sheriff's Department chose not to pursue criminal charges, and no further action was taken. The auditor received final investigative reports and supporting documentation for each sexual abuse allegation, with no instances of non-compliance with PREA standards identified.

Additionally, two investigations were related to sexual harassment allegations, with one disposition of founded (youth-on-youth) and the other as unfounded (staff-on-youth). These investigations were conducted thoroughly and promptly, with no compliance issues identified.

The auditor meticulously reviewed each investigative file and confirmed adherence to all response and investigative elements outlined in the PREA standards. The PD, who served as the main internal PREA investigator, detailed the comprehensive

	<p>training completed regarding PREA investigations and the entire investigative process from initial allegations to documenting final conclusions in administrative reports. The facility prioritizes student and staff safety, implementing separation practices such as removing alleged perpetrators from victims and taking actions like administrative leave or housing reassignments to ensure separation based on the nature of the alleged perpetrator.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372 (a):</b></p> <p>As per the Agency's PREA Policy on page 43:</p> <ul style="list-style-type: none"> <li>• The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The program shall not terminate an investigation solely because the source of the allegation recants the allegation.</li> </ul> <p>During the auditor's interview with the PD, who serves as one of the designated PREA administrative investigators for the facility, the PD confirmed the standard of proof used when conducting PREA investigations. The PD explained that he</p>

	<p>employs a standard of "preponderance of the evidence" or a lower standard to determine whether allegations of sexual abuse or sexual harassment are substantiated. He further elaborated on what the "preponderance of the evidence" standard entails, explaining that it involves proving, through a review of evidence, that the allegation more likely than not occurred.</p> <p>Furthermore, the PD discussed each of the four internal PREA investigations conducted at the facility during the previous 12-month audit review period. He verified how the burden of proof based on the preponderance of evidence standard was applied in each investigation. This process included a thorough examination of all available evidence, witness statements, documentation, and other relevant information to determine the likelihood of the alleged incidents.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.373</b>	<b>Reporting to 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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Letter &amp; MOU Sent to Brown County Sheriff</li> <li>• ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>• Internal Notice of Potential SES Incident</li> <li>• ROP SES/PREA Post Investigation Student Notification Form (SES 115.373)</li> <li>• ROP SES Coordinated Response Plan</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.373 (a-e):</b></p>

The auditor analyzed the Agency's PREA Policy and verified the inclusion of all mandated elements of this PREA standard on page 44. Additionally, in accordance with the agency's policy statement on page 44, 'Rite of Passage will report the outcomes of internal and external investigations to the student victim.' The following delineates the agency's prescribed procedures to adhere to per PREA standard 115.373:

- 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 above procedures would be documented to ensure compliance with the requirements of this PREA standard, the PCM provided the auditor with the agency forms titled, 'Internal Notice of Potential SES Incident' and 'ROP SES/PREA Post Investigation Student Notification.' These forms were explained by the PCM and PC to be used document the notification requirements set forth by this PREA standard and found to include all the requirements pursuant to this standard.

Another form utilized by the agency for documenting the necessary notifications is

the 'ROP SES Coordinated Response Plan.' This document features a notification section where the author is required to document the notifications made regarding the outcome of the investigation. These notifications include social services, local law enforcement, placing agency, parent/guardian, Client Manager/Case Worker (if applicable), attorney, and the student victim.

Following the administrative investigations conducted by the PD regarding the two sexual abuse allegations reviewed during the audit period, both cases were determined to be unfounded. The PD promptly notified the TJJD OIG, local law enforcement (Brown County Sheriff's Department), the originating juvenile agency, and the student's parent or guardian about the findings. Both the TJJD OIG and the Brown County Sheriff's Department decided not to pursue criminal charges, resulting in no further action being taken on their part. The auditor received the final administrative reports and supporting documentation for each of the two sexual abuse allegations, with no instances of non-compliance with the relevant PREA standards identified in either investigation. Furthermore, the outcome of each internal investigation was verified through this documentation review to be shared with the alleged victim and victim's parent/guardian.

Moreover, for the two sexual harassment investigations reviewed, the facility adhered to the required notifications outlined in the PREA standard for a sexual abuse allegation/investigation. The notifications were made in accordance with the established procedures, demonstrating the facility's dedication to upholding compliance with reporting requirements and addressing allegations promptly and appropriately for not only sexual abuse allegations but also for sexual harassment.

During the PD's interview, he confirmed that all necessary notifications mandated by the PREA standard were carried out for each PREA allegation investigated during the previous 12-month audit review period.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Oaks Brownwood facility meets all elements of this PREA 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</li> </ul>

- ROP Policy 600.600 (PREA Policy Statement)
- Pre-Audit Questionnaire (PAQ)
- Letter & MOU Sent to Brown County Sheriff
- Staff, Contractor, and Volunteer Personnel File Review

**Interviews:**

- PD
- Human Resource (HR) Generalist

**Explanation of Determination:**

**115.376 (a-d):**

Upon the auditor's thorough review of the Agency's PREA Policy, it was confirmed that the required elements of this PREA standard are included therein on page 45, as noted below:

- Staff shall be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. 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.

During the onsite documentation review process, the auditor did not identify any documented evidence to suggest a staff member was involved in a PREA related disciplinary matter related to a PREA policy violation. Furthermore, in discussions with the PD and HR Generalist, it was further confirmed that staff, volunteers, and contractors are all subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. With, termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**Conclusion:**

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

<b>115.377</b>	<b>Corrective action for contractors and volunteers</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> <hr/> <p data-bbox="280 344 1315 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 445 1150 602" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Staff, Contractor, and Volunteer Personnel File Review</li> </ul> <p data-bbox="280 647 459 680"><b>Interviews:</b></p> <ul data-bbox="352 748 584 815" style="list-style-type: none"> <li>• PD</li> <li>• HR Generalist</li> </ul> <p data-bbox="280 860 759 893"><b>Explanation of Determination:</b></p> <p data-bbox="280 938 507 972"><b>115.377 (a-b):</b></p> <p data-bbox="280 1016 911 1050">As per the Agency's PREA Policy on page 46:</p> <ul data-bbox="352 1117 1442 1352" style="list-style-type: none"> <li>• Volunteers and contractors found to have participated in activity 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. The program shall take appropriate remedial measures and prohibit further contact with students and be denied access to any program.</li> </ul> <p data-bbox="280 1397 1453 1632">During the onsite documentation review process, the auditor did not identify any documented evidence to suggest a contractor or volunteer was involved in a PREA related disciplinary matter related to a PREA policy violation. This audit review process included a thorough examination by the auditor and HR Generalist of a sample of contractor personnel files (note: facility does not have volunteers who have contact with youth at the facility).</p> <p data-bbox="280 1677 1465 2080">Furthermore, in discussions with the PD and HR Generalist, it was further confirmed that staff, volunteers, and contractors are all subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. With, the immediate termination of services being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PD also shared how if a volunteer or contractor was alleged to have perpetrated sexual abuse or sexual harassment against a student at the facility, this individual would immediately be restricted from having access to any student at the facility. This would be ensured by sharing the alleged perpetrator's name and picture with the staff members who work the control room and front desk to prevent any</p>

	<p>unauthorized access into the facility.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><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</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Facility Resident Seclusion Log (Random Sample Selected)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PD</li> <li>• 12 Randomly Selected CCs</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.378 (a-g):</b></p> <p>The auditor analyzed the Agency's PREA Policy and successfully verified that all the required elements set forth by this PREA standard are included therein on page 47, as shown below:</p> <ul style="list-style-type: none"> <li>• 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. (See ROP Policy 600.121- Code of Conduct).</li> <li>• 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.</li> <li>• 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</li> </ul>



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.

The PCM clarified via an Issue Log response that the facility abstains from using disciplinary seclusions or isolations for disciplinary purposes, a protocol validated by the auditor during onsite inspections and interviews with staff and residents. The facility exclusively employs safety-based seclusions for safety and security reasons, in alignment with the standards set by the Texas Juvenile Justice Department, expressly excluding them as a disciplinary measure. The auditor was provided with the facility's safety-based seclusion log spanning the 12 months leading up to the onsite visit. Upon reviewing selected months from the past 12 month audit review period, no safety-based seclusions related to a youth engaging in a prohibited sexual activity that met the definition of abuse were identified. Furthermore, the auditor's review of the PREA investigative files corroborated this information, with no documentation found to suggest a student was secured in a room for engaging in sexual abuse.

Additionally, during the interviews conducted onsite with the twelve CCs, each staff was asked if they could recall any instances over the past year where a student was secured or isolated in their room for a PREA-related matter. The CCs reported that they did not recall such a situation occurring, and instead, alternative measures would most likely be approved by management, such as moving a student perpetrator of sexual abuse or harassment away from the alleged victim to ensure their safety and well-being.

Subsequently, the PD was also interviewed and questioned about whether the

facility had placed an alleged student perpetrator of sexual abuse or harassment in disciplinary isolation or seclusion within the past year. The PD confirmed that he could not recall any such instances taking place. He explained that while it is possible to secure a youth in their room for a disciplinary matter, such as perpetrating sexual abuse or harassment, this would only be done for a brief period and solely until a less restrictive resolution could be arranged. Furthermore, the PD emphasized that if a youth at the facility is found to be engaging in sexual abuse or harassment towards another student, the individual would likely face consequences such as discharge from the program or being taken into custody for a new offense.

**Conclusion:**

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

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk</li> <li>• Samples of Completed Vulnerability Assessments</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 10 Students</li> <li>• Director of Student Services</li> <li>• Therapist</li> <li>• Medical Assistant</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite visit, the auditor observed the physical storage area where information and documentation related to the PREA standards are collected and maintained in hard copy. Upon examining the data security practices in place, it was confirmed that the facility takes measures to ensure that such data is stored in secure areas that restrict unrestricted access and maintain full confidentiality practices. Additionally, the auditor verified that all the youth at The Oaks facility are under the age of 18, and the youth and their parent/guardian sign a consent for</p>

treatment and confidentiality warning before they enter the program at the facility.

**Explanation of Determination:**

**115.381 (a-d):**

Upon the auditor's examination of the Agency's PREA Policy, it was verified that all the elements of this PREA standard are included therein on page 48, as noted 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).

In discussions with the full-time LPC and medical assistant at the facility, it was confirmed that all youth, regardless of past history, meet with a licensed therapist and a medical professional within hours of arriving at the facility. Additionally, every youth at the facility is assigned a therapist as part of their specialized treatment plan and is required to meet with their designated therapist on a bi-weekly basis at a minimum. The auditor further verified this information by interviewing ten students at the facility and asking them if they had met with a therapist and medical professional upon their arrival. Each youth confirmed that they had indeed met with a therapist and medical professional when they first arrived at the facility. Additionally, the students shared that they have the opportunity to meet with their therapist on a regular basis, typically every week or two, as part of the ongoing treatment and support provided at the facility.

	<p>In interviews with the therapist and Director of Student Services at the facility, it was established that the full-time therapist is responsible for conducting Vulnerability Assessments for all youth admitted into the facility. This process allows a mental health professional to be promptly notified of any prior experiences of sexual victimization or abusive behavior, ensuring immediate mental health follow-up and support for the individual. Moreover, the medical assistant interviewed onsite confirmed that a medical professional conducts the medical evaluation of each youth upon their arrival at the facility. This practice guarantees that all youth, regardless of their history, receive a medical assessment when they first arrive, ensuring their physical health needs are addressed promptly and comprehensively.</p> <p>By involving mental health professionals in conducting Vulnerability Assessments and facilitating immediate follow-up for youth who may have experienced trauma, and by providing medical evaluations for all new admissions, the facility demonstrates a proactive approach to addressing the mental and physical health needs of the youth in their care. This coordinated effort ensures that comprehensive assessments and support services are in place from the outset, promoting the well-being and safety of all individuals within the facility. This institutionalized best practice was found by the auditor to substantially exceed the minimum requirements of this PREA standard.</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 Oaks Brownwood facility substantially exceeds the elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• The Oaks Student Handbook</li> <li>• Letter and MOU Sent to Hendricks Trauma Center</li> </ul> <p><b>Interviews:</b></p>

- Therapist
- Medical Assistant

**Explanation of Determination:**

**115.382 (a-d):**

The auditor examined the Agency's PREA Policy and confirmed that all the required elements of this PREA standard are included therein, on page 49. According to this Policy on page 49, The Oaks Brownwood facility is required to adhere to the following procedures for providing students access to emergency medical and mental health services:

- Student victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362 and shall immediately notify the appropriate medical and mental health practitioners.
- Student victims of sexual abuse while in the program shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- A written MOU will be established by site PREA Compliance Manager for outside services for emergency and mental health services.

Additionally, the correspondence sent to the Hendricks Trauma Center Charge Nurse, referenced in section 115.321 of this report, and the pending MOU, further solidifies the facility's plan to promptly contact the Hendricks Hospital for the immediate transport of a student victim of sexual abuse to access emergency medical and mental health services. Moreover, the auditor confirmed that The Oaks Student Handbook includes details on available services for students in the event of confirmed victimization, as follows:

- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of sexual abuse and the incident occurred while in the custody of the facility, a student shall have the right to receive an initial assessment by a mental health professional for the need for crisis intervention counseling, subsequent long-term, follow-up or counseling services at no cost to the student or their family.

- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of abuse, neglect or exploitation while the student was in the custody of the facility and a physical injury occurred as a result of the abuse, neglect or exploitation, the student shall have the right to receive appropriate medical services.
- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a victim of abuse, neglect or exploitation while the student was in the custody of the facility and a sexually transmitted disease may have been contracted as a result of the abuse, neglect or exploitation, the student shall have the right to be tested for sexually transmitted diseases, including HIV-AIDS.

The auditor spoke with a full-time therapist and full-time medical assistant while onsite and asked each professional about the access to emergency medical and mental health services for any student victim of sexual abuse. The professionals sufficiently explained how they are able to provide the emergency and crisis intervention services within their scope of practice; however, if any further assistance or services are necessary, the youth would be immediately transported to the local hospital. Emergency services would be contacted, and the medical assistant advised that she would go with the victim to the hospital. All the services required by this PREA standard would be provided at the hospital, with all orders followed upon the youth's return to the facility. Additionally, the facility contracts with a physician and psychologist, who are able to assist with this type of situation.

During discussions with the PC, PCM, PD, and a representative from the contracted Children's Advocacy Center (CAC), it was determined that arrangements were in place with the local hospital and Paluxy River CAC to provide timely and unimpeded access to emergency medical treatment and crisis intervention services for any victim of sexual abuse at the facility. However, as no incidents of sexual abuse occurred at the facility during the audit review period, there were no instances where such services were required or provided. Consequently, there is no documentation available to demonstrate the specific procedures or protocols that would have been followed in the event of a sexual abuse incident.

Although no services were utilized during the review period, having established partnerships with local resources such as the hospital and CAC indicates a proactive approach to ensuring that necessary support and interventions are readily available in the event of a sexual abuse incident. This proactive planning and coordination with external entities, as well as the corresponding procedures outlined in the agency's PREA Policy, contribute to the overall preparedness of the facility to respond effectively to critical incidents and prioritize the well-being of individuals in their care.

**Conclusion:**

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

	<b>auditor has determined that The Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Letter and MOU Sent to Hendricks Trauma Center</li> <li>• The Oaks Student Handbook</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Therapist</li> <li>• Medical Assistant</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.383 (a-h):</b></p> <p>As expressed in the Agency's PREA Policy on page 50:</p> <ul style="list-style-type: none"> <li>• POLICY: Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused.</li> <li>• PROCEDURE: <ul style="list-style-type: none"> <li>◦ Ongoing medical and mental health care will be available for sexual abuse victims and abusers.</li> <li>◦ The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.</li> <li>◦ 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.</li> <li>◦ The program shall provide such victims with medical and mental health services consistent with the community level of care.</li> <li>◦ Student victims of sexually abusive vaginal penetration while in the</li> </ul> </li> </ul>

program shall be offered pregnancy tests.

- If pregnancy results from conduct specified in 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.

Note: All youth admitted into The Oaks Brownwood facility are male juveniles. No female juveniles are accepted, as per the contract The Oaks Brownwood facility (ROP) has with the Brown County Juvenile Probation Department.

Additionally, the correspondence sent to the Hendricks Trauma Center Charge Nurse, referenced in section 115.321 of this report, and the pending MOU, further solidifies the facility's plan to promptly contact the Hendricks Hospital for the immediate transport of a student victim of sexual abuse to access emergency medical and mental health services. Moreover, the auditor confirmed that The Oaks Student Handbook includes details on available services for students in the event of confirmed victimization, as follows:

- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of sexual abuse and the incident occurred while in the custody of the facility, a student shall have the right to receive an initial assessment by a mental health professional for the need for crisis intervention counseling, subsequent long-term, follow-up or counseling services at no cost to the student or their family.
- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a confirmed victim of abuse, neglect or exploitation while the student was in the custody of the facility and a physical injury occurred as a result of the abuse, neglect or exploitation, the student shall have the right to receive appropriate medical services.
- If, at the conclusion of a facility's internal investigation or the Texas Juvenile Justice Department's investigation, a student is a victim of abuse, neglect or exploitation while the student was in the custody of the facility and a



sexually transmitted disease may have been contracted as a result of the abuse, neglect or exploitation, the student shall have the right to be tested for sexually transmitted diseases, including HIV-AIDS.

The auditor spoke with a full-time therapist and full-time medical assistant while onsite and asked each professional about the access to emergency medical and mental health services for any student victim of sexual abuse. The professionals sufficiently explained how they are able to provide the emergency and crisis intervention services within their scope of practice; however, if any further assistance or services are necessary, the youth would be immediately transported to the local hospital. Emergency services would be contacted, and the medical assistant advised that she would go with the victim to the hospital. All the services required by this PREA standard would be provided at the hospital, with all orders followed upon the youth's return to the facility. It was shared that the facility contracts with a physician and psychologist, who are able to assist with this type of situation and ensure the necessary follow-up care and treatment is provided. In addition, the therapist and medical assistant indicated that the contracted Children's Advocacy Center (CAC) and originating juvenile agency would be able to assist with providing and/or referring a youth for mental health evaluation and treatment.

During discussions with the PC, PCM, PD, and a representative from the contracted CAC, it was determined that arrangements were in place with the local hospital and Paluxy River CAC to provide timely and unimpeded access to emergency medical treatment and crisis intervention services for any victim of sexual abuse at the facility. However, as no incidents of sexual abuse occurred at the facility during the audit review period, there were no instances where such services were required or provided. Consequently, there is no documentation available to demonstrate the specific procedures or protocols that would have been followed in the event of a sexual abuse incident.

Although no services were utilized during the review period, having established partnerships with local resources such as the hospital and CAC indicates a proactive approach to ensuring that necessary support and interventions are readily available in the event of a sexual abuse incident. This proactive planning and coordination with external entities, as well as the corresponding procedures outlined in the agency's PREA Policy, contribute to the overall preparedness of the facility to respond effectively to critical incidents and prioritize the well-being of individuals in their care.

**Conclusion:**

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

<b>115.386</b>	<b>Sexual abuse incident reviews</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> <hr/> <p data-bbox="280 344 1318 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 445 1382 685" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP SES/PREA Administrative &amp; Response Review (SES 115.386)</li> <li>• ROP SES/PREA Investigation Recommendation &amp; Implementation (SES 115.386)</li> <li>• PREA Internal Investigation File Review</li> </ul> <p data-bbox="280 730 459 763"><b>Interviews:</b></p> <ul data-bbox="352 831 699 904" style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PCM</li> </ul> <p data-bbox="280 949 762 983"><b>Explanation of Determination:</b></p> <p data-bbox="280 1016 507 1050"><b>115.386 (a-e):</b></p> <p data-bbox="280 1095 1414 1207">The auditor reviewed the Agency's PREA Policy and confirmed that the required elements of this standard are included therein. According to the Agency's PREA Policy on page 51:</p> <ul data-bbox="352 1274 1458 2063" style="list-style-type: none"> <li>• A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.</li> <li>• Complete ROP Form- Safe Environment Standards Administrative and Response Review <ul style="list-style-type: none"> <li>◦ Such review shall be completed within 30 days of the conclusion of the investigation.</li> <li>◦ The RIIP shall report findings to site upper-level management.</li> <li>◦ 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.</li> </ul> </li> <li>• The site management team and RIIP shall: <ul style="list-style-type: none"> <li>◦ Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>◦ 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;</li> </ul> </li> </ul>

- 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.

Throughout the pre-onsite and post-onsite phases of the auditor's review process, it was confirmed that The Oaks Brownwood facility had not faced any allegations of sexual abuse since the previous PREA audit that required a sexual abuse incident review (the two sexual abuse allegations were unfounded). Consequently, there was a lack of documentary evidence available to showcase the facility's response to such incidents in practice. Nevertheless, to illustrate how the facility would conduct a sexual abuse incident review in line with the established procedures, the auditor was supplied with the agency's "Administrative & Response Review" document. This document was evaluated and found to meet the requirements outlined by this PREA standard adequately. Additionally, the facility is mandated by the agency to implement a "recommendations & improvement plan," which is documented on a designated Reporting form by ROP called "ROP Post-SES/PREA Investigation Recommendation and Implementation (SES 115.386)." These internal processes enabled the auditor to assess compliance with the requirements of this PREA standard effectively.

Additionally, during individual interviews with the PD and PCM at the facility, the auditor learned about the sexual abuse response protocols implemented at the facility. These protocols involve conducting a sexual abuse incident review within 30 days following the conclusion of an internal investigation into a sexual abuse allegation for substantiated and unsubstantiated cases.

The administrators outlined that the facility's management team, comprising upper-level management officials and including input from line supervisors, investigators, and medical or mental health practitioners, are required to convene within 30 days of the conclusion of a PREA investigation to conduct the sexual abuse incident review process. During this review, various aspects are considered, such as examining the motivation behind the act, evaluating the area where the abuse took place, assessing monitoring technology, and identifying any vulnerabilities or areas for improvement. The team collaborates to prepare a report detailing their findings and recommendations for enhancing policies and procedures based on the incident review.

**Conclusion:**

	<p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Annual Reports (2021-2023)</li> <li>• The Oaks Brownwood Website (Safe Environmental Standards - The Oaks - Brownwood (theoaksbrownwood.com))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PD</li> <li>• PCM</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.387 (a-f):</b></p> <p>The auditor examined the Agency's PREA Policy and determined that the necessary elements required by this PREA standard are contained within it on page 52, as detailed below:</p> <ul style="list-style-type: none"> <li>• It is the Policy of ROP to 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> </ul>

- 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.

Additionally, the auditor located The Oaks Brownwood 2023 PREA Annual Report on the facility's website. Upon review, the report was found to encompass the following information pertinent to the data collection requirements outlined in this PREA standard:

- The Oaks-Brownwood (the Oaks) 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, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. In 2021 and 2022, there were zero (0) substantiated allegations of sexual abuse or harassment. In 2023, there were zero (0) allegations and zero (0) substantiations. Given this data and our analysis of our data, the facility 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.

Additionally, the management team at The Oaks Brownwood facility implements systematic practices for collecting accurate and consistent data for every allegation of sexual abuse at the facility utilizing a standardized instrument and set of definitions. The PD and PCM are responsible for documenting and maintaining this data, with the PD securely storing all PREA investigative documents in his office. Moreover, the facility's agency-wide PC is promptly provided with PREA data whenever a PREA allegation is reported using an Internal Notice form. Additionally, the PC is immediately contacted via email or phone to ensure timely notification and response to any PREA incidents.

The PC clarified that the collected PREA data is maintained by the facility and shared with upper-level management at Rite of Passage to guarantee secure storage and ongoing review. This continuous monitoring of the data allows for the identification of any concerning patterns that may arise, enabling the management team to address and resolve any issues promptly. Furthermore, the PC and PD confirmed that The Oaks Brownwood operates a residential treatment placement program; therefore, the program does not contract for the confinement of their students. Instead, other juvenile agencies contract with The Oaks in order for The

	<p>Oaks facility to house juveniles accepted from other juvenile agencies.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Annual Reports (2021-2023)</li> <li>• The Oaks Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.388 (a-d):</b></p> <p>According to the Agency's PREA Policy on page 53, it is the Policy of the agency to 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. Furthermore, as indicated in this Policy, the following data review procedures are included on page 53:</p> <ul style="list-style-type: none"> <li>• Data reviewed shall include the following: <ul style="list-style-type: none"> <li>◦ Identifying problem areas;</li> <li>◦ Taking corrective action on an ongoing basis; and</li> <li>◦ Preparing an annual report of its findings and corrective actions for each program, as well as the organization as a whole.</li> </ul> </li> <li>• Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an</li> </ul>

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.

Additionally, the auditor located The Oaks Brownwood 2023 PREA Annual Report on the facility's website. Upon review, the report was found to encompass the following information pertinent to the data collection and review requirements outlined in this PREA standard:

- The Oaks-Brownwood (the Oaks) 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, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. In 2021 and 2022, there were zero (0) substantiated allegations of sexual abuse or harassment. In 2023, there were zero (0) allegations and zero (0) substantiations. Given this data and our analysis of our data, the facility 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.

Additionally, the management team at The Oaks Brownwood facility follows systematic procedures for collecting accurate and consistent data for every allegation of sexual abuse, utilizing standardized instruments and definitions. The PD and PCM are responsible for documenting and maintaining this data, with the PD securely storing all PREA investigative documents in his office. Additionally, the agency-wide PC promptly receives the PREA data whenever an allegation is reported using an Internal Notice form, ensuring timely notification and response to PREA incidents. The collected PREA data maintained by the facility is shared with upper-level management at Rite of Passage for secure storage and ongoing review by the agency leadership. As expressed by the PC, this continuous monitoring allows the management team to identify any concerning patterns and promptly address and resolve any issues that arise.

	<p>The PD and PC emphasized that the management team at The Oaks facility conducts a thorough review of the aggregated PREA data to evaluate and enhance the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. This review process involves identifying problem areas, implementing corrective actions on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility and the agency as a whole.</p> <p>The review process entails a meeting with facility leadership and the PC to discuss the data and its implications, which is then documented in the facility's PREA Annual Report. By analyzing the data and conducting regular reviews, as per the administrators interviewed, the facility can identify deficiencies, vulnerabilities, or areas needing improvement in training or policies. Subsequently, corrective action plans are developed to address and rectify these issues effectively, ensuring the continued enhancement of the facility's response to sexual abuse incidents.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</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</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Annual Reports (2021-2023)</li> <li>• The Oaks Website (Home - The Oaks - Brownwood (theoaksbrownwood.com))</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PD</li> <li>• PCM</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.389 (a-d):</b></p> <p>As per the Agency's PREA Policy on page 54, it is the Policy of ROP facilities to</p>



ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained. Additionally, the auditor confirmed that the required elements of this PREA standard are included in this Policy on page 54, as outlined in the procedures below:

- 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.

Additionally, the auditor located The Oaks Brownwood 2023 PREA Annual Report on the facility's website. Upon review, the report was found to encompass the following information pertinent to the data collection and review requirements outlined in this PREA standard:

- The Oaks-Brownwood (the Oaks) 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, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. In 2021 and 2022, there were zero (0) substantiated allegations of sexual abuse or harassment. In 2023, there were zero (0) allegations and zero (0) substantiations. Given this data and our analysis of our data, the facility 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.

Note: The auditor confirmed during the analysis of the facility's 2023 PREA Report that no personal identifiers were included in the report.

Additionally, the management team at The Oaks Brownwood facility follows systematic procedures for collecting accurate and consistent data for every allegation of sexual abuse, utilizing standardized instruments and definitions. The PD and PCM are responsible for documenting and maintaining this data, with the PD securely storing all PREA investigative documents in his office. Additionally, the agency-wide PC promptly receives the PREA data whenever an allegation is reported using an Internal Notice form, ensuring timely notification and response to PREA incidents. The collected PREA data maintained by the facility is shared with upper-level management at Rite of Passage for secure storage and ongoing review by the agency leadership. As expressed by the PC, this continuous monitoring allows the management team to identify any concerning patterns and promptly address and resolve any issues that arise.

The PD and PC emphasized that the management team at The Oaks facility conducts a thorough review of the aggregated PREA data to evaluate and enhance the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. This review process involves identifying problem areas, implementing corrective actions on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility and the agency as a whole. As per the PC and PD, the Annual PREA Reports are reviewed closely by The Oaks PD and ROP leadership to ensure no personal identifiers are included and posted on the facility's website. The PC also clarified in her interview that ROP maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Furthermore, during the onsite visit, the auditor observed the physical storage area where PREA information and documentation are collected and maintained in hard copy, in accordance with this PREA standard. The auditor noted that the physical storage area is secured within the facility in locked offices or cabinets and under camera surveillance, ensuring that only authorized personnel have access to the sensitive information. Additionally, the auditor observed the facility's electronic safeguards for information and documentation that are collected and maintained electronically in compliance with PREA standards, which included password secured digital platforms and other electronic security measures. The access to this electronic information is secured within the secure facility, stored in a locked office, and monitored by camera surveillance to prevent unauthorized access and ensure the confidentiality and integrity of the data. By securely storing both hard copy and electronic PREA information and documentation in locked and monitored areas, the facility demonstrated a commitment to maintaining the privacy and security of sensitive information related to PREA compliance.

**Conclusion:**

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

<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 Oaks Brownwood facility meets all elements of this PREA standard and 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>
	<p><b>Explanation of Determination:</b></p> <p><b>115.403:</b></p> <p>The auditor advised the PCM and PC that the Final Report needs to be posted on the agency's website within 30 days of receipt. This was understood, and the auditor was advised that the report will be posted as soon as possible.</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 Oaks Brownwood facility meets all elements of this PREA standard and no corrective action is required.</b></p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<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	yes

	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.)	yes
<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.)	yes