

# PREA Facility Audit Report: Final

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

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/27/2024

**Date Final Report Submitted:** 02/02/2025

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> 02/02/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	09/29/2024
<b>End Date of On-Site Audit:</b>	10/01/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Mansfield Juvenile Treatment Center
<b>Facility physical address:</b>	36 Johnnie Cake Point, Mansfield, Arkansas - 72944
<b>Facility mailing address:</b>	36 Johnnie Cake Point, Mansfield, Arkansas - 72944

Primary Contact
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<b>Name:</b>	Tomaz Adams
<b>Email Address:</b>	tomaz.adams@rop.com
<b>Telephone Number:</b>	479-269-8000

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Tomaz Adams
<b>Email Address:</b>	Tomaz.adams@rop.com
<b>Telephone Number:</b>	601-503-7637

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Cheryl Hunt
<b>Email Address:</b>	cheryl.hunt@rop.com
<b>Telephone Number:</b>	479-747-8480

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Wendy Hayslip
<b>Email Address:</b>	Wendy.hayslip@rop.com
<b>Telephone Number:</b>	479-269-8000

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	48
<b>Current population of facility:</b>	45
<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>What is the facility's population designation?</b>	Mens/boys

<p><b>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b></p>	
<p><b>Age range of population:</b></p>	12-19
<p><b>Facility security levels/resident custody levels:</b></p>	medium to high
<p><b>Number of staff currently employed at the facility who may have contact with residents:</b></p>	63
<p><b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b></p>	1
<p><b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b></p>	1

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	S. James Broman
<b>Email Address:</b>	sbroman@rop.com

<b>Telephone Number:</b>	775-267-9411
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<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Angela Lowe	<b>Email Address:</b>	angela.lowe@rop.com
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<b>Facility AUDIT FINDINGS</b>
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<b>Summary of Audit Findings</b>
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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.

<b>Number of standards exceeded:</b>
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0
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<b>Number of standards met:</b>
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43
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<b>Number of standards not met:</b>
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0
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2024-09-29
<b>2. End date of the onsite portion of the audit:</b>	2024-10-01

#### Outreach

<b>10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b>	<p>The auditor conducted a test call to the Hamilton Center for Child Advocacy while onsite, with the help of a resident who volunteered to assist with the call. The resident called the number for the Hamilton Center that was posted on several PREA posters posted in each facility building and on the resident's PREA brochure that is provided during the intake process. The call was placed from a private office in the administrative building and placed on speaker to allow for the auditor to speak with the advocate from the Hamilton Center. The advocate who answered the phone confirmed that the Hamilton Center can provide emotional support services to any resident at MJTC who makes such a request either over the phone or via mailed letter. The advocate shared the victim services that are provided to a victim of sexual abuse and advised that emotional support services related to sexual abuse can be provided by a specially trained advocate or counselor either over the phone or in-person at the Hamilton Center or the MJTC (depends on the situational dynamics and the resident's desires).</p>

<b>AUDITED FACILITY INFORMATION</b>	
<b>14. Designated facility capacity:</b>	50
<b>15. Average daily population for the past 12 months:</b>	41
<b>16. Number of inmate/resident/detainee housing units:</b>	5
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	47
<b>19. 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>20. 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>	15

<b>21. 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>22. 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>23. 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>24. 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
<b>25. 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>	0
<b>26. 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>	0
<b>27. 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>	1
<b>28. 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>	0

<p><b>29. 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>30. 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>60</p>
<p><b>31. 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>1</p>
<p><b>32. 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>1</p>
<p><b>33. 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>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>



<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor utilized the facility's resident roster and daily census &amp; bed rosters to identify a representative sample of residents to interview.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>38. 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>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>3</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>40. 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>40. 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>Based on the auditor's onsite inspection, interview process, and review of overall compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard population criteria for having a physical disability.</p>
<p><b>41. 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>42. 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>42. 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>42. 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>Based on the auditor's onsite inspection, interview process, and review of overall compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard population criteria for being Blind or having low vision.</p>
<p><b>43. 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>43. 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>43. 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>Based on the auditor's onsite inspection, interview process, and review of overall compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard population criteria for being Deaf or having difficulty with hearing.</p>

<p><b>44. 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>44. 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>44. 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>Based on the auditor's onsite inspection, interview process, and review of overall compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard population criteria for being limited English proficient.</p>
<p><b>45. 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>45. 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>45. 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>Following the auditor's onsite inspection, interviews, and review of compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard criteria for being gender non-conforming or identifying as LGBTI.</p>

<p><b>46. 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>46. 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>46. 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>Following the auditor's onsite inspection, interviews, and review of compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard criteria for being gender non-conforming or identifying as LGBTI.</p>
<p><b>47. 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>47. 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>47. 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>Following the auditor's onsite inspection, interviews, and review of compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard criteria for reporting sexual abuse at the facility.</p>

<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>49. 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>49. 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>49. 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>Following the auditor's onsite inspection, interviews, and review of compliance documentation, it was determined that there were no youth at the facility during the onsite visit who met the PREA standard criteria for being placed in segregated housing/isolation for risk of sexual victimization.</p>
<p><b>50. 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>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>

<p><b>52. 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>53. 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>54. 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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>15</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. 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)



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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Also interviewed the Lead Kitchen staff, two kitchen cooks, and three education staff.
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. 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>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. 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>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
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**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.

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>65. 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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>66. 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)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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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>70. 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</p> <p><input type="radio"/> No</p>
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<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

**72. 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>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	1	0

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

#### 74. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	1	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.

**76. 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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	2
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<p><b>79. 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>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>85. 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>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>Based on the auditor's onsite inspection, interviews, and review of compliance documentation, no evidence was found to contradict the facility's report of no sexual harassment incidents occurring since the last PREA audit.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. 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>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

96. 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

97. 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><u>115.311:</u></b></p> <ul style="list-style-type: none"> <li>• The following is a list of evidence used to determine compliance:</li> <li>• Rite of Passage (ROP) Safe Environment Standards (SES), which will be identified throughout this report as: Agency's PREA Policy</li> <li>• Organizational Chart</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Zero-Tolerance Policy Statement</li> <li>• Facility’s Website</li> <li>• Job Descriptions</li> <li>• PREA Zero Tolerance Posters</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager (PCM)</li> </ul>

- PREA Coordinator (PC)
- Program Director (PD)
- Director of Group Living (DGL)

**Site Review Observations:**

During the onsite visit, the auditor verified that the facility displays English and Spanish PREA signage throughout the premises, with the signs located in all the Mansfield Juvenile Treatment Center (MJTC) buildings within the security perimeter fence where residents, staff, and visitors have access. These signs outline the agency's policy for zero tolerance on all forms of abuse, harassment, neglect, exploitation, retaliation, and staff neglect. Moreover, the PREA signs state the multiple ways in which a resident can make a PREA report, which includes reporting directly to any staff member or any adult they trust, submitting a grievance in one of the secure grievance boxes, reporting to a family or friend as a third-party reporting option, and through calling one of the three available outside reporting entities (the State of Arkansas Child Abuse & Neglect Hotline, the State of Arkansas Juvenile Ombudsman, and the Hamilton House Child Safety Center).

Furthermore, the facility PREA Compliance Manager (PCM) and Director of Group Living (DGL) were present onsite during the audit and granted the auditor full access to all areas of the facility, as well as provided all the requested proof documentation necessary to assess for compliance with the PREA standards. The DGL and PCM were knowledgeable in all the PREA related operations and procedures practiced at the MJTC and sufficiently demonstrated during the onsite how the agency's PREA Policy has been implemented to prevent, detect, and respond to sexual abuse and sexual harassment allegations or incidents at the facility.

The PCM served as the main points of contact during all audit phases and showcased the necessary time and authority to effectively develop, implement, and oversee agency initiatives to ensure compliance with the PREA standards. This was also proven to be true during the corrective action period that was initiated prior to the onsite due to deficiencies in compliance identified during the pre-onsite document review phase of the audit. The PCM was responsive to all request for information from the auditor and promptly worked with the MJTC administrative team to develop the necessary corrective action to rectify any non-compliance determinations identified.

**Explanation of Determination:**

**115.311 (a-c):**

**(a):**

The auditor was provided the ROP (ROP) Safe Environment Standards (SES) Manual, which was last revised in July of 2015. The ROP SES Policy Manual is a 54-page document that was designed for all ROP programs to ensure compliance with United

States Department of Justice Final Rule National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA). For simplification purposes, the ROP SES Manual will be referred to throughout this report as the agency's 'PREA Policy.'

As verified by the auditor, the agency's PREA Policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This Policy was found to include all the PREA standard language for juvenile facilities, including, but not limited to: procedures that strictly mandate zero tolerance toward all forms of sexual abuse and sexual harassment in the facility; how to implement procedures to prevent, detect, and respond to sexual abuse, sexual harassment, retaliation, and staff neglect; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and a description of the facility's strategies and responses to reduce and prevent sexual abuse and sexual harassment.

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

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

The facility's website was also reviewed by the auditor and found to include the agency's zero tolerance policy, the multiple ways to make a PREA report, the reporting and investigative requirements, PREA data, and other pertinent information related to how the facility ensures resident safety and compliance with the PREA standards.

**(b):**

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

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

The PC shared in her interview how she has sufficient time and authority to successfully develop, implement, and oversee agency efforts to comply with the PREA standards. PREA compliance was identified by the PC as the main job responsibility and if any issues of compliance arise, the PC will take immediate

	<p>action to develop a corrective action plan and ensure effective implementation is achieved.</p> <p>The PC elaborated on how she works with the Mansfield JTC on a regular basis to ensure that the PREA standards are being complied with in practice, with conducting frequent PREA related meetings and trainings, as well as periodic compliance reviews, to help the facility continue compliant practices related to the PREA standards and to address any issues of concern immediately and on a case-by-case basis.</p> <p><b>(c):</b></p> <p>The agency’s PREA Policy states that the agency is required to designate a PREA Compliance Manager (PCM) who shall have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>The agency’s organization chart and the PCM’s job description were provided, which showcased additional documentary proof of compliance with this PREA provision.</p> <p>The PCM was interviewed and described how she is able to ensure sufficient time is available to coordinate the facility’s efforts to comply with the PREA standards. In addition, the PCM is the facility’s compliance and training administrative staff member, which ensures sufficient authority is allocated to the PCM to effectively develop, implement, and oversee facility efforts to comply with the PREA standards. The PCM was knowledgeable of the PREA standards and was the primary point of contact for the entire audit process. She was responsive to all inquiries by the auditor and provided all the requested proof documentation throughout all phases of the audit.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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><u>115.312</u></b></p> <ul style="list-style-type: none"> <li>• The following is a list of evidence used to determine compliance:</li> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Memo Signed by PCM</li> </ul>

	<p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PC</li> <li>• PCM</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>(a &amp; b):</b></p> <p>The auditor confirmed that the requirements of this PREA standard are included in the Agency's PREA Policy. This Policy states that any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Further, any new contract or contract renewal is required to provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. However, according to the information provided to the auditor from the PC and PCM and as confirmed by their interviews onsite, the MJTC does <u>not</u> contract with private agencies or other entities, including other government agencies, to confine residents from the MJTC. 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 MJTC. The auditor also confirmed this during the onsite visit, in which all the youth in the facility were placed from other juvenile facilities for specialized residential treatment services to be provided at MJTC.</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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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><u>115.313</u></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>• PAQ</li> <li>• Most Recent Staffing Plan and Staffing Plan Review</li> <li>• PREA Unannounced Round Documentation</li> <li>• Memo Referencing Staffing Plan Deviations and Plan of Action</li> </ul>



- Non-Compliance Summary Report Response with Corrective Action & Documents

**Interviews:**

- Program Director (PD)
- PCM
- PC
- Supervisor (Who Conducts Unannounced Rounds)

**Site Review Observations:**

During the onsite visit, the auditor observed supervision practices in a variety of settings within the facility that were provided by a multitude of staff members, including CC's, educational staff, kitchen staff, medical and mental health staff, and administrators. The PCM and Director of Group Living (DGL) allowed the auditor to monitor daily operations of the facility to include observing how a new intake would be processed, the resident cottage activities, educational programming, medication pass, showering program (all residents are males and shower in a private room and one at a time), recreational activities outside, meal time in the kitchen and dining area (large multi-room), and the supervision provided by staff while escorted youth throughout the facility. For the most part, the facility was found to be compliant with the 1:8 and 1:16 PREA supervision ratios; however, as noted below, there were instances in which the 1:8 waking hour supervision ratio was not adhered to. The auditor also inspected each area of the facility, to include each of the six cottages, administrative building, educational building, GED classroom, maintenance building, and all outside areas in which residents have access. The video monitoring system was examined, including each actual camera mounted throughout the facility and the video monitoring software in order to view each camera viewing range. Line of sight and blind spots (vulnerable areas) were identified during the facility inspection and recommendations for improvement were provided to administrative staff onsite. Furthermore, the auditor took note of the Supervisor on-shift who was walking to each area where residents were located and documenting the rounds in the Pod logbook. The operations of the day and night shifts were observed by the auditor and the only supervision deficiencies occurred on the first day of the onsite, on the day shift, as outlined below.

The auditor witnessed three cottages (housing units) during the auditor's facility inspection that exceeded the PREA required 1:8 supervision ratio during waking hours. During this walk through, Cottages 3, 4, and 5 were at a direct supervision ratio of 1:9, 1:10, and 1:9 respectively. Additionally, while the auditor was leaving one cottage, the auditor observed a CC leave a group of residents in the cottage dayroom unsupervised for a short period of time.

In addition, the auditor's assessment of the facility's video monitoring system identified the following deficiencies related to providing adequate video surveillance coverage:

- Cottage 4 & 5: The cameras facing the main entry doors need to be adjusted up or zoomed out to ensure full coverage of the Cottage dayrooms and the entry doors.
- GED Classroom: A camera is recommended to be added to the outside of the GED Classroom entry door to ensure this area is sufficiently captured on surveillance video.
- Recommend the addition of cameras in the hallways in each Cottage in front of rooms 5-9- in the hallway above rooms 9. This would ensure sufficient coverage of all areas of this hallway.
- Several cameras need to be upgraded and/or adjusted throughout the video monitoring system to ensure they are working properly and clearly focused at a high resolution.

Furthermore, due to the vulnerabilities associated with the isolated location of the facility's GED classroom, the auditor highly recommends as a means of best practices related to resident and staff safety that the GED classroom be moved in the administration or education building to ensure adequate supervision practices are provided at all times and more staff are in the area to assist as needed. This was discussed with administration onsite.

**Explanation of Determination:**

**115.313 (a-e):**

**(a):**

The agency's PREA Policy states that the agency is required to develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The facility's Staffing Plan was provided to the auditor and found to include all the required elements of this PREA standard. However, the Staffing Plan and as explained in a memo signed by the PCM dated 8/24/24, the facility has experienced issues with consistently complying to the PREA waking hour supervision ratio of 1:8. Furthermore, the PCM noted in the PAQ that since the facility's last PREA audit, the average daily number of residents is 41, with the Staffing Plan predicated for a total of 48 average daily number of residents through this time period.

The PD and PCM described the facility's Staffing Plan and how management makes their best efforts to consistently comply with the Staffing Plan. However, the administrators were aware of the facility's inconsistencies experienced with staffing the facility with enough staff during waking hours to provide the required 1:8 waking hours supervision and shared these issues with the auditor. The PD indicated that a plan of action has recently been implemented to hire a large group of new staff and to increase the facility's part-time pool of CC's.

Additionally, as expressed in the facility's Staffing Plan and on a signed deviation explanation memo from the PCM, MJTC is currently challenged to meet compliance with the day time Federal PREA-related ratios of 1:8 during normal operating/

program hours. Federal PREA-related ratios of 1:16 during non-programming/sleeping hours are met. Staffing ratio is during the day hours are a challenge due to the number of Students the program is sent and the policy that no child can be turned down (Item 1: Division of Youth Services-Standards for Secure Facilities-Section 2.5, Section 2 Specifications Juvenile Placement, B. "Contractor shall accept every juvenile designated by DYS to reside at the facility and in accordance with the contractual agreement. This requirement must be limited only by bed availability unless authorized by DYS.").

The signed letter from the PCM also provides for additional measures that have been implemented recently to improve staffing and retention, as outlined below.

- During our {facility administrators} review of deviation documentation, we found that active staff members supervising youth, such as Shift Supervisors, the Deputy Program Director, Program Director, and the Site Trainer, had been inadvertently excluded from the count by the supervisors conducting rounds. To address this, we have conducted retraining of supervisors on the Unannounced Rounds and rectified our staff counting practices. In November of 2023, we added a full-time Site Trainer to enhance retention and fidelity and have accelerated recruitment efforts, adjusting our hiring bonus structure to increase retention. To improve clarity and detail in recording deviations, we implemented a Staff Deviation Form in August 2024 following a staffing plan review meeting. Since its implementation, therefore fewer undocumented deviations. Our commitment to PREA compliance remains strong. We continually ensure the accuracy and thoroughness of our deviation documentation and staffing plan adjustments.

The facility's video monitoring system was examined by the auditor during the onsite, with the auditor allowed to view the video feed from each camera installed at the facility. As noted in the Site Review Observations section of this report, there were some deficiencies discovered by the auditor, and these issues were being addressed by management.

**(b):**

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

The PD and PCM shared in their individual interviews that the facility has been unable to consistently adhere to the PREA 1:8 waking hours supervision ratio; however, the State mandated 1:12 ratios have been achieved without deviation.

Furthermore, the 1:8 supervision deviations were found to be documented for each effected shift on each the facility's Daily Site Unannounced Rounds log sheet. The supervision deviations were noted at the top of each Unannounced Round

document, with the actual staff to resident ratios documented.

Justification for the staffing ratio deviations is documented in the facility's Staffing Plan and in a signed memo provided by the PCM. These documents explain the reasons for the deviations and the corrective action plan that was developed. More information is outlined in the previous section, above.

**(c):**

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

As noted above, the facility has experienced issues with consistently complying with the 1:8 waking hours supervision ratio set forth by this PREA provision. The agency was found to be out of compliance with the requirements of this PREA standard and, therefore, has developed a corrective action plan. There were no issues identified with complying with the 1:16 sleeping hours ratios. This was confirmed through interviews onsite, the documentation review, and direct supervision observations conducted by the auditor onsite.

**(d):**

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

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

The facility's PD and PCM explained the process of management conducting the annual review of the Staffing Plan, which includes assessing, determining, and documenting whether any adjustments need to be made to the Staffing Plan, prevailing staffing patterns and assignments, deployment of the facility's video monitoring system and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the Staffing Plan. The administrators advised that the next annual Staffing Plan review is due in calendar year 2025.

The Staffing Plan Review was provided in the form of a report that addresses each element required by this provision. This review process was conducted in August of 2024 and signed by the facility's PCM, Regional Compliance Director, and Program Director. This report sufficiently outlines how each review element of the Staffing Plan was examined and assessed to determine whether adjustments were needed pursuant to this provision, with detailing the issues identified and corrective action

plan developed to address the deficiencies. Additionally, the review process included adopting a corrective action plan to rectify the issues with complying with the 1:8 PREA supervision ratios, as explained above.

**(e):**

The agency's PREA Policy describes how the facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Samples of completed unannounced PREA rounds were provided in the form of the facility's Daily Site Unannounced Rounds log sheets. These log sheets documented unannounced PREA rounds that were conducted for the past several months by supervisors and managers at random intervals on random days. These log sheets sufficiently demonstrated compliance with this PREA provision, and it is important to note that the facility consistently conducted multiple unannounced supervisory rounds on multiple day and night shifts per month.

In addition, the auditor interviewed a supervisor who is responsible for conducting these rounds, and asked her questions related to how the rounds are conducted, how she ensures no staff are alerted, and how they are documented. The Supervisor sufficiently explained how the unannounced rounds are conducted randomly to prevent alerting other staff members that these supervisory rounds are occurring. She expressed how she will start her rounds on a whim and has different starting and ending points. The rounds were explained to be conducted on a regular basis on each shift, with each round documented on a log sheet that is provided to the PCM. Additionally, the Supervisor indicated she will conduct multiple unannounced rounds per shift to ensure they all youth are safe and staff are providing effective supervision.

**Corrective Action Plan (a-d):**

- *The MJTC Program Director is currently addressing the "Staffing Plan" concern, he has spoken to the auditor regarding a time frame to submit MJTC's Staffing Plan. The Program Director will document for two weeks after current New Pre-Service Class go on regular shift and will monitor and forward documentation to the auditor during the corrective action period.*
- *The Program Director addressed the camera concerns with the Arkansas Division of Youth Services in an 'On Site' meeting on 10-9-2024.*
- *Training staff will continue focused on: "providing continuous direct line of sight supervision". 1344's (training record) will be forwarded to the auditor within his set time frame.*

**Corrective Action Summary:**

During the corrective action period, the PREA Compliance Manager (PCM) submitted several proof documents to demonstrate the successful implementation and institutionalization of the corrective action plan. These documents included:

- ROP MJTC Time & Attendance - Monthly Attendance Logs
- Staff Schedule and Assignment Document
- Corresponding Resident Rosters
- MJTC Daily Site Unannounced Round Log Sheets
- Memo from the PCM and HR Administrator regarding staffing level increases

The auditor reviewed these documents and determined that they effectively demonstrate the facility’s successful implementation of the corrective action plan, specifically in relation to the increase in full-time and part-time Coach Counselor staffing levels. Notably, direct care staff numbers increased from 56 at the beginning of November 2024 to 67 in January 2025. Furthermore, a new group of direct care staff, including additional part-time staff, is scheduled to begin on January 23, 2025. This expansion is intended to address any future staffing shortages due to vacations and illness among full-time staff.

Additionally, in January 2025, the auditor conducted interviews with the PCM and the HR Administrator regarding staffing levels. Both administrators confirmed that staffing has significantly improved since the onsite audit. They also reported that the facility has not experienced any deviations from the required direct care staff-to-resident ratios as outlined in the PREA standards, nor have there been any deviations from the facility’s Staffing Plan during the corrective action period. The administrators further explained that the facility can reassign residents to different program assignments and housing units, and staff from other units, who have completed the necessary training, are available to assist with resident supervision on a case-by-case basis. This flexibility ensures compliance with the PREA-required 1:8 staff-to-resident ratio during waking hours and 1:16 during sleeping hours.

**Conclusion:**

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

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>115.315</u></b>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency's PREA Policy
- ROP Policy 600.123 (Physical Searches & Viewing of Persons)
- PREA Staff Training Curriculum
- Review of Samples of Staff Training Verifications
- PAQ

**Interviews:**

- 12 Randomly Selected Coach Counselors (CC's)
- 10 Residents (7 Random & 3 Targeted)
- PCM
- DGL

**Site Review Observations:**

During the onsite, the auditor thoroughly examined the areas of the facility where residents may be in a state of undress, which included the restrooms throughout the complex, the shower rooms on each cottage, and resident rooms. It was determined that the residents are provided sufficient privacy for changing out, using the restroom, and showering. The auditor verified that each resident room is a dry room that does not include a toilet, and the resident restrooms throughout the MJTC complex are private individual restrooms with a solid door that shuts to allow for full privacy. The DGL opened each restroom door during the facility inspection and demonstrated how a resident would request to use the restroom and allowed access with staff having to unlock the restroom door to allow a resident to enter. He shared how staff are not allowed to enter an occupied restroom unless it is situation in which a resident's safety is in jeopardy, such as a resident taking an unreasonable amount of time in the restroom and not responding to verbal prompts from the staff monitoring from outside the restroom. In this situation, same gender staff would enter the restroom to check on the resident and ensure the youth is safe and not harming himself.

During the onsite, the auditor also observed residents going into the restrooms, with only one resident allowed in a restroom at a time. They were able to shut the restroom door, which ensured full privacy, and at no time did the auditor observe anyone able to view a resident using the restroom. Additionally, no cameras were located in any of the restrooms, and no camera views reviewed by the auditor during the onsite captured inside the restrooms.

The auditor also observed each shower room in each of the six cottages (housing units) at the MJTC. These shower rooms are individual shower rooms that have a solid door that is locked by staff to ensure only one resident is allowed in the shower rooms at a time during shower time. Since the facility only houses male residents and all residents are able to shower in full privacy behind a solid door, the auditor was able to observe the showering process during one of the days of the onsite.

During this time, the auditor observed the staff member working the cottage secure all the residents in their assigned rooms before shower time began. The

staff member then opened two resident doors' to allow for these two residents to shower in each of the two individual shower rooms, and the staff secured each resident in each of the two shower rooms by locking the shower doors. While the two residents were showering, the staff member documented the names of the residents in the showers in the cottage logbook and conducted staggered 15 minute room checks on the residents in their rooms. When the residents were done showering, they knocked on the shower door, and the staff member ensured they were dressed before unlocking the shower doors to allow for the residents to return to their rooms. The process of only allowing two residents out of their rooms at a time to shower was performed until all the residents were showered.

No issues of non-compliance with the requirements of this PREA standards were identified during the onsite, and the MJTC was found to be structured in such a way to ensure full privacy for residents when they are changing, showering, and using the restroom. Additionally, the facility's video monitoring system was examined by the auditor during the onsite, with the DGL showing the auditor each camera view at the facility. The auditor verified that the surveillance video system did not capture any area where a resident may be in a state of undress such as viewing in a resident's room or in the shower and restroom areas. However, to ensure the outside of these vulnerable areas are monitoring at all times, the MJTC did have cameras that captured who enters and exits these rooms.

Furthermore, the auditor verified that the facility does not conduct strip searches of residents, and the only type of resident search is in the form of either a resident self-shake out or same gender pat-search that must be authorized by a supervisor and conducted on camera view with a staff witness. This was verified to be true through the auditor's onsite observations, staff and resident interviews, and the documentation review for this audit.

Even though each cottage provides for full privacy to residents to change their clothes, use the restroom, and shower; the facility follows best practices and successfully implemented a procedure of female staff making the opposite gender announcements when entering the housing units at MJTC (all male facility). This opposite gender staff announcement was heard by the auditor while being escorted to each housing unit during shower time, and the auditor also noticed opposite gender staff announcement signs posted at the entrance of each cottage.

**Explanation of Determination:**

**115.315 (a-f)**

**(a, b, & c):**

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



cross-gender pat-down searches.

The auditor was also provided with ROP Policy 600.123, which includes procedures related to resident searches that coincide with the agency's PREA Policy. The following procedures are included in these policies:

Cross-gender strip searches or cross-gender visual cavity searches (meaning a search of the anal or genital opening) are not allowed except when performed by medical practitioners and only when permitted under individual licensing and contractual requirements. A same gender witness will be present, and the search will be conducted in a private setting and documented in the student's medical file. Cross-gender pat-down searches are prohibited.

The random staff interviewed confirmed all forms of cross-gender resident searches are strictly prohibited, and no such search of a resident was indicated to have occurred at the MJTC that they were aware of. Additionally, each staff member advised that resident strip searches and bodily cavity searches are not conducted at the facility and prohibited to be conducted by direct care staff. The staff explained that a pat-down search must be approved by a supervisor or administrator and justified due to suspicion of contraband or upon a resident's return to the facility.

Such a pat-down search would be conducted by a supervisor or administrative staff member and conducted on camera view with a staff witness. The random staff interviewed also shared how most resident searches are hands-off shake outs, which involve the resident pulling out their pockets, untucking their shirts, and running their {the own resident's} thumbs around their waistband to shake out any possible contraband. In addition, a metal detector wand is available for use.

If a cross-gender pat-down search was ever approved due to an exigent circumstance, the staff advised that administration would authorize such a search and documentation would be required to detail the justification on why a cross-gender search was authorized. However, each staff member interviewed verified that there have consistently been an adequate number of male staff on each shift they have worked to ensure same gender resident searches are complied with at all times.

The PCM noted in the PAQ that there has not been any type of cross-gender searches of residents in the past 12 months, and this information was verified through the interviews conducted onsite and documentation review.

The ten residents interviewed confirmed they have never been apart of a strip search at the facility or been made aware of any other resident being strip searched while at the MJTC. Furthermore, the residents confirmed that a female staff has never placed their hands on them during a search and only male staff are allowed to conduct resident pat-down searches. They indicated that most resident searches involve a shake-out, where the residents take out their pockets, untuck their shirts, and shake out their own waistband. Staff do not touch residents during this type of search and no clothes are removed. All the residents interviewed shared that they have no issues with the way searches are conducted at the facility and understand why they are required.

**(d):**

According to the agency's PREA Policy, the facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The residents interviewed indicated that they have full privacy when showering, using the restroom, and changing their clothing without any individual able to view them while they are in a state of undress during these activities. The residents explained how it is a rule that only one resident is allowed in a restroom and shower room at a time, and when they enter a restroom or shower room the door is shut to provide for full privacy. The residents also described how they are able to keep their clothes on when they are in their own room, and if they need to fully undress to change, they have the choice to change in their room or go into the restroom. Each resident interviewed was asked to share their own opinion of the level of privacy they have at the facility when using the restroom, showering, and changing out, and each resident confirmed that they have no issues with the privacy level and believed it to be satisfactory. The residents were also asked if they ever hear female staff making opposite gender announcements upon entering their cottage, and the residents confirmed this to be a consistent practice.

The staff interviewed also attested to this level of privacy the residents have at the facility. The staff described how only one resident is allowed in a restroom at a time, and during shower times, all residents are to be secured in their rooms except for the two allowed out to shower. In addition, the shower doors are locked to ensure only one resident is allowed to enter a shower room at a time. Additionally, all the staff interviewed were asked if female staff make any form of opposite gender announcement when entering a cottage, and the staff confirmed that opposite gender announcements are routinely made when female staff enter a cottage in order to give the residents a heads up that there is a female staff on the cottage.

**(e):**

The agency's PREA Policy states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

This prohibition of searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status was

confirmed by each staff member interviewed onsite. The staff shared how the genital status of a youth is pre-determined at the assessment unit prior to a resident being transported to MJTC. This was also confirmed to be true through conversations with administrative staff while onsite.

The PCM noted in the PAQ that in the past 12 month audit review period, there has not been a situation involving a search of a transgender resident to determine the genital status. Furthermore, during the onsite, the auditor confirmed through observations made onsite, the interview process, and the documentation review that there was not a resident who identified as transgender/intersex during the days the auditor was onsite.

**(f):**

According to the agency's PREA Policy, the facility shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

All the security staff interviewed confirmed they have been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This training was provided when the staff were first hired and subsequent resident search refresher trainings have been presented to staff on an annual basis. All staff were aware of how to conduct such searches; however, it is important to note that each staff and resident interviewed confirmed how they have never observed or been apart of a cross-gender search of any kind. The staff shared how they would respond to a hypothetical situation presented by the auditor involving a resident who identifies as transgender not being comfortable with the normal operating procedure of the same biological gender staff conducting the pat-down search. In response, each staff member sufficiently described how they would stop the search process and not force the search on the resident. The staff described how they would contact the on-duty supervisor and await instructions on how to proceed to ensure compliance with the PREA standards. Options such as utilizing mental and medical health care staff to assist with this type of pat-search situation was explained to be a possibility.

In order to assess whether direct care staff have been trained on the search requirements set forth by this PREA standard and the agency's PREA Policy, the auditor examined the resident search training curriculum and corresponding staff training verification documents. The search curriculum included a six slide presentation that covered the types of searches staff are able to conduct at the facility (search of an area and search of a person) and detailed the procedures for conducting a professional and respectful resident pat-down search according to agency policy. The training verifications provided also confirmed that staff complete this resident search training when they are first hired and periodically throughout their employment as part of the annual PREA refresher trainings.

**Conclusion:**

	<p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</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>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>115.316</u></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>• PAQ</li> <li>• PREA Signage in Spanish</li> <li>• ROP Policy 600.401 (Student Rights &amp; Privileges Acknowledgement)</li> <li>• ROP Policy 600.906 (Culturally Responsive Services)</li> <li>• Memo's Signed by PCM</li> <li>• Contracted Interpreters &amp; Translators Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Two Targeted Resident</li> <li>• 12 Randomly Selected Coach Counselors (CC's)</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 in each of the six resident cottages, hallways throughout the entire complex, education building, medical area, multi-purpose room, administrative area, visitation area, and front lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Additionally, a test call was conducted to the Arkansas Child Abuse Reporting Hotline, and interpreting services were confirmed to be available by the state of Arkansas on an as needed basis.</p> <p><b>115.316 (a-c)</b></p> <p><b>(a):</b></p> <p>According to the agency's PREA Policy:</p>

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

In addition, the auditor was provided with agency Policy 600.401, which states that residents at the MJTC have the following rights pertinent to the requirements established by this PREA standard:

- to have access to telephones in order to make and receive confidential calls in accordance with the student's needs and individual treatment plan and in accordance with program guidelines;
- to have access to a telephone to make confidential calls to his/her authorized representative; and
- to have unopened mail sent and received freely in accordance with the students individual treatment plan and ROP policy.

ROP Policy 600.906 was also provided to demonstrate how the facility is required to provide culturally responsive services, such as:

- training all staff on culturally competency;
- providing materials to residents in their language; and
- the requirement for ROP residents to be treated fairly and respectfully without regard to age, ethnicity, race, sex, religion, national origin, creed, tribal affiliation, ancestry, gender identity, sexual orientation, marital status, genetic information, socio-economic status, physical or intellectual disability, ability to pay, mental illness, and/or cultural and linguistic need.

The PCM provided the auditor with two signed memo's that state the following:

- Per the Lead Therapist at MJTC, Case Managers meet with each student and explain their rights and PREA information. If needed due to a resident's inability to fully comprehend the PREA information provided during the intake process, the Case Managers will make any necessary accommodations to explain further and ensure a full understanding of the PREA material is achieved. If needed, additional follow-ups with the Lead

Therapist can be provided.

- MJTC has a contract with Arkansas Spanish Interpreters & Translators (ASIT) that specializes in translation and interpreting services that is used when needed on a case-by-case basis. The auditor reviewed the ASIT website and confirmed that ASIT is a full-service language agency that provides all forms of interpretation and translation services. The service offering includes in-person interpretation, document translation, telephone interpretation, video remote interpretation, and document translation in over 200 foreign languages and American Sign Language (ASL).

The auditor interviewed two residents who were identified by the educational staff to receive special education services at the facility. These residents were able to sufficiently articulate the multiple ways to make a PREA report at the facility, confirmed they have never been in a situation that involved sexual abuse or sexual harassment while at MJTC, and were knowledgeable of their rights as a resident.

The residents shared that they were aware of the PREA signs posted throughout the facility and named several staff who they trusted and had a good rapport with. The residents also confirmed they met with the nurse as soon as they arrived at the facility and met with a therapist the first week and then about every week since then.

The auditor interviewed the MJTC Program Director (PD), who confirmed that the facility will take the necessary 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. The PD advised that residents are provided access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. He also shared that the facility ensures that written materials are provided in formats to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The PD explained how all youth admitted into the facility are pre-screened by the administrative team to ensure the residents who are accepted into the program have the ability to be successful. For residents who may require additional services to comply with this PREA standard, the PD indicated that specialized services would be provided on a case-by-case basis to ensure all youth admitted are given the equal opportunity to succeed at MJTC.

**(b):**

The agency's PREA Policy states that the agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

	<p>As outlined in the previous section, the MJTC ensures residents who are LEP are provided meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This is achieved by use of the contracted interpreting service company (ASIT), bilingual staff members, and the resident Spanish PREA material.</p> <p>All the residents during the onsite spoke fluent English; therefore, there were no LEP residents to interview onsite.</p> <p><b>(c):</b></p> <p>As per the agency's PREA Policy, the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.</p> <p>The CC's interviewed onsite confirmed the above prohibition for relying on residents to interpret for other residents. If interpreting services were needed, the staff shared how a professional interpreter and/or bilingual staff member would be called in to assist.</p> <p>Furthermore, the PCM noted in the PAQ that in the past 12 month audit review period, there has not been a situation involving one resident interpreting for another resident related to making a PREA report.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b><u>115.317</u></b></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PAQ</li> <li>• ROP Policy 100.209 (Background Attestation Clearance)</li> </ul>

- ROP Policy 100.208 (Separation of Employment)
- Arkansas Criminal History Reports
- Clearance Emails from the Arkansas Depart. of Human Services
- ROP Employment Reference Verification
- Signed Memo's from the PCM
- Sample of Personnel Files (14 Staff, Two Contractors, & One Volunteer)

**Interviews:**

- Human Resource (HR) Administrator

**Explanation of Determination:**

**115.317 (a-h):**

**(a):**

According to the agency's PREA and HR Policies:

- The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:
- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The interviewed HR Administrator advised that the above hiring prohibitions are in policy and strictly practiced to ensure applicants and potential contractors and volunteers are screened pursuant to the state and federal PREA standards.

Additionally, the HR Administrator explained and provided the auditor with the agency's Background Attestation Clearance Policy (100.209). This Policy was established to ensure employees, interns, contractors and volunteers meet ROP Policy and Arkansas licensing guidelines by requiring all employees to undergo and give consent to a criminal background check and meet the requirements of Arkansas Code 21-15-102, 21-15-103 and 21-15-104.

**(b):**

The agency's PREA Policy states that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.



It was confirmed by the HR Administrator that any incidents involving any type of sexual conduct by a potential employee or contractor are assessed on a case-by-case basis and examined closely by the HR department and the Program Director. In most cases, if such history was discovered, the potential employee or contractor/volunteer would not be allowed to proceed unless the allegation was proven to be completely unfounded, and all other backgrounds were clear of any sexual history.

**(c):**

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

- Perform a criminal background records check;
- Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The HR Administrator confirmed the above background requirements and documented examples of how the criminal and abuse backgrounds and institutional reference checks are conducted were provided to the auditor. The forms used to document the applicable institutional reference checks is titled, 'ROP Employment Reference Verification.' This document was provided for the staff included in the sample size who had prior institutional experience as documented on the employee's application or learned at any point during the hiring process. The form includes the name and contact information for the previous company/agency, employment dates, last position held, direct supervisor name, work performance, attendance, reason for leaving, rehire status, and the following questions related to this PREA standard:

- Did this employee ever engage in any type of sexual abuse while employed?
- Was this employee ever convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?
- Has this employee ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of PREA standard 115.317?

Additionally, ROP Policy 100.209 was provided to the auditor, and the HR Specialist reviewed the background employment procedures required by this Policy during her interview onsite. Policy 100.209 states:

- To ensure employees, interns, contractors and volunteers meet ROP Policy and Arkansas licensing guidelines, all employees must undergo and give consent to a criminal background check and meet the requirements of Arkansas Code 21-15-102, 21-15-103 and 21-15-104. All employees, interns, contractors, and volunteers are advised that the employment or the acceptance of services is contingent upon the results of a criminal history check and a central registry check and that applicants of such have the right to obtain a copy of his or her criminal history from the bureau and a central registry report from the registries.
- The background check shall include a criminal history check and a central registry check (Child Maltreatment Central Registry and the Adult and Long-Term Care Facility Resident Maltreatment Central Registry) before the start of employment (A.C.A 21-15-102).
- All applicants for employment, interns, contractors and volunteers must consent to and complete a state criminal history check and a national criminal history check. If ROP can verify (proof must be in written form) that the applicant has lived continuously in the State of Arkansas for the past five (5) years, then only a state criminal history check is required. A federal background check is required for those that have not resided in Arkansas in the past 5 years.
- If a criminal history record regarding the applicant is reported, then the applicant is temporarily disqualified from employment until it is determined whether the applicant is disqualified from employment under A.C.A 21-15-102- listed offenses. If an applicant has been named as an offender or perpetrator in a true, substantiated, or founded report from the Child Maltreatment Central Registry or the Adult and Long-Term Care Facility Resident Maltreatment Central Registry, the applicant shall be immediately disqualified.
- ROP shall employ no individual who has been convicted of, admitted to, or if there is substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude if these circumstances have current bearing on the applicant's provision of care. Applicants, employees, interns, volunteers and/or contractors will not be hired or considered for internships, volunteer work and/or contracted services if they have or are engaging in or have a history of behavior injurious to or which may endanger the health or morals of the children in their care.

**(d):**

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

The HR Administrator described how the background checks pursuant to this provision are conducted on all potential contractors and documentation for how this is performed was shared with the auditor. As noted in the previous section (c),

Policy 100.209 states that the background check for employees, interns, contractors, and volunteers shall include a criminal history check and a central registry check (Child Maltreatment Central Registry and the Adult and Long-Term Care Facility Resident Maltreatment Central Registry) before the start of employment (A.C.A 21-15-102). All applicants for employment, interns, contractors and volunteers must consent to and complete a state criminal history check and a national criminal history check. If ROP can verify (proof must be in written form) that the applicant has lived continuously in the State of Arkansas for the past five (5) years, then only a state criminal history check is required. A federal background check is required for those that have not resided in Arkansas in the past 5 years.

**(e):**

As per the agency's PREA Policy, the agency shall 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.

According to ROP Policy 100.209, ROP shall ensure that any incumbent employee, intern, contractor and/or volunteer has a subsequent criminal background check completed within five (5) years of the initial criminal background check and every five (5) years thereafter. ROP shall ensure that any incumbent employee, intern, contractor and/or volunteer in a designated position has a subsequent central registry check completed within five (5) years of the initial central registry check and every five (5) years thereafter.

As per the signed memo from the PCM and according to the HR documentation provided, ROP has only managed the MJTC for the past four years, starting July 1, 2020. Due to ROP only operating the MJTC since 2020, the facility has not conducted the five-year criminal records re-check for any of the current employees or contractors (\*current contractor began providing services 2024). According to the PCM and HR Specialist, the five year criminal history and child abuse registry re-checks are due before July of 2025 for the applicable employees.

The PCM and HR Specialist advised that when ROP took over the MJTC in July 2020, criminal history and child abuse registry checks were conducted on all employees in order to officially hire them as employees with ROP at the MJTC. As of the date of this audit, the HR Specialist and PCM indicated that only two staff currently work at the MJTC were working at the facility when ROP took over facility operations in 2020, and background verification documents were provided for these two employees that sufficiently demonstrated they were screened pursuant to the requirements of this PREA standard.

**(f, g, & h):**

According to the agency's PREA Policy:

- The agency shall also ask all applicants and employees who may have

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

- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The HR Administrator confirmed the above procedures are required to be adhered to as per the agency's PREA Policy. For sharing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee with other institutions, the HR Administrator advised how the information can be shared unless prohibited by law. Additionally, the HR Administrator shared Policy 100.209 with the auditor and reviewed the procedures included therein. It is important to note that Policy 100.209 is the agency's Background Attestation Clearance Policy, which includes the following procedures relevant to the requirements of this PREA provision:

- In accordance with ROP Policies, an applicant for employment, employee, intern, volunteer and/or contractor shall sign an attestation that he/she has not been convicted of, pleaded guilty to or nolo contendere (no contest) any offense listed below and/or has been charged pending legal proceedings at the time of applying for employment, while employed, performing an internship, providing volunteer and/or contracted services with Rite of Passage.
- All applicants, employees, interns, volunteers, and/or contractors are required to complete this attestation requirement when applying for employment, internships, volunteer work and the start of contract services, annually thereafter on or before their employment anniversary.
- I {employee/contractor/volunteer} understand that if I am convicted of any of the crimes listed and/or have been found guilty or entered a plea of guilty or nolo contendere (no contest) regardless of the adjudication, to any of the listed crime/conviction/charges or under any similar statute of another jurisdiction while an applicant, employee, intern, contractor and/or a volunteer shall result in immediate dismissal of my position.
- I {employee/contractor/volunteer} understand that withholding information or falsifying any information on this statement of attestation will result in my withdrawal of consideration for employment and/or employment, internship, volunteer status and/or contracted services.
- I {employee/contractor/volunteer} hereby attest to meeting the requirements for employment, internship, contractor services and volunteer

services and that I have not been arrested (at the time of application, employment and/or during the period I provide service) or have not been found guilty or entered a plea of guilty or nolo contendere (no contest) and/or pending final disposition, regardless of the adjudication, to any of the crimes under the provisions of ROP Policy, A.C.A. 21-15- 102 and this form or under any similar statute of another jurisdiction.

Lastly, as per ROP Policy 100.208:

It is the policy of Rite of Passage to terminate employment because of an employee's resignation, release, death, incapacity, discharge, or retirement; or the expiration of an employment agreement or a permanent reduction in or restructuring of the Company's workforce. Discharge can be for any reason not prohibited by law. In the absence of a specific written agreement, an employee is free to resign at any time and for any reason and the Company reserves the right to terminate employment at any time and for any reason. Employees who do not separate in good standing are not eligible for rehire.

**Personnel File Review:**

The auditor selected the personnel files pursuant to the requirements of this PREA standard for a representative sample of employees (12 employees) and the two contractors and one and only volunteer. The applicable PREA documentary evidence was reviewed with the help of the HR Administrator, and each file was found to contain the proof documentation needed to confirm that the required elements of this PREA standard are fully complied with in practice at the facility. For example, the auditor was provided signed Attestation's (Policy 100.209- Background Attestations Clearance), Arkansas State Policy Criminal History Reports, clearance emails from the Arkansas Department of Human Services (child and adult abuse registry checks), completed 'Employment Reference Verification' documents (applicable institutional reference checks), and completed 'Universal Background Screenings' for staff who resided outside the state of Arkansas within the past five years.

Additionally, as noted in section (e) of this report section, background check verification documents were provided for the two most experienced staff who worked at the MJTC when ROP took over operations in July of 2020.

Each document reviewed for each of the seventeen individuals included in this sample were found to be compliant with the applicable requirements of this PREA standard and no issues of non-compliance were identified.

*Note: It is highly recommended as a means of best practices by the auditor that the MJTC develop a system for conducting FBI national background checks for ALL employees, contractors, and volunteers- regardless whether they have resided in the state of Arkansas for the past five years or not. As per the Arkansas State Policy Criminal History Reports provided, "inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority."*

*However, it is the auditor's viewpoint that all ROP MJTC employees are, in fact, criminal justice practitioners, and, therefore, should be screened by the Arkansas State Policy with utilizing the FBI national criminal database (NCIC).*

**Conclusion:**

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

**115.318 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.318**

- The following is a list of evidence used to determine compliance:
- Agency's PREA Policy
- PAQ
- Memo Signed by PCM
- Facility Schematic and Physical Plant Layout

**Interviews:**

- Program Director (PD)
- 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 recent substantial modification or expansion to the physical plant of the facility or to the facility's video monitoring system.

The only modification to the physical plant of the facility currently in progress at the time of the onsite involved the mental health unit moving to one of the unoccupied cottages, Cottage 1. During the onsite facility inspection, the auditor observed Cottage 1 in the process of being renovated to include fresh paint and modifications of converting resident rooms to counselor offices. The administrative staff advised how this move will take place in the very near future and will help with providing more **effective comprehensive therapy services.**

**Explanation of Determination:**

**115.318 (a-b):**

According to the Agency's PREA Policy:

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

The PD and PCM shared in their individual interviews how the safety and well-being of the residents and staff will always take precedence when any modifications or updates are made at the MJTC. Enhancements to the facility's video monitoring system, including fiber being run and several cameras added, have recently been completed in order to increase safety at the facility. The PCM and PD indicated that the following projects were completed in 2024 to increase safety and protect residents against sexual abuse and sexual harassment:

- Run fiber to building 11 from building 10 for new vocational shop
- Run fiber to sally port from long building
- Run electricity from bungalow to sally port
- Add camera to laundry room and supervisor's office in each bungalow
- Add external camera to both center bungalows to provide more coverage to basketball courts
- Add cameras, switch, and Hoffman box in sally port
- Add cameras to kitchen
- Add cameras to exterior of kitchen
- Add cameras to exterior of education
- Add cameras to exterior of long building
- Add camera to exterior of vocational building
- Install two kiosk machines and four monitors in master control for 24/7 camera monitoring. This provided almost 40 new views to this site.

Additionally, the PD shared how he is currently in the process of overseeing a project to construct a staff parking lot outside the secure perimeter fence to provide an additional layer of security and prevent staff vehicles from being on the facility grounds- within the security fence. The MJTC is a large complex in a very rural area, and currently, staff drive their personal vehicles through two locked gates that are controlled by central control and park next to the administration building. The new parking area being constructed would allow for staff to park their personal vehicles outside the facility perimeter fence, and this, as per the PD, would increase safety and prevent any potential issues with staff vehicles being accessible to residents.

The auditor took note of the tree's that were removed from the projected staff parking area, and the PD advised that he is now just waiting for funding to build the

	<p>parking lot.</p> <p>Note: The auditor recommended that the facility add a camera in front of the GED classroom building in order to sufficiently capture the GED classroom door from the outside. Additionally, the PD and Director of Group Living (DGL) were advised by the auditor of two cameras in two of the housing units that need to be either zoomed out or repositioned in order to capture the entry door to these cottages fully. The PD and DGL informed the auditor that these issues will be addressed immediately.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.321</u></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>• PAQ</li> <li>• Agency's Reporting &amp; Investigation Policy</li> <li>• Memorandum of Understandings (MOUs)</li> <li>• ROP Safe Environmental Standards (SES) Student Services Offered Acknowledgement Form</li> <li>• ROP SES PREA Administrative &amp; Response Review Form</li> <li>• Internal Notice of Potential SES Incident Form</li> <li>• Email Communications</li> <li>• ROP SES Coordinated Response Plan</li> <li>• Letter Sent to Sebastian County Sheriff's Office</li> <li>• Hamilton Center for Child Advocacy's Website</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p>



- 12 Randomly Selected Coach Counselors (CC's)
- PCM (Internal Administrative PREA Investigator)
- Director of Group Living (Internal Administrative PREA Investigator)

**Explanation of Determination:**

**115.321 (a-h):**

**(a):**

According to the agency's PREA Policy: To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

It is important to clarify that the MJTC is unable to conduct criminal investigations at the facility and only has the authority to conduct administrative internal investigations into allegations of sexual abuse and sexual harassment. All sexual abuse allegations/incidents are required to be immediately reported to the Arkansas State Police, Arkansas Division of Youth Services, and Arkansas Division of Children & Family Services- with Arkansas State Police responsible for conducting the criminal investigation at the MJTC.

In order to demonstrate how the MJTC follows a uniformed evidence protocol pursuant to the requirements of this PREA standard for an administrative internal investigation into sexual abuse, the auditor was provided the agency's Criminal and Administrative Investigations Policy, Coordinated Response Plan document, Administrative & Response Review form, MOU sent to the local child advocacy center (Hamilton House) and local sheriff's department (Sebastian County Sheriff's Office), and other internal investigation documents that are used when there is an allegation of resident sexual abuse at the MJTC. Additionally, it is important to note that the facility is required, per agency Policy and in accordance with mandatory reporting laws of the State of Arkansas, to immediately report allegations of sexual abuse to the agencies listed below:

- The State licensing agency (Arkansas Division of Youth Services);
- Child Protective Services (Arkansas Division of Children & Family Services);  
and
- Local law enforcement (Sebastian County Sheriff's Office or Arkansas State Police).

Additionally, the last two sexual abuse allegations made at the facility in the past two years were investigated by administrative internal investigators and by law enforcement, and the associated investigative documentation were provided to the auditor that showcased how in each case a uniformed evidence protocol was followed to maximize the potential for obtaining physical evidence for both the administrative proceedings and criminal prosecutions.

The auditor interviewed 12 randomly selected CC's, and each staff confirmed that they are mandatory reporters and required to immediately report an knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, inappropriate sexual behavior, or staff code of conduct violations that are sexual/romantic in nature. Moreover, staff confirmed that any such allegation involving sexual abuse is required to be immediately reported to their immediate supervisor, the PCM, Arkansas State Police, and child protective services. The staff were also knowledgeable of the first responder protocols pursuant to PREA standard 115.364, which was shared to include immediately separating the victim from the alleged perpetrator, preserving and protecting the scene, and instruct the victim and perpetrator to take any action that could destroy usable physical evidence.

**(b):**

As per the agency's PREA Policy: The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The auditor reviewed the agency's evidence protocol and confirmed that, to the extent as applicable for an administrative investigation, this protocol is compliant with the requirements of this PREA provision.

**(c):**

The auditor confirmed that the following provision is included in the agency's PREA Policy:

- The agency shall 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. 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. The agency shall document its efforts to provide SAFEs or SANEs.

In order to demonstrate how the facility complies with the requirements of this PREA provision in practice, the auditor was provided the agency's 'Student Services Offered Acknowledgement' form. This document is used for a resident victim of sexual abuse to document whether the victim accepts or declines the services being offered pursuant to the requirements of this PREA standard. This form states the following:

- I {resident victim} 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.

- 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\_\_

The form is also signed by the resident victim, Therapeutic Manager, and SES Compliance Manager, as well as dated by all parties.

The Student Services Offered Acknowledgement' form was provided and completed by the victims in the sexual abuse investigations conducted at the facility in the past two years.

In addition, a signed MOU between the MJTC and the Hamilton Center for Child Advocacy was provided to the auditor, which further verifies that the victim services required by this PREA standard are offered and provided by a local children's advocacy center.

The auditor reviewed the Hamilton Center for Child Advocacy's website, which includes the following information relevant to the requirements of this PREA standard:

- Our {Hamilton Center} team of forensics interviewers creates a safe space where children can share their experiences, often feeling true safety for the first time. Our compassionate nurses conduct thorough physical exams with care and respect, gathering crucial evidence for collaboration with law enforcement. Simultaneously, our mental health therapists offer trauma-focused therapy, helping children find their voices as they begin their healing journey.
- Our advocates support both children and caregivers, providing assistance and strength as they navigate through life-changing events. Together, we can make a lasting impact and ensure that every child has the opportunity to live free from the shadows of abuse. It's time for us to come together and transform our community into a sanctuary for these vulnerable children.

**(d):**

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

To exhibit how the facility complies with the requirements of this PREA provision in

practice, the auditor was provided the agency's 'Student Services Offered Acknowledgement' form. This document is used for a resident victim of sexual abuse to document whether the victim accepts or declines the services being offered pursuant to the requirements of this PREA standard. This form states the following:

- I {resident victim} have been offered services with an outside victim advocate (Crisis Call Center 1-800-273-8255) at no financial cost to me or my family. I understand this call will be confidential and this center is not a mandated reporter. I understand I can access this emotional support service at any time in the future even if I chose not to accept services today.
- Services Accepted \_\_ Services Declined\_\_

The form is also signed by the resident victim, Therapeutic Manager, and SES Compliance Manager, as well as dated by all parties.

The Student Services Offered Acknowledgement' form was provided and completed by the victims in the sexual abuse investigations conducted at the facility in the past two years.

In addition, a signed MOU between the MJTC and the Hamilton Center for Child Advocacy was provided to the auditor, which further verifies that the victim services required by this PREA standard are offered and provided by a local children's advocacy center.

The auditor reviewed the Hamilton Center for Child Advocacy's website, which includes the following information relevant to the requirements of this PREA standard:

- Our team of forensics interviewers creates a safe space where children can share their experiences, often feeling true safety for the first time. Our compassionate nurses conduct thorough physical exams with care and respect, gathering crucial evidence for collaboration with law enforcement. Simultaneously, our mental health therapists offer trauma-focused therapy, helping children find their voices as they begin their healing journey.
- Our advocates support both children and caregivers, providing assistance and strength as they navigate through life-changing events. Together, we can make a lasting impact and ensure that every child has the opportunity to live free from the shadows of abuse. It's time for us to come together and transform our community into a sanctuary for these vulnerable children.

The PCM was interviewed and described how a resident victim of sexual abuse would immediately contact the Hamilton Center for Child Advocacy to ensure the victim advocacy requirements of this PREA standard are provided. She explained that the facility utilizes the form titled, 'Student Services Offered Acknowledgement,' in order to document that the victim services established by this PREA standard are offered to a resident victim of sexual abuse.

**(e):**

The agency's PREA Policy states: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

During the onsite, the auditor spoke with two licensed therapist and two registered nurses, who are all full-time employees with ROP at the MJTC, and all these professionals confirmed they are qualified agency staff members who are able to accompany and support a resident victim of sexual abuse to the Hamilton Center and/or nearest trauma center and remain with the victim through the investigative process as requested and as needed to the situation. However, the practitioners advised that the Hamilton Center for Child Advocacy would provide specialized professionals to ensure the highest level of care, support, and treatment is provided. Additionally, they shared that Mercy Hospital in Fort Smith, AR would be the nearest trauma center that would provide a safe location for a SANE/SAFE to assist and conduct a forensic medical examination.

**(f):**

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

In order to demonstrate how this is done, the PCM provided the auditor with a copy of the letter and MOU sent to the local law enforcement agency- Sebastian County Sheriff's Office. These documents request that in the event that the MJTC needs the Sheriff's Office to assist pertaining to a PREA criminal investigation, that the Sheriff's Office follow the requirements of this PREA standard.

**(h):**

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

**PREA Investigative File Review:**

The auditor was provided the administrative investigative files for the last two sexual abuse investigations conducted at the facility in the past 2 years. The investigative files contained supportive response and investigative documents that the auditor examined to assess for compliance with the requirements of this PREA standard in practice for each sexual abuse allegation investigated at the MJTC since 2022. As per the PCM, the facility had one sexual abuse allegation investigated in calendar year 2022, and the next sexual abuse investigation was for an allegation

made in early 2024. The auditor utilized the 'PREA Document Review Worksheet Investigation & Response Records' worksheet for each investigative file to examine for compliance with the following PREA standards: 115.321, 115.322, 115.334, 115.361, 115.362, 115.115.363, 115.364, 115.367, 115.368, 115.371, 115.373, 115.376, 115.378, 115.381, 115.382, & 115.383. Upon the auditor's review of the proof documents provided, no issues of non-compliance were identified in each of the administrative investigations conducted pursuant to the required elements of this PREA standard.

However, it was recommended as a means of best practices that the facility utilize a more uniformed and consistent practice of documenting internal administrative reports for allegation of sexual harassment and sexual abuse. The auditor found that the internal investigative report for the 2022 PREA investigation was very different than the reporting form used for the 2024 investigation, which made the audit review process difficult to identify and assess for compliance with all the applicable response and investigative standard provisions.

This suggestion was received well, and the PCM advised she will create an internal investigation checklist and ensure the ROP Internal Reporting documents are used for all administrative PREA investigations at the facility. Additionally, the facility provided the auditor with a newly created form, titled: 'Follow Up on Reports of Sexual Abuse.' This document will be used for situations involving alleged sexual abuse and sexual harassment that are reported to the Arkansas Child Abuse Hot Line and not accepted to be investigated by the State. The form outlines the steps to take in order to ensure the administrative notifications are made in a timely manner and clarification is received from the State agency on why an investigation was not open.

- **2022 Sexual Abuse Investigation Auditor Analysis:**

This sexual abuse allegation was against a Coach Counselor who was immediately placed on administrative leave upon the facility learning of the allegations and, subsequently, terminated as a result of the investigative outcome- substantiated for staff-on-resident sexual abuse. Due to the current Director of Group Living (DGL) being the supervisor on-shift when the allegations were first made by the resident victims in this case, he initiated the internal investigation promptly and ensured the first responder protocols and reporting requirements were completed in a timely manner. The DGL explained in his interview with the auditor how he initially interviewed each resident involved to gain clarity of the allegations being made, allowed each youth to write a statement, made the proper notifications to the administrative team at the facility, and contacted the Arkansas State Child Abuse Hotline to file the report. Furthermore, the Arkansas State Police and Arkansas Division of Youth Services were also notified of the allegations, and the Arkansas State Police opened an investigation into staff-on-resident sexual abuse at the MJTC. The DGL's internal investigative report for this situation was provided to the auditor and corroborated the DGL's testimony.

Due to the criminal nature of the case, the Arkansas State Police took over the investigation upon the report being made, with the criminal investigation conducted by the State Police taking precedence over the internal administrative investigation. The perpetrator in this case was charged and pleaded guilty to two counts of Sexual Assault in the First Degree- Jailer.

- **2024 Sexual Abuse Investigation Auditor Analysis:**

This sexual abuse allegation stemmed from two residents breaking facility rules and sleeping in the same room together, with one of the two residents alleging resident-on-resident sexual abuse after being confronted by an administrator when the rule violation was being investigated. The allegation was promptly investigated internally by the PCM and reported to the Arkansas Child Abuse Hotline and Arkansas Division of Youth Services. An internal investigative report was provided as part of the investigative file, as well as supplemental documents that showcased how the facility ensured a coordinated response was quickly executed pursuant to the applicable PREA standards. The allegation was determined to be unsubstantiated, with the preponderance of evidence standard used to assess the validity of the evidence reviewed. The PCM advised that there was no evidence to prove that the sexual abuse allegation more than likely occurred; however, the alleged staff neglect was found to be true. The staff who engaged in this staff neglect situation was immediately placed on administrative leave and, subsequently, terminated as a result of the internal investigation.

An email communication from the Arkansas State Police confirmed that the allegation was promptly received but not accepted for investigation by the State Police due to, as per the email: "Does not meet criterial set forth in Child Maltreatment Laws for Child Abuse or Neglect." Additionally, the alleged resident victim in this case initialed and signed off on the agency's 'Student Services Offered Acknowledgement' form, however, the alleged victim declined all victim services offered related to the elements of PREA standard 115.321 (c-e).

Additionally, a letter written by the Division of Youth Services that was sent to the Facility Director of MJTC was provided as part of this investigative file. This letter advised the Facility Director that concerns were identified regarding improper supervision and juvenile safety and a corrective action plan was required to be developed and provided to the Division of Youth Services within 10 business days. As per the email communications supplied to the auditor, this plan was submitted to the Division of Youth Services as requested, and a copy of the plan and the completed 'Administrative & Response Review' form were provided to the auditor to demonstrate the follow-up response after the allegation was investigated internally.

**Conclusion:**

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

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 411 378"><b><u>115.322</u></b></p> <p data-bbox="280 412 1315 445"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 517 1331 1093" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PAQ</li> <li>• Agency's Reporting &amp; Investigation Policy</li> <li>• Memorandum of Understandings (MOUs)</li> <li>• ROP Safe Environmental Standards (SES) Student Services Offered Acknowledgement Form</li> <li>• ROP SES PREA Administrative &amp; Response Review Form</li> <li>• Internal Notice of Potential SES Incident Form</li> <li>• Email Communications</li> <li>• ROP SES Coordinated Response Plan</li> <li>• Letter Sent to Sebastian County Sheriff's Office</li> <li>• Hamilton Center for Child Advocacy's Website</li> <li>• PREA Investigative File Review</li> <li>• Follow Up on Reports of Sexual Abuse</li> </ul> <p data-bbox="280 1133 459 1167"><b>Interviews:</b></p> <ul data-bbox="352 1238 1339 1395" style="list-style-type: none"> <li>• 12 Randomly Selected Coach Counselors (CC's)</li> <li>• PCM (Internal Administrative PREA Investigator)</li> <li>• Director of Group Living (Internal Administrative PREA Investigator)</li> <li>• Program Director (as Facility Head)</li> </ul> <p data-bbox="280 1435 762 1469"><b>Explanation of Determination:</b></p> <p data-bbox="280 1509 504 1543"><b>115.322 (a-c):</b></p> <p data-bbox="280 1583 336 1617"><b>(a):</b></p> <p data-bbox="280 1650 1417 1767">According to the agency's PREA Policy: The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="280 1807 1469 2092">It is important to clarify that the MJTC is not capable of conducting criminal investigation at the facility and only has the authority to conduct administrative internal investigations into allegations of sexual abuse and sexual harassment. All sexual abuse allegations/incidents are required to be immediately reported to the Arkansas State Police, Arkansas Division of Youth Services, and Arkansas Division of Children &amp; Family Services- with Arkansas State Police responsible for conducting the criminal investigation at the MJTC.</p>



Additionally, it is important to note that the facility is required, per agency Policy and in accordance with mandatory reporting laws of the State of Arkansas, to immediately report allegations of sexual abuse to the agencies listed below:

- The State licensing agency (Arkansas Division of Youth Services);
- Child Protective Services (Arkansas Division of Children & Family Services);  
and
- Local law enforcement (Sebastian County Sheriff's Office or Arkansas State Police).

Furthermore, the last two sexual abuse allegations made at the facility in the past two years were investigated by administrative internal investigators and by law enforcement, and the associated investigative documentation was provided to the auditor. Each file was examined by the auditor and the documentation included therein proved that each allegation was investigated pursuant to the applicable PREA standards.

The auditor interviewed 12 randomly selected CC's, and each staff confirmed that they are mandatory reporters and required to immediately report an knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, inappropriate sexual behavior, or staff code of conduct violations that are sexual/romantic in nature. Moreover, staff confirmed that any such allegation involving sexual abuse is required to be immediately reported to their immediate supervisor, the PCM, Arkansas State Police, and child protective services. The staff were also knowledgeable of the first responder protocols pursuant to PREA standard 115.364, which was shared to include immediately separating the victim from the alleged perpetrator, preserving and protecting the scene, and instruct the victim and perpetrator to take any action that could destroy usable physical evidence.

The auditor interviewed the Program Director, the Director of Group Living, and the PCM, and asked each administrator questions related to how allegations of sexual abuse and sexual harassment are handled at the facility. Each administrator advised they are trained internal investigations for PREA allegations, and they each shared in their individual interviews how all allegations of a sexual nature (sexual abuse and sexual harassment) are required to be immediately reported up the chain of command at the facility, as well as to the Arkansas Division of Youth Services, Arkansas Division of Children & Family Services, and, if criminal (sexual abuse allegation), to the Arkansas State Police. The administrators also explained how the internal investigative process is conducted from the initial notice to the conclusion and review. Additionally, the PCM helped the auditor review each internal investigative file, and the PREA Document Review Worksheet for Investigation and Response Records was used to assess for compliance with each applicable PREA standard.

**(b):**

As per the agency's PREA Policy: The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation

to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

As outlined in the provision (a) above, the agency has implemented a policy and requiring any staff, volunteer, or contractor to immediately report an knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, inappropriate sexual behavior, or staff code of conduct violations that are sexual/romantic in nature.

Additionally, the MJTC is required, per agency Policy and in accordance with mandatory reporting laws of the State of Arkansas, to immediately report allegations of sexual abuse to the agencies listed below:

- The State licensing agency (Arkansas Division of Youth Services);
- Child Protective Services (Arkansas Division of Children & Family Services); and
- Local law enforcement (Sebastian County Sheriff's Office or Arkansas State Police).

The auditor verified that the MJTC includes the following investigative policy on its website (Safe Environmental Standards - Mansfield Juvenile Treatment Center ([mansfieldjuvenilecenter.com](http://mansfieldjuvenilecenter.com))):

- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse will be reported to Arkansas Child Abuse & Maltreatment Hotline: 1-501-682-7669 the state police at: 1 State Police Plaza Dr, Little Rock, AR 72209, who have the legal authority to conduct criminal investigations.

The auditor interviewed the Program Director, the Director of Group Living, and the PCM, and asked each administrator questions related to how allegations of sexual abuse and sexual harassment are handled at the facility. Each administrator advised they are trained internal investigations for PREA allegations, and they each shared in their individual interviews how all allegations of a sexual nature (sexual abuse and sexual harassment) are required to be immediately reported up the chain of command at the facility, as well as to the Arkansas Division of Youth Services, Arkansas Division of Children & Family Services, and, if criminal (sexual abuse allegation), to the Arkansas State Police. The documents used by the facility to document the referrals of allegations of sexual abuse and sexual harassment for criminal investigation were provided to the auditor, and the PCM and auditor located these documents in each of the PREA investigative files examined. Furthermore, the PCM and Program Director advised the auditor that the notifications to law enforcement and child protective services are made via telephone and/or email, with email communications, incident reporting forms, and investigative reports

maintained to document the referrals.

**(c):**

The auditor confirmed that the following provision is included in the agency's PREA Policy: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The auditor verified that the MJTC includes the following investigative policy on its website (Safe Environmental Standards - Mansfield Juvenile Treatment Center (mansfieldjuvenilecenter.com):

- Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse will be reported to Arkansas Child Abuse & Maltreatment Hotline: 1-501-682-7669 the state police at: 1 State Police Plaza Dr, Little Rock, AR 72209, who have the legal authority to conduct criminal investigations.

*Note:* Details related to the auditor's "PREA Investigative File Review" are outlined in the previous standard section. The auditor utilized the 'PREA Document Review Worksheet Investigation & Response Records' worksheet for each investigative file to examine for compliance with the requirements of this PREA standard. No issues of non-compliance were identified.

In addition, the PCM advised that the facility has not had a sexual harassment allegation reported at the facility in the past 2 year audit review period; therefore, no proof documentation was provided to demonstrate how a sexual harassment investigation has been conducted. However, the PCM explained in her interview how most of the documents that were provided as part of the sexual abuse investigative files would be the forms she would use for an administrative investigation into alleged sexual harassment. Furthermore, throughout the auditor's compliance assessment process throughout all phases of the audit, no evidence was discovered to suggest there were any allegations reported of sexual harassment.

The staff and residents interviewed all shared how they could not recall any situation involving a sexual harassment situation at the facility.

**Conclusion:**

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

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **115.331**

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

- Agency's PREA Policy
- PAQ
- Samples of PREA Training Verifications
- PREA Training Curriculum for Staff
- ROP Training Academy Online Portal
- ROP Policy 100.112 (Workplace Diversity/Cultural Policy)
- ROP Policy 100.402 (Employee Protection-Whistleblower)
- ROP Policy 100.406 (Current & Former Student Anti-Fraternalization Policy)
- ROP Policy 100.407 (Acknowledgement & Reporting of Child Maltreatment)
- ROP Policy 600.600 (PREA Acknowledgement)
- Memo's Signed by PCM
- ROP SES/PREA Competency Based Knowledge Assessments

#### **Interviews:**

- 12 Randomly Coach Counselors (CC's)
- PCM
- Three Educational Staff
- Three Kitchen Staff

#### **Explanation of Determination:**

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

##### **(a):**

According to the agency's PREA Policy: The agency shall train all employees who may have contact with residents on:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- The common reactions of juvenile victims of sexual abuse and sexual harassment;
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse

between residents;

- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Relevant laws regarding the applicable age of consent.

The auditor interviewed a representative sample of security staff (CC's) from the facility, who all confirmed they have been trained on the eleven PREA training topics outlined above. The staff were asked open-ended questions regarding PREA training topics they remembered being presented during their most recent PREA trainings, and all the staff interviewed elaborated on several PREA related topics. As expressed by the staff interviewed, the PREA training consisted of mandatory reporting protocols; the agency's zero tolerance policy on sexual abuse, sexual harassment, retaliation, and staff neglect; taking proactive action to prevent sexual abuse and sexual harassment; first responder duties; resident search procedures; professional boundaries; trauma training; red flags for identifying a victim of sexual abuse; no age of consent in a juvenile facility; how to communicate with youth who identify as LGBTI, etc. The staff confirmed they received PREA training when they were first hired, before having contact with residents in the facility, and are required to attend PREA refresher trainings on an annual basis.

In addition, the CC's interviewed confirmed they completed the agency's PREA Competency Based Knowledge Assessment after completing their initial and applicable annual refresher PREA training courses. The staff elaborated further and shared how the PREA training is provided in-person and online through the ROP Academy courses. They indicated that they have watched numerous PREA training videos, with the PREA trainings usually lasting several hours to an entire 8 hour day.

The auditor also spoke with three full-time educators and three full-time kitchen staff, who are all employees of ROP at the MJTC, about the PREA training they have received at the facility. They all shared that they completed staff PREA training when first hired (during onboarding/pre-service), which was the same level of training that the CC's receive. Additionally, the educators and kitchen staff were asked to share how they would respond to an abuse or harassment situation at the facility, and each staff sufficiently articulated their understanding of ensuring the victim's safety, preserving and protecting the scene, immediately calling the on-shift supervisor and/or PCM/administrator, making the required calls to the state of Arkansas child protective services and Arkansas State Police, and documenting the situation on an incident report. The kitchen and education staff also elaborated on how they must remain on camera view when around residents, and safety practices related to supervision were described. Additionally, examples were shared related to the use of a seating chart and limits on the number residents allowed in the kitchen (limit is 2). They all confirmed that annual PREA refresher training is required and completed both online and through an in-person PREA training with the

PCM.

The auditor was provided the PREA training curriculum for staff, which was found to include, at a minimum, all the required training elements of this PREA standard provision. This level of training is provided to all staff when they are first hired, as well as during annual PREA training refreshers. The staff PREA training PowerPoint presentation was reviewed by the auditor and found to be a 57 slide presentation that includes, at a minimum, each of the staff PREA training elements required by this PREA standard. In addition to the PREA PowerPoint presentation, the PCM advised that staff also are provided training on several PREA related policies. These policies include, but are not limited to, information on workplace diversity and culture, employee whistleblower protections, current and former student anti-fraternization policy, and the mandatory abuse and maltreatment requirements.

Staff all sign an acknowledgement statement verifying that the PREA information and related policies were provided, as confirmed through the staff interviews and training verification documentation examined by the auditor.

**(b):**

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

The training curriculum was found to be sufficiently tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The auditor verified that the MJTC is an all male resident facility, and the training presented to staff was found to be tailored to the unique needs and attributes of the juvenile population at MJTC.

**(c):**

According to the agency's PREA Policy: The agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The auditor determined through the interviews conducted onsite and documentation review process that all staff are provided PREA refresher training on an annual basis. All the staff interviewed advised they are required to complete full PREA refresher training on an annual basis, with a training spreadsheet posted on the administrative building door that highlights the staff who are due for any refresher annually required trainings. The auditor noticed this staff training spreadsheet during the facility inspection process, and the PCM indicated she keeps this spreadsheet updated and makes updates as needed.

Additionally, the PCM provided the auditor a signed memo that clarified the following practice related to annual refresher PREA training for MJTC staff:

- All staff are required "annually" to take the UKG, "PREA and SES@ROP" as well as the "Policy 600.600 Prison Rape Elimination Act (PREA standard 115.331c).

**(d):**

The agency's PREA Policy states: The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

All twelve of the CC's interviewed stated they understood the PREA training they have received at the facility and confirmed signing an acknowledgement form after each PREA training session. Additionally, the CC's advised they completed the agency's PREA Competency Based Knowledge Assessment at the completion of each training session they attended.

**Staff PREA Training File Review:**

The auditor was provided with initial PREA training verifications for the last 12 staff hired at the facility, as well as a sample of veteran staff PREA training refresher verifications. Upon the auditor's analysis of the training verifications provided, the facility was found to be compliant with the PREA training requirements of this PREA standard in practice. No issues of concern were identified, and it is important to note that the training verifications included an acknowledgement of understanding that was signed by each staff member included in this review sample.

**Conclusion:**

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

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>115.332</u></b> <b>The following is a list of evidence used to determine compliance:</b>

- Agency's PREA Policy
- PAQ
- Samples of PREA Training Verifications
- PREA Training Curriculum for Volunteers & Contractors
- Memo's Signed by the PCM
- Corrective Action Plan
- Contractor/Volunteer Packet Check Sheet

**Interviews:**

- Representative Sample of Volunteers & Contractors (Two Contractors & One Volunteer)

**Explanation of Determination:**

**115.332 (a-c):**

**(a):**

According to the agency's PREA Policy: The agency shall ensure 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.

The auditor interviewed the two contractors and the one and only volunteer who have contact with residents at the MJTC. Each individual confirmed they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They were asked open-ended questions regarding PREA training topics they remembered being presented during their most recent PREA trainings, with examples of the training topics they recalled being: mandatory reporting protocols; the agency's zero tolerance policy on sexual abuse, sexual harassment, retaliation, and staff neglect; how to ensure resident safety; professional boundaries; red flags for identifying a victim of sexual abuse; no age of consent in a juvenile facility; etc. The two contractors and one volunteer communicated that they did not receive a full PREA training when they were initially allowed access to residents at the MJTC; however, this training was provided by the PCM soon after providing services at the facility.

It was determined through the PREA training documentation review for these three individuals that the PREA training was provided after they had access to residents at the facility. When this was discovered, the PCM was notified and quickly staffed the non-compliance situation with the MJTC management team. A corrective action plan was developed and shared with the auditor prior to the onsite. The plan is for the PCM to ensure all new volunteers and contractors are PREA trained before allowing them access into the facility. The training includes reviewing the staff PREA PowerPoint presentation with any new volunteer/contractor, providing hard copies of the PREA Policies, and requiring the volunteer/contractor to complete the PREA



Training Test for Volunteers and Contractors.

The auditor was provided the PREA training curriculum for volunteers and contractors, which was found to include, at a minimum, the required training elements of this PREA standard. This training, as noted above, includes the staff PREA PowerPoint 57 slide presentation, PREA Policies, and the agency's PREA Training Test.

Additionally, it is important to note that when the auditor first arrived at the facility, it was verified that above the sign in sheet for documenting who enters the facility, is a PREA statement that outlines the mandatory reporting protocols. Anyone, including any contractor or volunteer, who enters the facility must sign this sheet and indicate confirmation that the mandatory reporting protocols are understood.

**(b):**

As per the agency's PREA Policy: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor assessed that the level of PREA training provided to the volunteers and contractors at the MJTC is sufficient for the services provided and level of contact. The training is similar to the level of PREA training the staff receive, and the PCM advised that annual refresher PREA trainings will be required for all volunteers and contractors.

**(c):**

According to the agency's PREA Policy: The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

**Volunteer & Contractor PREA Training File Review:**

Even though it was determined that the initial PREA training was provided after the two volunteers and one contractor began providing services at the facility, the PREA training was proven to be completed and understood by these individuals soon after they began providing services. The auditor was provided with PREA training verifications, as well as the completed PREA Training Tests, for the two contractors and one volunteer who currently have contact with residents at the facility.

The PCM advised that she will provide any applicable new contractor or volunteer PREA initial training verifications during the corrective action period.

It is important to note that the volunteer and two contractors interviewed onsite all sufficiently articulated their understanding of the PREA training required by this PREA standard. For example, each individual was asked open-ended questions

related to the mandatory reporting protocols required for sexual abuse and sexual harassment, what zero tolerance means to them, how to ensure safe supervision practices, and what are the steps to take when a youth makes an outcry of abuse or harassment. The contractors and volunteer sufficiently shared detailed answers to each question that showcased their understanding of the PREA training received.

**Corrective Action Plan:**

- *The PCM will ensure all new volunteers and contractors are PREA trained pursuant to the requirements of this PREA standard before allowing them access into the facility by utilizes the facility's newly created Contractor/ Volunteer Checklist form. This checklist includes sections for the PCM to complete in order to verify that the required PREA training was provided and understood. For example, the checklist contains sections for the PCM to sign off that the following Policies and PREA training were provided: 100.107 (Oath of Confidentiality), 100.108 (Confidential Employee Information), 800.100 (HIPPA Privacy and Security), 600.600 (PREA), 600.115 (Operation Policy), staff PREA training, PREA Test, and PREA Acknowledgement Signature Sheet.*
- *Proof documentation of PREA training will be provided for any new volunteers/contractors allowed to enter the facility during the corrective action period.*

**Corrective Action Summary:**

During the corrective action period, the PCM provided the auditor with documentation verifying the training completed by the facility's newly contracted GED teacher, who commenced duties during this period. The training courses completed by the GED teacher included topics such as the agency's Safe Environment Standards (SES), the zero tolerance policy, professional boundaries, the oath of confidentiality, and the facility specific procedures for reporting sexual abuse and harassment. Additionally, the teacher received instruction on the PREA Policy Statement and the SES Brochure/How to Report materials.

The facility further demonstrated that the GED teacher had successfully completed and fully comprehended the training by submitting the completed Volunteer and Independent Contractors Training Test, along with signed training acknowledgment forms. These documents confirmed the teacher's understanding of the training provided during pre-service and their commitment to uphold the agency's standards.

**Conclusion:**

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

<b>115.333</b>	<b>Resident education</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="280 340 411 376"><b><u>115.333</u></b></p> <p data-bbox="280 412 1315 448"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="354 515 1292 882" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PAQ</li> <li>• Samples of PREA Orientation Verification Documents</li> <li>• Samples of PREA Comprehensive PREA Education Documents</li> <li>• Handbook</li> <li>• PREA Orientation &amp; Comprehensive PREA Education Documents</li> <li>• PREA Signs</li> <li>• Corrective Action Plan</li> <li>• Mansfield Student Intake Document Acknowledgement Form</li> </ul> <p data-bbox="280 922 459 958"><b>Interviews:</b></p> <ul data-bbox="354 1025 1187 1187" style="list-style-type: none"> <li>• 10 Residents (7 Random &amp; 3 Targeted)</li> <li>• 13 Randomly Selected Coach Counselors (CC's)</li> <li>• Two Intake Staff Members (Therapist and Case Manager)</li> <li>• Program Director (PD)</li> </ul> <p data-bbox="280 1227 699 1263"><b>Site Review Observations:</b></p> <p data-bbox="280 1299 1481 1711">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 in each of the six resident cottages, hallways throughout the entire complex, education building, medical area, multi-purpose room, administrative area, visitation area, and front lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Additionally, a test call was conducted to the Arkansas Child Abuse Reporting Hotline, and interpreting services were confirmed to be available by the state of Arkansas on an as needed basis. This call was initiated by a resident (upon the auditor's request), and no personal identifier or requirement to self-identify was required.</p> <p data-bbox="280 1747 1458 1908">The PREA signs included PREA information for residents pursuant to the PREA standards, such as information on their rights, the agency's zero tolerance policy, the multiple ways to make a PREA report, and how to contact the outside reporting hotline and outside victim services.</p> <p data-bbox="280 1944 1474 2060">In addition, the auditor took part in a mock intake that was conducted by one of the therapist onsite in his office in the administrative building. The therapist conducted this mock intake with the auditor being regarded as a new resident who is going</p>

through the intake process upon being admitted into the facility from the state's assessment facility. The therapist began the intake by first introducing himself and going over what the intake process consists, as well as making it clear on why it is important to ask any questions at any point during the intake process to ensure a full understanding is achieved of all the information presented. The therapist provided the auditor with each document that is used during the intake process, to include the Vulnerability Assessment screening tool and PREA orientation and educational documents and acknowledgement forms. These documents were presented to the auditor in the same manner as provided to any newly admitted resident, with the Resident Handbook, PREA brochures specific to the MJTC, envelopes with the MJTC return address written on each, and other program documents all placed in orange folder that all residents receive and are allowed to take with them when going to their assigned housing unit. The therapist described how the PREA video is played during this initial intake process, as well as shown to all newly admitted residents again within 10 days of being at the facility. The auditor ensured the auditor understood all the PREA orientation and PREA educational material presented by asking questions and showing the auditor the acknowledgement forms that are signed by staff conducting the intake and the newly admitted resident. During this process, the auditor also verified that the initial PREA orientation process includes a comprehensive review of the PREA information as required by this PREA standard and is provided as soon as a new resident arrives at the MJTC. Additionally, within 10 days of being at the facility, all new residents are provided a one-on-one meeting with a therapist and/or Case Manager who provides the 10-day comprehensive PREA education as required by provision (b) of this PREA standard.

Furthermore, during the onsite, the auditor confirmed that the PREA documents provided to all newly admitted residents includes, at a minimum, the required elements pursuant to this PREA standard. For example, the auditor asked multiple residents if they had any PREA educational documents in their rooms, and the residents were able to show the auditor the PREA educational material they kept in their rooms that included the MJTC PREA Brochure and other PREA related educational documents and forms.

Additionally, during the facility inspection, the auditor had informal conversations with residents and staff about the resident PREA education process, and they all confirmed that PREA information is posted throughout the MJTC in English and Spanish and all youth have access to PREA informational documents that are widely available throughout the facility's complex. The auditor spoke with the Student Council President while onsite, and this resident not only showed the auditor the PREA documents he had in his room but also shared that he provides resident PREA educational workshops to other residents on a regular basis. Furthermore, multiple staff were onsite who were bilingual in Spanish and English, who advised the auditor that they are able to assist with translation and interpretation on an as needed basis for any youth whose primary language is Spanish. However, it is important to note that in all the interactions the auditor had during the onsite, no residents were identified as limited English proficient.

**Explanation of Determination:**

**115.333 (a-f):**

**(a & b):**

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

The auditor was provided in the Online Audit System (OAS) the PREA related documents that are used during the intake process to inform all newly admitted residents the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There is also an acknowledgement form that is used during the intake process that was provided in the OAS. This form is required to be signed by the resident and staff member assigned to the youth's intake to document the resident's confirmation of his/her understanding of the PREA orientation presented. Samples of these signed PREA orientation acknowledgements were provided to the; however, upon examination by the auditor, it was determined that the PREA orientation and educational acknowledgements were provided at the Arkansas Juvenile Assessment & Treatment Center (AJATC) and not at the MJTC. AJATC is the facility all MJTC residents first enter before being transported to MJTC. When this issue was discovered, it was shared with the PCM, and MJTC management took immediate action to develop and implement a corrective action plan prior to the onsite.

The auditor interviewed a representative sample of residents at the facility (7 random and 3 targeted), who were all asked if they remembered being provided a PREA orientation during the intake process when they first arrived at the facility. Most all the residents shared how they were not provided this PREA information at the MJTC during their intake process when they first arrived, but that they did receive this information and watched the PREA video at the AJATC facility. However, it is important to note that each resident sufficiently explained multiple ways to make a PREA report, they all understood their rights related to PREA, and all the residents were knowledgeable in the agency's zero tolerance policy.

The auditor interviewed one Case Manager (CM) and a licensed therapist during the onsite, who both are able to conduct the intake PREA orientation and comprehensive PREA education process with newly admitted residents. Each staff member shared the newly updated procedures of reviewing the PREA orientation material with all newly admitted residents as soon as they arrive at the facility (within a hour or two) and conducting the comprehensive PREA resident education within 10 days of each resident's arrival at the facility. The comprehensive education includes not only the one-on-one review of PREA with the resident but also showing the PREA comprehensive education video and having the youth sign the PREA acknowledgement form. Specific to the initial PREA orientation process, the therapist and CM interviewed indicated that they ensure residents are provided

the information in an age-appropriate fashion that covers the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Furthermore, they explained how they have been specially trained to ensure all residents, regardless of their level of intelligence or comprehension, are presented the PREA information in a manner that ensures a full understanding of the information presented.

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

As noted in above, the MJTC was found to not be in compliance with the requirements of this PREA standard due to the fact PREA orientation and comprehensive PREA education provided to each resident at AJACT and not at the MJTC. The corrective action plan for this deficiency was implemented prior to the onsite and further information is outlined in the Corrective Action section, below.

The auditor interviewed a representative sample of residents at the facility, who were all asked if they remembered being provided a comprehensive PREA education after the intake process was completed. The majority of the residents shared how they were provided the PREA comprehensive education (PREA video) at the AJACT and not at the MJTC. They explained how this comprehensive education session refreshed them on their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. In addition, all the residents confirmed they understood the information provided and shared with the auditor what zero tolerance meant to them, the different ways to make a PREA report at the facility, their rights to be free from any type of abuse/harassment/retaliation, and the facility's policies and procedures for responding to such incidents.

**(c):**

According to the agency's PREA Policy: Residents shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

This was found to not be true in practice at the MJTC prior to the onsite; however, this issue has since been resolved and the necessary corrective action has been fully implemented and provided to the auditor.

Upon interviewing a therapist and CM onsite, the updated practice of providing the PREA orientation and comprehensive PREA education have already been implemented and in full effect, as proven through the verification documentation provided thus far.

**(d):**

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

In addition, the auditor was provided with agency Policy 600.401, which states that residents at the MJTC have the following rights pertinent to the requirements established by this PREA standard:

- to have access to telephones in order to make and receive confidential calls in accordance with the student's needs and individual treatment plan and in accordance with program guidelines;
- to have access to a telephone to make confidential calls to his/her authorized representative; and
- to have unopened mail sent and received freely in accordance with the students individual
- treatment plan and ROP policy.

ROP Policy 600.906 was also provided to demonstrate how the facility is required to provide culturally responsive services, such as:

- training all staff on culturally competency;
- providing materials to residents in their language; and
- the requirement for ROP residents to be treated fairly and respectfully without regard to age, ethnicity, race, sex, religion, national origin, creed, tribal affiliation, ancestry, gender identity, sexual orientation, marital status, genetic information, socio-economic status, physical or intellectual disability, ability to pay, mental illness, and/or cultural and linguistic need.

The PCM provided the auditor with two signed memo's that state the following:

- Per the Lead Therapist at MJTC, Case Managers meet with each student and explain their rights and PREA information. If needed due to a resident's inability to fully comprehend the PREA information provided during the intake process, the Case Managers will make any necessary accommodations to explain further and ensure a full understanding of the PREA material is achieved. If needed, additional follow-ups with the Lead Therapist can be provided.

MJTC has a contract with Arkansas Spanish Interpreters & Translators (ASIT) that specializes in translation and interpreting services that is used when needed on a case-by-case basis. The auditor reviewed the ASIT website and confirmed that ASIT is a full-service language agency that provides all forms of interpretation and translation services. The service offering includes in-person interpretation, document translation, telephone interpretation, video remote interpretation, and document translation in over 200 foreign languages and American Sign Language

(ASL).

The auditor interviewed two residents who were identified by the educational staff to receive special education services at the facility. These residents were able to sufficiently articulate the multiple ways to make a PREA report at the facility, confirmed they have never been in a situation that involved sexual abuse or sexual harassment while at MJTC, and were knowledgeable of their rights as a resident.

The residents shared that they were aware of the PREA signs posted throughout the facility and named several staff who they trusted and had a good rapport with. The residents also confirmed they met with the nurse as soon as they arrived at the facility and met with a therapist the first week and then about every week since then.

The auditor interviewed the MJTC Program Director (PD), who confirmed that the facility will take the necessary 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. The PD advised that residents are provided access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. He also shared that the facility ensures that written materials are provided in formats to ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The PD explained how all youth admitted into the facility are pre-screened by the administrative team to ensure the residents who are accepted into the program have the ability to be successful. For residents who may require additional services to comply with this PREA standard, the PD indicated that specialized services would be provided on a case-by-case basis to ensure all youth admitted are given the equal opportunity to succeed at MJTC.

**(e & f):**

According to the agency's PREA Policy: The agency shall maintain documentation of resident participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

As noted previously in this section, the facility was found to be out of compliance with the requirements of this PREA standard; however, the PCM and Program Director took immediate action to ensure that a compliant corrective action plan was fully implemented prior to the onsite.

**Resident PREA Orientation and Comprehensive Education File Review:**

The auditor was provided PREA orientation acknowledgments, as well as comprehensive PREA education verification forms for the last 12 residents admitted into the facility to assess for compliance with the requirements of this PREA standard in practice at the facility. Upon the auditor's review, it was found that the



PREA orientation and comprehensive PREA education were being provided at the AJATC and not at the MJTC. This non-compliance issue was addressed prior to the onsite, and since then, the youth who have been admitted into the facility since September 26th, 2024, have all been provided the required PREA orientation when they first arrive at MJTC (within hours) and the required comprehensive PREA education within 10 days. The proof documentation for each resident admitted into the facility since this date have been, and will continue to be provided to, the auditor to demonstrate how the facility has rectified the non-compliance issue for PREA standard 115.333.

As of the date of this Interim Report, the auditor has been provided signed Student Acknowledgement of Zero Tolerance Policy and Student Additional Education Acknowledgement forms for the last four residents admitted since 9/26/24. In addition, the facility developed a new acknowledgement resident intake checklist form that includes an acknowledgement of understanding statement, which is titled: 'Mansfield Student Intake Document Acknowledgment.' This new form was completed for each of the last four intakes during the initial corrective action period and provided to the auditor. The form includes sections for each admitted resident to initial in order to confirm they were provided and understand: the MJTC newly updated Resident Handbook, MJTC Program Statement, PREA and Safe Environment Standards Student Brochure, PREA Video, ROP Student Rights/Privileges/Responsibilities, Grievance Procedures, MJTC Letter Writing/Mail Procedures, Phone Call and Visitation Procedures, and MJTC Code of Conduct. This document also includes the date and time the youth was admitted into the MJTC and requires the resident and a staff witness to date and sign off on the form. Each of the proof documentation provided as of the date of this interim report for the four residents admitted were found to be compliant with the requirements of this PREA standard. However, a larger sample size is required to determine full compliance in practice.

During the corrective action period, the PCM and PD advised that the auditor will be emailed the resident PREA orientation and comprehensive education proof documentation for all youth admitted during this corrective action period.

**Corrective Action Plan:**

- *MJTC has already provided a Student's documentation/PREA Checklist regarding PREA orientation and comprehensive PREA education (Mansfield Student Intake Document Acknowledgment).*
- *MJTC will continue to make this a part of the orientation for the student athletes who transition to MJTC.*
- *The MJTC Student Handbook has been revised, updated, and provided to the auditor.*

**Corrective Action Summary:**

During the corrective action period, the PREA Compliance Manager (PCM) provided the auditor with intake documentation for ten (10) residents who were admitted to

	<p>the facility following the implementation of the corrective action plan for this specific PREA standard. Upon thorough review of the provided documentation, the auditor confirmed that the facility adhered to the required PREA protocols. Specifically, each resident received the initial PREA orientation during the intake process, followed by comprehensive PREA education within the mandated 10-day timeframe after arrival.</p> <p>The intake documentation included several signed and dated forms, ensuring compliance with PREA standards. These forms included: 'Mansfield Student Intake Document Acknowledgment,' 'Program Orientation Checklist,' 'Intake Checklist,' and 'Safe Environmental Standards Student Additional Education Acknowledgment.' Furthermore, each staff member responsible for providing the initial PREA orientation and comprehensive PREA education also signed and dated the corresponding forms, confirming their involvement and ensuring accountability.</p> <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 facility meets the elements of this PREA standard and no further corrective action is required at this time.</b></p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.334</u></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>• PAQ</li> <li>• Samples of Specialized Training Verifications for Administrative Investigators</li> <li>• Specialized Training for Investigators Curriculum</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Internal Administrative Investigators (PCM &amp; Director of Group Living/DGL)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.334 (a-c):</b></p>

**(a & b):**

According to the agency's PREA Policy: In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The facility's PCM and DGL have been designated as administrative internal investigators for PREA allegations/incidents at the MJTC. They were found to have completed the required specialized investigator training, with training verification documents provided to demonstrate compliance with this PREA standard.

Furthermore, each of these administrators were interviewed and asked questions associated with the agency's policy on conducting administrative investigations at the MJTC. These internal investigators were knowledgeable in the techniques for interviewing juvenile sexual abuse victims, the 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, the PCM and DGL described in their own words the process of conducting an internal investigation into a PREA allegation and walked the auditor through each step that included taking statements, interviewing all involved, reviewing surveillance footage, contacting law enforcement, documenting the evidence collected in a report, the process of analyzing the evidence, and how they each determine if enough factual evidence is present to substantiated a case of sexual abuse or sexual harassment through using the preponderance of evidence standard of proof.

As per the agency's PREA Policy: Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor was provided the training curriculum/topics that were included in the internal administrative investigators' most recent investigator training, which included (at a minimum) the above investigative elements. In addition, the auditor interviewed the PCM and DGL, who both sufficiently explained in their individual interviews that they were trained on the investigator training elements required by this PREA provision.

**(c):**

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

As noted above, specialized PREA investigative training verification documents were provided to the auditor and no issues of non-compliance were identified.

**Conclusion:**

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

**115.335 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.335**

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

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

**Interviews:**

- Medical Professional (Two Registered Nurses)
- Mental Health Professional (MHP)

**Explanation of Determination:**

**115.335 (a-d):**

**(a):**

According to the agency's PREA Policy: The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor was provided the PREA training curriculum that all MHP and medical professionals at the facility are required to complete. Upon the auditor's review, it was clear that this training includes, at a minimum, the training elements required

by this PREA provision. In addition, the MHP and medical professionals interviewed all confirmed they have completed this specialized PREA training, as well as complete mandatory PREA staff training on an annual basis. They were able to sufficiently describe the PREA training they completed, which is not only the same training that all security staff receive but also the specialized PREA training published by the PREA Resource Center for medical and mental health professionals.

**(b):**

The auditor confirmed that the facility does not conduct any type of forensic examination at the facility. This would be conducted at the local hospital by a certified SANE/SAFE nurse. This was confirmed by the medical professional interviewed.

**(c):**

The agency's PREA Policy states: The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

PREA training verifications were provided to the auditor for a representative sample of the MHP's and medical professionals who have contact with residents at the facility, and upon the auditor's review, the facility was found to be compliant with the requirements of this PREA standard.

**(d):**

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

The auditor confirmed that all MHP and medical professionals at the facility have completed the employee PREA training pursuant to the training elements of PREA standard 115.331 and 115.335. It is important to note that all the medical and mental health professionals at the facility are full-time employees and, therefore, are required to complete the training as required by standards 115.331 and 115.335.

**Conclusion:**

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

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **115.341**

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

- Agency's PREA Policy
- PAQ
- Risk Screening Form (Vulnerability Assessment Instrument)
- Samples of Risk Screenings Completed
- Samples of Periodic Risk Screening Re-Assessments
- Corrective Action Plan and Corresponding Proof Documentation
- Memo's Signed by the PCM
- ROP Policy 800.405 (Assessment for Risk)

#### **Interviews:**

- Residents (7 Random and 3 Targeted)
- Intake Staff (Therapist & Case Manager)

#### **Site Review Observations:**

Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard. The risk screening forms were found to be securely maintained in a locked area and on camera view, with no unrestricted access allowed. Additionally, during the mock intake conducted by one of the therapist onsite, the Vulnerability Assessment (VA) risk screening assessment was shared with the auditor. The therapist described each element of this assessment and how the risk screening tool is used to identify residents who are at risk of sexual victimization or abusiveness. Additionally, the auditor confirmed that the VA's are conducted in a private and confidential setting, with all being conducted by a licensed therapist or Case Manager in their individual office within a few hours of a youth first being admitted into the facility.

#### **Explanation of Determination:**

##### **115.341 (a-e):**

##### **(a):**

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

One of the facility's full-time therapist and a Case Manager (CM) were interviewed onsite and confirmed the practice of a full-time licensed therapist conducting the

facility's risk screening tool during the intake process, when a youth first arrives at the MJTC. It was further clarified that the risk screening is conducted in order to effectively obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. However, it was explained how this is a new procedure for the MJTC since the VA's were previously conducted at the AJATC and not conducted at the MJTC prior to the non-compliance being identified. The therapist and CM advised that prior to the corrective action, each resident admitted into the MJTC would arrive with their VA that was completed while they were at the AJATC, and this was used to identify risk and make housing and programming assignments. The therapist and CM advised that they do not conduct periodic VA re-assessments; however, all youth do meet with a therapist and CM at least once or twice per month.

The auditor asked each of the 10 residents interviewed whether they remembered any of the VA questions being asked when they arrived at the MJTC, with the residents sharing that they were not asked these questions at the MJTC. However, the residents did indicate that they were asked the VA questions when they first arrived at the AJATC when they first arrived. Additionally, none of the residents indicated they have been asked the VA screening questions periodically throughout their stay at the MJTC; however, each resident confirmed they meet with their Case Manager and therapist at least once or twice per month.

**(b & c):**

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

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

The auditor was provided the agency's VA that is used to comply with the requirements of this PREA standard to reduce the risk of sexual abuse by or upon a resident. Upon the auditor's review, this risk assessment form was found to include

all the elements of this PREA standard provision.

The therapist interviewed explained how the questions on this risk screening form need to be asked in order to ensure the validity of the screening. For example, it was shared that certain questions are very close-ended and objective, such as age, offense history, and diagnosed disabilities; however, other questions are more subjective and sensitive that require having a conversation with the resident. This was explained as to why it is vital to conduct the risk screening in a private and confidential setting to ensure the youth feels safe and answers honestly.

**(d):**

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

This process of ascertaining information for the risk screening through conversations and intake paperwork was described by the therapist interviewed as a critical element of ensuring the validity of the risk screening process is achieved. The case file for each resident is accessible by therapist and CM and all pertinent assessments and relevant documentation completed at the prior facility (AJATC) are available either on the agency's electronic case file system or provided as hardcopies.

**(e):**

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

The therapist and CM onsite confirmed the facility's procedures for ensuring all sensitive information is securely stored in a locked area and on 24/7 video surveillance or saved on a secure electronic filing system. Only those staff members who as per a matter of policy and specific job duties are allowed to have access to the risk screening forms. Furthermore, the Lead Therapist advised that the facility is currently transitioning to a fully electronic storage system, with all paper copies uploaded to the secure system. The electronic file system was explained to be secure and only those with authorized access credentials have access. Currently, the hard copies are being stored securely until the new upload system is fully vetted for any issues.

**Non-Compliance Issues:**

Prior to the onsite, the VA's were provided for the last 12 residents admitted into the facility, and upon the auditor's review, all 12 were found to have been completed at the AJATC and none were conducted at the MJTC. This issue was shared with the PC



and PD, who immediately developed a corrective action plan. This plan was shared with the auditor and found to be sufficient. Additionally, since the plan was implemented in September 2024, examples of completed VA's that were conducted at the MJTC for the last four residents admitted were provided. These were found to be fully compliant with all the requirements of this PREA standard and during the corrective action period, the auditor will be provided additional VA's completed for all future residents admitted into the facility.

As for the "periodic" re-assessment requirement associated with provision (a), the facility will need to develop a corrective action plan for this deficiency. Even though the auditor found that all residents meet with a CM and therapist multiple times per month, the facility needs to develop a method for documenting how the periodic re-assessment is conducted pursuant to provision (a) of this PREA standard.

**Corrective Action Plan:**

*MJTC has already provided student documentation regarding the Vulnerability Assessments conducted for the last four students admitted since the corrective action was implemented in September 2024, and MJTC will continue to make this a part of the orientation/transition for the student athletes who transition to MJTC, pursuant to 115.341 and 115.342.*

*During the corrective action period, the PCM advised she will provide the auditor with each VA conducted for each resident admitted into the program during this time period in order to demonstrate compliance in practice and full institutionalization.*

*Periodic re-assessments will be conducted using the agency's VA for each resident every 6 months they are at MJTC. Samples of completed periodic VA's will be provided to the auditor during the corrective action period.*

**Corrective Action Summary:**

During the corrective action period, the PREA Compliance Manager (PCM) provided the auditor with completed Vulnerability Assessments (VAs) for ten (10) residents admitted to the facility following the implementation of the corrective action plan for this specific PREA standard. Upon thorough review of the documentation, the auditor confirmed that the facility complied with the required PREA protocols. Specifically, each VA was completed within 72 hours of each resident's arrival at the Mansfield Juvenile Treatment Center (MJTC). The facility effectively utilized the VA, along with other intake information, to assess and mitigate the risk of sexual abuse, both by and upon residents.

Additionally, the auditor was provided with completed periodic VAs for a sample of residents who had been at the facility for at least six months. These additional assessments successfully demonstrated how the facility conducts periodic risk screenings to reduce the risk of sexual abuse by or upon a resident after the intake process, as required by provision (a) of this PREA standard.

	<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 facility meets the elements of this PREA standard and no further corrective action is required at this time.</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><u>115.342</u></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>• PAQ</li> <li>• Risk Screening Form (Vulnerability Assessment Instrument)</li> <li>• Samples of Risk Screenings Completed</li> <li>• Corrective Action Plan and Corresponding Proof Documentation</li> <li>• Memo's Signed by the PCM</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Residents (7 Random and 3 Targeted)</li> <li>• Intake Staff (Therapist &amp; Case Manager)</li> <li>• Medical Professionals (Registered Nurses)</li> <li>• Lead Therapist</li> <li>• PCM</li> <li>• PC</li> <li>• Program Director (PD)</li> <li>• Full-Time Teachers</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor confirmed that none of the students at the facility were isolated in a room due to a PREA related situation. Additionally, the facility did not house youth who identified as LGBTI in specialized housing. Each shower room in each of the six cottages (housing units) are individual shower rooms that are locked at all times. Throughout the onsite, the auditor did not observe a resident who identified as LGBTI, and this was also proven to be true through the</p>

Vulnerability Assessment review process.

**Explanation of Determination:**

**115.342 (a-i):**

**(a):**

According to the agency's PREA Policy: The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The auditor discussed the above procedure with a therapist who conducts intakes and the Lead Therapist, who both explained in their individual interviews how the agency's Vulnerability Assessment (VA) risk screening tool is used to make the safest and most appropriate housing, bed, program, and education assignments.

Since all residents at the facility are juveniles, no work opportunities are available.

However, as noted in section 115.341, the VA's for the residents prior to the onsite were conducted at the resident's intake facility, AJATC, and the VA were transferred to MTJC to be reviewed for housing, bed, programming, and educational assignments. Since the non-compliance issue has been addressed, all the youth admitted from September thereafter have been screened using the agency's VA at the MTJC upon their admission. The Lead Therapist advised that a therapist now meets with every resident who is admitted into the facility within a 24 hour period and conducts the VA, as well as provides the PREA resident education. As for the housing and programming assignments, the Lead Therapist and Case Manager advised that they meet with the Director of Group Living to discuss the safest assignments for each resident. This meeting allows for a conversation to be had regarding any concerns identified through the intake process or from the youth's detention at the previous intake facility (AJATC). If a youth were to be at risk of victimization or abusiveness, housing and programming assignments would be made by the team to prevent any such abuse or harassment from occurring. This process was also verified by the Director of Group Living, who is in charge of living and program arrangements for all the residents. The DGL advised that he works closely with the management team to ensure all the youth at the MTJC are safe and free from sexual abuse and sexual harassment.

The auditor asked each of the 10 residents interviewed whether they remembered any of the VA questions being asked when they arrived at the MJTC, with the residents sharing that they were not asked these questions at the MJTC. However, the residents did indicate that they were asked the VA questions when they first arrived at the AJATC when they first arrived. Additionally, none of the residents indicated they have been asked the VA screening questions periodically throughout their stay at the MJTC; however, each resident confirmed they meet with their Case Manager and therapist at least once or twice per month.

The PCM also shared how the agency's VA is used in practice at the facility to ensure all youth are safe and free from sexual abuse. She explained the facility's

corrective action plan for ensuring that every resident admitted into the MJTC is screened with using the agency's VA within 72 hours of their arrival at the facility. Since most all the intakes are pre-scheduled and the facility is fully staffed with having a full-time therapist every day onsite, the PCM advised that the facility will always be able to ensure a licensed therapist conducts the VA within 24 hours of a residents arrival at the facility.

In addition, the auditor utilized a sample of VA's for the last 12 residents admitted prior to the onsite to evaluated for compliance with PREA standard 115.342. As noted in the previous standard section, these VA's were found out of compliance due to the fact they were conducted at the State's intake facility (AJATC) and not conducted at MJTC. It was discovered that the VA's conducted for each resident at AJATC were used for the housing and programming assignments at MJTC. Therefore, the facility was found to be out of compliance with this PREA standard.

**(b):**

The agency's PREA Policy states: Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

It was confirmed by the PD, PCM, and DGL that the facility is required to provide daily large-muscle exercise and any legally required educational programming or special education services to all residents, regardless if a youth is in a room or programming. Additionally, the facility is unable to isolate a resident in their rooms during programming beyond an hour without justification and authorization provided by the State governing agency (Arkansas Division of Youth Services). The administrators advised that they could not recall a situation involving placing a resident in a room for a PREA related matter in the past 12 month audit review period. Furthermore, the PD shared how if a situation required the administration to isolate a resident in a room as a very last resort due to a PREA related situation, the PD would be able to discharge the resident from the facility as soon as possible due to not being able to secure a youth in a room long-term. The PD also advised how the administrative team can move residents around with having five housing units to work with, which ensures all residents are provided daily access to large muscle exercise and legally required education or special education services in the facility.

In addition, the auditor interviewed three full-time teachers onsite, who all advised they provide all residents with educational services as required by the State of Arkansas. The teachers confirmed they have never been made aware of a resident who was isolated in a room and restricted from being provided their legally required education.

The full-time registered nurses, Lead Therapist, and a full-time therapist onsite all

shared how they have full access to all residents in the facility without restriction. Furthermore, these professionals all confirmed that they have not been made aware of a situation in which a resident was isolated in a room due to a PREA related situation. The 10 residents interviewed also confirmed they have full access to medical and mental health professionals, with the residents sharing how they meet with a therapist two to three times per month and a nurse daily if taking medications. No residents during the onsite were identified by the auditor to be isolated in a room due to being at risk of sexual victimization. All the youth were programming during the initial facility inspection, and medical and mental health staff were seen throughout the facility working with residents.

**(c):**

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

The residents and staff interviewed confirmed that they have never learned of a situation at the facility that involved a resident placed in a particular housing, bed, or other assignments solely on the basis of identification. The PC and PCM each confirmed that there is no special housing for residents who identify LGBTI and all youth are treated with respect and dignity regardless of their identification status. It was further explained how the Vulnerability Assessment screening tool asks if a youth identifies as straight or LGBTI; however, this information is used as one portion of the screening instrument by the mental health department and Group Living to assess the risk of victimization in order to protect vulnerable residents and prevent sexual abuse.

During the facility inspection, the auditor did not observe any housing unit used for housing a specialized group of residents who identify a certain way. Furthermore, no residents were observed during the onsite who identified as LGBTI and this was confirmed through the documentation review process onsite.

**(d):**

According to the agency's PREA Policy: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The PCM confirmed that the facility takes all situations involving a transgender or intersex resident seriously to ensure the youth is safe and free from bullying, abuse, and harassment at all times. Furthermore, for any transgender/intersex resident admitted into the facility, the facility's management team will consider on a case-by-case basis the safest housing and programming assignments, with ensuring the resident's health and safety, and whether the placement would present

management or security problems. This was also confirmed by the PD and Lead Therapist, with each professional advising that a staffing with the facility's management team would be conducted prior to youth arriving at the facility who identifies as transgender/intersex in order to consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The PD described a youth who was previously in the MJTC who identified as transgender, and this youth's situation was staffed by the management team to ensure the youth was safe and free from bullying, harassment, and abuse. The PD indicated that the youth is no longer at the facility, but while at the facility, the youth was provided counseling services and did well in the program.

**(e-i):**

As per the agency's PREA Policy: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Every 30 days, the facility shall afford each resident described in provision (h) of this PREA standard a review to determine whether there is a continuing need for separation from the general population. If a resident is isolated pursuant to provision (b) of this PREA standard, the facility shall clearly document:

- The basis for the facility's concern for the resident's safety; and
- The reason why no alternative means of separation can be arranged.

The auditor interviewed the PCM and Lead Therapist, who sufficiently explained how the procedures detailed above would be implemented to ensure a resident who identifies as transgender or intersex is kept safe and protected from bullying, abuse, harassment, and harm. Furthermore, they indicated how a youth who identified as transgender/intersex would be afforded the right to shower alone since all youth are afforded this due to all showers being individual shower rooms and locked. The PCM and Lead Therapist also described how the placement and programming would be continually assessed by management to ensure no issues are present related to the youth's safety, with an assigned therapist ensuring the youth is met with on a weekly basis.

During the onsite, no youth were observed as identifying as transgender/intersex. This was also confirmed through the documentation review, including the review of a large sample of VA's.

**Corrective Action Plan:**

*Due to the facility not conducting the VA's at the MJTC and relying on the intake facility (AJATC) to conduct this screening, the facility was found to be out of*

*compliance with the requirements of this PREA standard. This issue was discovered prior to the onsite, and the PCM and PD took immediate action to develop and implement a corrective action plan to ensure full compliance going forward.*

*MJTC has already provided student documentation regarding the Vulnerability Assessments conducted for the last four students admitted since the corrective action was implemented in September 2024, and MJTC will continue to make this a part of the orientation/transition for the student athletes who transition to MJTC, pursuant to 115.341 and 115.342.*

*During the corrective action period, the PCM advised she will provide the auditor with each VA conducted for each resident admitted into the program during this time period in order to demonstrate compliance in practice and full institutionalization of this PREA standard.*

**Corrective Action Summary:**

During the corrective action period, the PREA Compliance Manager (PCM) provided the auditor with completed Vulnerability Assessments (VAs) for ten (10) residents admitted to the facility following the implementation of the corrective action plan for this specific PREA standard. Upon thorough review of the documentation, the auditor confirmed that the facility complied with the required PREA protocols related to this PREA standard. Specifically, each VA was completed within 72 hours of each resident's arrival at the Mansfield Juvenile Treatment Center (MJTC) and were used to determine the safest and most appropriate housing and programming assignments.

**Conclusion:**

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

115.351	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.351</u></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>• PAQ</li><li>• PREA Signs (English &amp; Spanish)</li><li>• Grievance Documents</li></ul>

- ROP Policy 600.402 (Student Problem Solving & Grievance Policy)
- ROP Policy 600.401 (Student Rights & Privileges Acknowledgement)
- ROP Policy 800.407 (Sexual Abuse Reporting & Follow Up)
- Outside Reporting Hotline Phone
- Memo's Signed by PCM

**Interviews:**

- 10 Residents (7 Random & 3 Targeted)
- Intake Staff (Therapist and Case Manager/CM)
- 13 Randomly Selected Coach Counselors (CC's)

**Site Review Observations:**

During the onsite phase of the audit, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility. These signs were easy to read, undamaged, and strategically placed for all students to access easily. The PREA signs included PREA information for residents pursuant to the PREA standards, such as their rights, the agency's zero tolerance policy, the multiple ways to make a PREA report, and how to contact the outside reporting hotline.

Additionally, the auditor observed Grievance and Sick Call Boxes that were located on the wall in each building at the facility, including the educational building, dining hall, administrative building, and in each housing unit (cottage). These boxes were secured with a lock, and the Director of Group Living and PC advised during the walk through that the boxes are checked by an administrator on a daily basis. The secure boxes allow for residents to drop a grievance or any type of note or letter directly in the secure boxes without other staff or residents knowing. This allows residents to report directly to administration confidentiality, and if wanted, anonymously.

The auditor also requested one of the residents to help the auditor conduct test calls to the multiple outside reporting entities, in which the resident graciously agreed to assist. The resident called from a private office the Arkansas Child Abuse Hotline, State of Arkansas Juvenile Ombudsman, and the Hamilton House Child Safety Center. The calls were placed on speaker phone, so that the auditor could advise the operators of the test call and confirm if a resident can make a report to each entity. The call center operators confirmed that a resident from the MJTC can make a report of sexual abuse, sexual harassment, retaliation, or staff neglect by making the call at any time. Additionally, the operators stated that translation services are available, and all child abuse allegations are referred to Arkansas Division of Children & Family Services (DCFS), law enforcement (Arkansas State Police Crimes Against Children Division- CACD), and administrators at the facility in which the call was placed.

**Explanation of Determination:**



**115.351 (a-e):**

**(a & b):**

According to the agency's PREA Policy: The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Additionally, other supplemental ROP policies were provided that detailed the resident grievance process, resident rights, and the multiple ways in which youth can make a PREA report.

The ten residents interviewed onsite all expressed how they have multiple ways to make a PREA report at the facility, which included: explaining the grievance process; how they can verbally make a report to any adult at the facility they trust; writing down the report on a piece of paper or other resident request form and either place in the grievance box, calling one of the multiple abuse reporting outside hotline numbers, giving to any staff member, or sending out as a letter to someone outside the facility to report on their behalf. The residents understood they have the right to make an anonymous report of sexual abuse, sexual harassment, staff neglect, and retaliation through the facility's grievance system, by writing a letter without their name and giving to staff or placing in the grievance box, or by calling the state reporting hotline. The residents answered all the auditor's questions related to the resident reporting methods available, and each youth confirmed they have never had to make a report of sexual abuse or sexual harassment. They expressed knowing that the reporting protocols work because they have made reports; however, none of the situations involved a PREA related matter.

Additionally, each resident was asked if they felt safe at the facility and if they had any staff members at the facility they trusted, and each youth advised they felt safe and there were names of trusted staff shared by each resident. The residents were also asked if they have access to grievance forms, paper, and writing utensils. Each youth confirmed they have access to all these items, with grievance forms available next to the Grievance Boxes or in the cottages. Pencils and pens were explained to be made available, and no issues were described related to not being able to obtain a writing utensil. The residents all expressed how they are able to write letters to people outside the facility, how they are able to have in-person visitation at least once per month, and weekly free phone calls.

All thirteen of the staff interviewed also were asked to describe the multiple ways in which a resident can make a PREA report at the facility. Each staff was knowledgeable of the multiple PREA reporting methods available to residents, which included sharing how residents can report by using the following methods: submitting a grievance with or without their name, verbally telling a staff member or any adult in the facility they trust (all are mandatory reporters of abuse), calling one of the multiple outside reporting entities for the State of Arkansas, telling their family during visit or phone call to report on their behalf, mailing a letter to anyone outside the facility, writing the report down on a sick call sheet and submit in the sick call box, telling a therapist or medical staff member in private, reporting to the

Hamilton House Child Safety Center, and asking to speak with a supervisor or administrator in private in order to make a report directly to them.

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

However, the Program Director and PCM confirmed that the MJTC does not detain residents solely for civil immigration purposes.

**(c - e):**

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

The auditor interviewed a representative sample of security staff (CCs) and residents at the facility, who all confirmed that residents are able to make verbal and written PREA reports. The staff at the facility are mandatory child abuse reporters; therefore, all types of sexual abuse and sexual harassment allegations must be immediately reported to the proper authorities and facility leadership. All the staff interviewed stated they are required to document any verbal report received by a resident on a facility incident report as soon as possible but no later than the end of their shift. This written report is then turned into their immediate supervisor or the PCM or their immediate supervisor. The staff also shared that they can make private reports of sexual abuse and sexual harassment of residents directly to their supervisor, an administrator, or by calling the state reporting hotlines.

In addition, the residents confirmed they have access to writing utensils to make a written report. The residents shared how they are able to make a written report on a piece of paper or a grievance form, which can then be given to staff, placed in the grievance box, or mailed to an individual outside the facility to be handled as a third-party report on behalf of a resident.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.352**

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

- Agency's PREA Policy
- PAQ
- Signed Memo
- Grievance Review
- ROP Policy 600.402 (Student Grievance)

**Interviews:**

- Random Coach Counselors (CC's)
- PCM
- PC

**Site Review Observations:**

During the onsite, the auditor reviewed the facility's Resident Grievance Log sheet for calendar year 2024. The auditor selected seven grievances entries to review for any report of sexual abuse. Upon the auditor review of each of the seven grievances selected for this sample size, none of the grievances alleged any form of sexual abuse.

**Explanation of Determination:**

**115.352 (a-g):**

The auditor verified through interviews onsite and the evidentiary documentation review for this PREA audit that as a matter of written agency policy, grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process, and are not considered by the agency to be grievances. The auditor found it to be clear that the facility is required per policy and state mandates to immediately report any and all allegations or incidents of sexual abuse of a resident to local law enforcement and the state governing agency that oversees the wellbeing of juveniles in placement facilities. Additionally, as stated in the agency's Student Grievance Policy (600.402) on page 3:

- If a grievance is an allegation of child abuse, the complaint shall be reported to the appropriate authorities (see Policy 100.407 Child Abuse Reporting) that have authorization to conduct an alleged abuse investigation or the proper law enforcement agency immediately.

	<ul style="list-style-type: none"> <li>• If the grievance is an allegation of sexual abuse, sexual harassment, or sexual contact, the Program Director or designee take steps to separate the alleged victim and perpetrator immediately and shall notify the PREA Coordinator (See Safe Environmental Standards Policy). Appropriate law enforcement and social services agencies will be notified.</li> </ul> <p>The auditor was also provided with a signed memo from the PCM that confirmed the above policy and practice. This memo clarified that the Mansfield Juvenile Treatment Center (MJTC) contacts the Sebastian County Sheriff’s Office for all reports of sexual abuse allegations, this law enforcement agency has criminal jurisdiction to initiate a criminal investigation immediately. In addition, the PCM and PD advised the auditor during their individual interviews that the Arkansas State Police Crimes Against Children Division (CACD) would also be immediately contacted for allegation of resident sexual abuse.</p> <p>The auditor concluded that the requirements of this PREA standard do not apply at the MJTC; however, it should be noted that the Agency’s PREA Policy includes the provisions as set forth by this PREA standard in order to be consistent with the language from the PREA standard.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.353</u></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>• PAQ</li> <li>• MOU with Hamilton Center for Child Advocacy</li> <li>• PREA Resident Brochure and Posters</li> <li>• Resident Handbook</li> </ul> <p><b>Interviews:</b></p>

- Random Selected Coach Counselors (CC's)
- 10 Residents (7 Random & 3 Targeted)
- PCM

**Site Review Observations:**

During the onsite, the auditor observed the signs posted throughout the facility that included information on how residents can contact the local children's advocacy center (Hamilton Center for Child Advocacy) for emotional support services related to sexual abuse. These signs included the address and phone number for this organization, and residents are advised of confidentiality limitations and mandatory reporting requirements prior to contacting the advocacy center.

The auditor conducted a test call to the Hamilton Center for Child Advocacy while onsite, with the help of a resident who volunteered to assist with the call. The resident called the number for the Hamilton Center that was posted on several PREA posters posted in each facility building and on the resident's PREA brochure that is provided during the intake process. The call was placed from a private office in the administrative building and placed on speaker to allow for the auditor to speak with the advocate from the Hamilton Center. The advocate who answered the phone confirmed that the Hamilton Center can provide emotional support services to any resident at MJTC who makes such a request either over the phone or via mailed letter. The advocate shared the victim services that are provided to a victim of sexual abuse and advised that emotional support services related to sexual abuse can be provided by a specially trained advocate or counselor either over the phone or in-person at the Hamilton Center or the MJTC (depends on the situational dynamics and the resident's desires).

**Explanation of Determination:**

**115.352 (a-d):**

As per the agency's PREA Policy: The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility shall also provide residents with reasonable and confidential access to

their attorneys or other legal representation and reasonable access to parents or legal guardians.

A signed MOU was provided that detailed the services the Hamilton Center for Child Advocacy would deliver to a resident at the MJTC. These services include victim advocacy, emotional support services, a requirement for the Hamilton Center to promptly report any allegations of abuse to the Arkansas Child Abuse Hotline and CACD, and agreed upon provisions related to confidentiality.

In order to assess for compliance with the requirements of this PREA standard in practice at the facility, the auditor interviewed a representative sample of CC's and residents. The residents all were aware of the children's advocacy center signs that are posted throughout the facility and shared how they are able to contact the Hamilton Center for Child Advocacy for help with emotional support related to sexual abuse. In addition, the residents indicated they would be able to speak with an advocate over the phone or in-person in a confidential and private type setting, much like meeting with a therapist. The staff interviewed also were aware of the children's advocacy signs and PREA brochures with the Hamilton Center's contact information and advised that residents are able to request to contact this organization if needed for emotional support services. The call would be made much like a counselor or family phone call would be made, with ensuring the youth are supervised while still allowing for sound separation to ensure confidentiality and safety is maintained. The CC's advised that a supervisor, and administrator, or the PCM would assist the resident with this call.

The residents interviewed onsite shared how they are able to contact their attorneys through making a request with their Case Manager. Additionally, the residents described the facility's visitation and phone call process, which allows for residents to have in-person visits at least once per month and phone calls at least once per week. The PCM and Program Director also provided this information during their individual interviews, with adding that residents can obtain more phone call privileges and visitations depending on their behavior level. Furthermore, it was confirmed that an attorney can visit with any resident; however, all the youth in the MJTC have already been committed and are there to serve out their time.

The Resident Handbook also includes resident rights related to the requirements of this PREA standard, as outlined below.

Youth Rights:

- Phone Access: To have access to a telephone to make calls to authorized representatives.
- Access to Courts: Youth have the right to have access to courts while in placement, in order to present any issue to the Juvenile Court, including the following: challenging the legality of their adjudication or confinement; seeking redress for illegal conditions or treatment while under correctional control; pursuing remedies in connection with civil legal problems; and asserting against correctional or other government authority any other

- rights protected by constitutional or statutory provision or common law;
- Access to Counsel: Youth have the right to have access to counsel and assistance in making confidential contact with attorneys and their authorized representatives. Such contact includes but is not limited to telephone communications, uncensored correspondence, and visits.
  - Visitation: The Program encourages your parents/guardians and other family members to visit, you as often as possible. The Program maintains an approved visitation list for you. Only those listed will be authorized to visit. Visitation is limited to four (4) authorized visitors per visit. Your Lawyer, government officials, and Clergy may visit at any reasonable time by appointment.
  - Telephone Use: You will be allowed one weekly phone call (for 10 minutes) to your family at the Program's expense, regardless of your Level. Our phone call procedure has been designed to allow you to have regular contact with your family because we want to encourage their involvement in your progress. Phone calls may be made to anyone on your approved phone call list. The day and time you make this call is determined by your Case Manager. If you refuse and/or are unable to make contact within the week, it will be documented by your Case Manager. All telephone calls are made to pre-approved persons only. Phone numbers will be dialed by your Case Manager. The Case Manager will remain on the line until the recipient of the call is verified, as an approved person. You will be given reasonable privacy during your call. Case Managers are required to supervise and monitor your behavior. Obscene, loud, inappropriate or threatening language will result in your call being terminated. Three- way phone calls are not allowed.

The auditor was provided a signed memo from the PCM that states the Mansfield Juvenile Treatment Center provides brochures that contain information for the residents to contact outside victim advocates for emotional support services related to sexual abuse. The brochure contains contact name, phone number, and address. The brochures are placed in the front entrance lobby, Therapists offices, Case Managers offices, each classroom, the Library, in the GED classroom, on each cottage, in the hall of the Education Building, and in the Visitation building. The auditor confirmed that these locations had in place this brochure during the onsite facility inspection process.

**Conclusion:**

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

<b>115.354</b>	<b>Third-party reporting</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 411 374"><b><u>115.354</u></b></p> <p data-bbox="280 416 1315 450"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 517 1209 719" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PAQ</li> <li>• ROP Third Party Reporting Form</li> <li>• Facility Website (<a href="https://mansfieldjuvenilecenter.com/ses/">https://mansfieldjuvenilecenter.com/ses/</a>)</li> <li>• PREA Posters (English &amp; Spanish)</li> </ul> <p data-bbox="280 757 459 790"><b>Interviews:</b></p> <ul data-bbox="352 857 1059 969" style="list-style-type: none"> <li>• 13 Randomly Selected Coach Counselors (CC's)</li> <li>• Ten Residents (7 Random &amp; 3 Targeted)</li> <li>• PCM</li> </ul> <p data-bbox="280 1014 699 1048"><b>Site Review Observations:</b></p> <p data-bbox="280 1088 1474 1290">During the onsite, the auditor observed the signs posted throughout the facility that included information on how residents are able to make a third-party report to anyone from outside the facility. These posters were in English and Spanish. Additionally, in the public lobby area, the reporting requirements were posted, including third party reporting protocols.</p> <p data-bbox="280 1328 762 1361"><b>Explanation of Determination:</b></p> <p data-bbox="280 1402 507 1435"><b>115.354 (a-d):</b></p> <p data-bbox="280 1469 1461 1794">As per the agency's PREA Policy, Rite of Passage programs accept third-party reports of sexual abuse and sexual harassment. Additionally, 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.</p> <p data-bbox="280 1832 1442 1951">The auditor also reviewed the facility's website and confirmed the agency's Third-Party Reporting Form is posted and available for download to the public. The following reporting information can be found on this website:</p> <ul data-bbox="352 2018 1465 2051" style="list-style-type: none"> <li>• Students are encouraged to report sexual harassment or assault by another</li> </ul>



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.

Additionally, the auditor reviewed the agency’s Third-Party form that includes specific instructions for third-party individuals to make a PREA report on behalf of a resident at the MJTC.

The auditor interviewed a representative sample of residents and security staff, who all explained the process of residents being able to report to their family or a friend outside the facility who can report on their behalf. This third-party reporting process was explained by all the staff and residents interviewed; however, it is important to note that the residents advised they have never had to make a PREA report using this third-party option because they have not been involved in a sexual abuse situation at the facility. The PCM also described the third-party reporting option that is available to all residents and advised how a third-party report would be investigated and reported to the proper authorities with the State of Arkansas.

**Conclusion:**

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

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.361**

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

- Agency's PREA Policy
- PAQ
- Reporting and First Responder Training Curriculum & Verifications
- ROP Policy 100.407 (Acknowledgement & Reporting of Child Maltreatment)

**Interviews:**

- 13 Random Security Staff
- Lead Therapist
- Therapist
- Two Full-Time Registered Nurses

**Site Review Observations:**

During the onsite, the auditor observed the signs posted throughout the facility that included information describing the mandatory reporting requirements for all adults who enter the facility and the agency's zero tolerance policy.

**Explanation of Determination:**

**115.361 (a-f):**

**(a & b):**

As per the agency's PREA Policy: The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Additionally, agency Policy 100.407 also includes staff and facility reporting duties specific to the MJTC. For example, this Policy states:

- This policy is an addendum to Rite of Passage policy and serves as addition to and not a replacement of the primary Rite of Passage policy which is specific to Arkansas site (s) operated by ROP. Anyone who suspects child maltreatment may report it. Some people (for example, doctors, teachers and school counselors, employees, contractors, interns and volunteers) must, by law, report suspected child maltreatment.
- All ROP employees, volunteers, interns, contractors and/or any person providing services to children are mandated child maltreatment reporters in

the state of Arkansas in accordance with Arkansas Code 12-18-402.

Arkansas Child maltreatment means abuse, sexual abuse, neglect, sexual exploitation or abandonment by the caretaker of the child (a parent, guardian, custodian, or foster parent). The caretaker may be anyone who is age 10 or older and entrusted with the child's care. Child maltreatment occurs when the caretaker harms the child or let's harm come to the child, or fails to meet the child's basic needs. Sexual abuse and exploitation are child maltreatment under Arkansas law whether by a caretaker or by someone else.

Procedures:

- An individual listed as a mandated reporter under Arkansas Code 12-18-402 subsection (b) of shall immediately notify the Child Abuse Hotline if he or she:
  - Has reasonable cause to suspect that a child has:
    - Been subjected to child maltreatment;
    - Died as a result of child maltreatment; or
    - Died suddenly and unexpectedly.
- Observes a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.
- All employees, volunteers, interns, contractors and/or any person providing services to children at a ROP operated facility in Arkansas must complete ROP and Arkansas Child Maltreatment Training to include definitions of Child Abuse listed in Arkansas Code 12-18-103.
- Arkansas specific training can be completed online at <https://ar.mandatedreporter.org>.
- Arkansas Code 12-18-204 prohibits restriction regarding child abuse reporting. Restriction applicable by this policy and Arkansas code include the following:
  - An employer or supervisor of a mandated reporter commits the offense of unlawful restriction of child abuse reporting if he or she:
    - Prohibits a mandated reporter from making a report of child maltreatment or suspected child maltreatment to the Child Abuse Hotline;
    - Requires that a mandated reporter receive permission or notify a person before the mandated reporter makes a report of child maltreatment or suspected child maltreatment to the Child Abuse Hotline; or
    - Knowingly retaliates against a mandated for reporting child maltreatment or suspected child maltreatment to the Child Abuse Hotline.
- NOTE: ROP Policy 100.407 under the heading for procedures requires that individuals immediately report child abuse and complete a report within one (1) hour of the incident. This would conflict with Arkansas law. For the purpose of compliance with both ROP and Arkansas requirements, the first

and second paragraphs under the heading procedures in ROP Policy 100.407 are mandatory after an Arkansas mandatory reporter completes the State requirement of reporting as required by Arkansas Code 12-18-402 and 12-18-103 and this policy addendum to include notification that the individual has reported to the Child Abuse Hotline.

- Arkansas law prohibits the sharing of information disclosed to a person or institution outside the organization and may only be shared within the organization to protect the health, safety, and welfare of the child.

The auditor interviewed a representative sample of security staff (CC's), who all expressed their knowledge of the mandatory reporting protocols required at the facility. The staff all shared how they would immediately and according to policy report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation, and staff neglect. The reporting procedures were explained by each staff member, with the reporting steps involving immediately reporting to their immediate supervisor and/or the PCM, the state governing agency (Arkansas State Police Crimes Against Children Division- CACD), and local law enforcement (as applicable to the situation and type of allegation reported).

**(c):**

Per the agency's PREA Policy: Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

The staff members interviewed confirmed they have been trained on the confidentiality requirements associated with working with juveniles in the facility. For example, they shared how they are 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.

The auditor also reviewed the PREA training for staff, which includes the mandatory reporting requirements pursuant to the PREA standards and state mandates. In addition, as detailed in section 115.331 of this report, all staff are trained in these requirements when they are first hired and annually through refresher trainings.

**(d) (1-2):**

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

The mental health and medical professionals interviewed onsite each expressed to the auditor how they are required to following the mandatory reporting requirements of the state and are required to immediately report sexual abuse to designated supervisors, PCM, local law enforcement, and the state governing agency. Furthermore, it was clarified by these professionals how if the situation involved alleged sexual harassment of a resident, this would be immediately reported to designated supervisors, the PCM, and the state governing agency; however, law enforcement notification in a sexual harassment allegation would be assessed on a case-by-case basis to determine if the police are required to be notified.

The auditor also reviewed the PREA training for medical and mental health professionals at the facility, which includes the mandatory reporting requirements pursuant to the PREA standards and state mandates. In addition, as detailed in section 115.335 of this report, all medical and mental healthcare professionals are trained on these requirements before having contact with residents in the facility and annually through refresher trainings completed throughout their career.

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

According to the agency's PREA Policy: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Program Director (PD) was interviewed and confirmed that all allegations of sexual abuse, sexual harassment, retaliation, and staff neglect are taken seriously and, therefore, immediately reported to his higher ups within the ROP organization and to outside authorities (CACD and AR Division of Youth Services) so that a prompt and thorough administrative and/or criminal investigation will be promptly initiated. In addition, the parent/guardian and other notifications requirement by the PREA standards are required as part of the agency's mandatory response plan protocols, and such documentation would be documented. The PD also verified that all PREA related allegations are referred to the PCM in order for the PCM to promptly conduct an administrative investigation, which may be in conjunction with a criminal investigation that would be conducted by the Arkansas State Police (CACD) or the Sheriff's Department for allegations involving sexual abuse or staff neglect.

The PCM was also interviewed and shared how the required reporting protocols institutionalized in policy and practice at the MJTC require anyone who learns of,

suspects, or witnesses sexual harassment, sexual abuse, retaliation, or staff neglect to immediately report to their immediate supervisor, the PCM, the AR Division of Youth Services, and, as required for sexual abuse allegations, to the CACD. The PCM advised that all staff are trained in these mandatory reporting procedures when they are first hired and refresher trainings on this subject are held at least annually. She is the primary trainer for anything PREA related and makes sure all staff are up to date on their training requirements. During the onsite, the PCM helped the auditor review the investigative files for the last two PREA investigations conducted at the facility. Through this review process, the PCM pointed out where it was documented that the required notifications were made related to the requirements of this PREA standard.

**PREA Investigative File Review:**

For the two PREA investigative files reviewed by the auditor, it was determined that each allegation was reported immediately up the chain of command at the facility and to the State Police and AR Division of Youth Services.

**Conclusion:**

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

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.362</u></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>• PAQ</li> <li>• Memo Signed by PCM</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 13 Randomly Selected Security Staff</li> <li>• Program Director (PD)</li> <li>• PCM</li> </ul> <p><b>Explanation of Determination:</b></p>

**115.362:**

As per the agency's PREA Policy: When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The staff interviewed onsite all shared in their individual interviews how they are required, as a matter of agency policy, to take immediate action to prevent injury to a resident. Each staff was asked a hypothetical question regarding how they would respond to a situation involving one resident being bullied and sexually harassed by another resident in the cottage, with the aggressive behavior escalating to the point of the resident victim being at a substantial risk of imminent sexual abuse if nothing is done to thwart the aggressor. For this situation, the staff shared how they would ensure the youth in danger is immediately separated from the alleged threat, allowed to provide a statement, and provided the opportunity to speak with a supervisor and/or counselor to help with ensuring the situation is handled safely and effectively. In addition, the staff advised how the on-shift/duty supervisor and PCM would be notified as soon as possible, and the housing and programming assignments of those involved in the situation would be reassessed by management to ensure the safety of all youth in the facility. Other protective measures, such as disciplinary action for any youth found to have caused a threatening situation and intensive monitoring practices, were provided by the staff interviewed.

The PD and PCM also confirmed the policy the agency has instituted for taking immediate action to protect a resident who is subject to a substantial risk of sexual abuse or sexual harassment. They shared that all staff are required to take immediate action to protect residents from any perceived or observed harm or threat, with separation from the threat expected to be the first action taken by any staff member who learns that a youth is at risk of harm. In addition, it was confirmed how the immediate supervisor in such a situation is required to be notified immediately to ensure the protective measures available at the facility can be effectively implemented to protect the resident throughout his/her stay at the facility. Resident housing changes and/or program modifications can be authorized on a case-by-case basis, and the PD pointed out that if the behavior is egregious enough, a resident aggressor can be discharged from the MJTC completely and charged with a criminal offense.

The PCM provided the auditor with a signed memo that confirms the MJTC has not experienced a situation in the past 2 years that involved a resident subjected to a substantial risk of imminent sexual abuse. However, if such a situation were to occur, the situation would be addressed by the facility administrative team immediately. The agency's PREA Policy would be adhered to in order to ensure the protection of the students and to ensure the situation does not escalate.

Additionally, the agency's Coordinated Response Plan document was provided to the auditor in order to demonstrate how the facility would immediately respond to an incident or allegation of sexual harassment and/or a substantial risk of imminent sexual abuse. This document includes information for the first person of knowledge

to review to ensure the necessary steps are completed, which would help to prevent a situation of sexual harassment or imminent sexual abuse from escalating. For example, this document has a section for making the mandatory notifications, the first steps of ensuring the alleged perpetrator is separated from the alleged victim, and the administrative review process.

**Conclusion:**

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

**115.363 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.363**

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

- Agency's PREA Policy
- PAQ
- ROP Policy 600.600 (PREA Policy)
- ROP Policy 100.407 (Acknowledgement and Reporting of Child Maltreatment)
- ROP Policy 800.407 (Sexual Abuse Reporting & Follow Up)
- ROP SES Coordinated Response Plan

**Interviews:**

- Program Director (PD) as Facility Head & Superintendent
- PCM

**Explanation of Determination:**

**115.363 (a-d):**

As per the agency's PREA 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.

Additionally, the auditor was provided ROP Policy 600.600, which states:

- 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.

The auditor also reviewed the ROP Policy 100.407, which details the mandatory reporting protocols required at the MJTC. These procedures are required to be followed regardless where the allegation of abuse is reported to have allegedly occurred.

Additionally, according to the ROP Policy 800.407: upon receiving an allegation that a child was sexually abused or harassed at another care provider, the care provider that received the allegation must report it to Child Protective Services (CPS), the State licensing agency, and the Office of Refugee Resettlement (ORR) according to the reporting procedures described. The care provider must report the allegation to both the CPS and State licensing agencies where the incident occurred and to the CPS and State licensing agency where the reporting care provider is located if they are in different states. ORR will then notify the care provider where the alleged incident occurred, and the receiving care provider must take appropriate actions to protect the health and safety of any minors involved and make all necessary reports.

The PCM noted in the PAQ that in the past 12-month audit review period there has not been a situation in which the MJTC received notification from another facility that a resident was abused while confined at another facility. However, the PD advised during his interview onsite that a resident at the MJTC made an allegation of abuse that was reported to have occurred while the youth was at another facility.

	<p>The PD advised that he was in contact with the facility where the allegation was said to have occurred and state agencies involved in the investigation. The investigation remained open during the onsite, and the PD informed the auditor that he will continue to remain in contact with investigators and Regional Compliance Manager to remain abreast of the situation.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.364</u></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>• PAQ</li> <li>• First Responder Training Curriculum &amp; Verifications</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 13 Direct Care Security Staff (Coach Counselors- CC's)</li> <li>• Two Full-Time Registered Nurses</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.364 (a-b):</b></p> <p>As per the agency's PREA Policy: Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> <li>• Separate the alleged victim and abuser;</li> <li>• Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li>• If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking,</li> </ul>

or eating; and

- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The 13 randomly selected staff interviewed stated in their individual interviews how they have been trained in the first responder duties pursuant to the requirements of this PREA standard. For example, the staff were asked how they would respond to a hypothetical sexual abuse situation in progress at the facility (one resident sexually assaulting another resident in a room), in which all the staff confirmed they would take the immediate action necessary to separate the alleged victim from the abuser, call for staff assistance, preserve and protect the scene, and instruct the victim and perpetrator to not take any action that could contaminate or destroy usable physical evidence. In addition, the staff understood their role in situations of resident sexual abuse at the facility, which includes ensuring the victim's safety and preserving/protecting the scene to allow law enforcement to be called in immediately for a criminal investigation and to provide necessary victim assistance through the local children's advocacy center and other official agencies involved in the sexual abuse response plan. The staff confirmed they were trained in these PREA first responder duties when they were first hired and annually through PREA refreshers.

The auditor also interviewed two medical professionals at the facility, who informed the auditor they received the same PREA training as all the security staff as well as specialized PREA training for medical personnel. The medical staff are registered nurses; therefore, able to provide medical services within their scope of practice and advised they will go with a resident victim of sexual abuse to the emergency room.

They also understood the first responder duties for responding to a resident sexual abuse situation at the facility. They shared how all staff are required to immediately separate the alleged victim and abuser, preserve and protect the scene, ensure the required notifications are made to law enforcement and administration, and to notify the victim and perpetrator to not take any action that could destroy usable physical evidence.

The auditor reviewed the training curriculum provided to staff members upon hiring and during annual PREA training refreshers, confirming that these trainings include the first responder duties required by this PREA standard. In addition, as detailed in section 115.331 of this report, the auditor was able to successfully verify that this training program has been fully implemented at the facility in practice.

Additionally, the agency's Coordinated Response Plan document was reviewed by the auditor, and this form was found to include first responder steps pursuant to the

requirements set forth by this standard. For example, this form includes a section for the author to document the date and time when staff physically separated the alleged victim and perpetrator, who provided the one-on-one supervision, the date and time of transport for medical assistance and by whom, medical staff response and follow-up, notifications, information about the initiation of a victim safety plan, steps to ensure the protection of usable physical evidence if reported within 5 days of the alleged incident, mental health care provided, and administrative response and follow-up.

**PREA Investigative File Review:**

For the two sexual abuse investigative files reviewed by the auditor, it was confirmed through the documentation provided and interviews conducted onsite that the applicable first responder duties were adhered to.

**Conclusion:**

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

115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.365</u></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>• PAQ</li> <li>• First Responder Training Curriculum &amp; Verifications</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Head/Superintendent- Program Director (PD)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.365:</b></p>

	<p>As per the agency's PREA Policy: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The auditor was provided the agency's Coordinated Response Plan, which includes the action steps required for responding to a sexual abuse incident at the facility. The plan breaks down the roles of staff, first responders, medical and mental health practitioners, investigators, facility leadership, outside victim support services, and law enforcement authorities.</p> <p>In addition, the PD was interviewed and explained how the facility's written response plan would be adhered to for responding to a sexual abuse incident at the facility. For example, the role of each individual in this plan was described, indicating that the PD and/or PCM as the designated primary point of contacts and administrators responsible for managing transportation logistics and ensuring that all necessary victim services, notifications, and follow-up services are provided.</p> <p>The auditor also reviewed the facility's first responder policy and training provided to all staff at MJTC. These documents lay out the coordinated response efforts of staff first responders, medical and mental health, administrative staff, and outside investigators.</p> <p><b><u>PREA Investigative File Review:</u></b></p> <p>For the two sexual abuse investigative files reviewed by the auditor, it was confirmed through the documentation provided and interviews conducted onsite that a sufficient coordinated response was implemented for each allegation.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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
	<p><b>Auditor Discussion</b></p> <p><b><u>115.366</u></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> </ul>

	<ul style="list-style-type: none"> <li>• PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Head/Superintendent- Program Director (PD)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.366 (a-b):</b></p> <p>As per the agency’s PREA Policy: Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>In addition, the PD was interviewed and confirmed that the facility has never entered into, nor will it ever enter into, any type of collective bargaining agreement. This was also confirmed by the auditor during the onsite, with no evidence discovered that suggest the facility staff are unionized in any way or involved in any type of collective bargaining agreement.</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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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><u>115.367</u></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>• PAQ</li> <li>• MJTC Retaliation Monitoring Tool</li> <li>• ROP SES Coordinated Response Plan Document</li> <li>• ROP Policy 800.407 (Sexual Abuse Reporting &amp; Follow Up)</li> </ul>

**Interviews:**

- Program Director (PD)
- PCM (Administrator Designated to Monitor Retaliation)

**Explanation of Determination:****115.367 (a-f):****(a):**

As per the agency's PREA Policy: The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

In addition, ROP Policy 800.407 includes the following requirements related to reporting retaliation and protecting against it:

- Requires the reporting of any retaliatory actions resulting from reporting allegations of sexual abuse, sexual harassment, inappropriate sexual behavior, or staff code of conduct violations that are sexual/romantic in nature. This includes retaliation against youth, staff, volunteers, or contractors.
- The policy emphasizes the importance of the ability of youth, staff, volunteers, and contractors to freely and immediately report such incidents without fear of retaliation.
- Rite of Passage staff, volunteers, and contractors must immediately report any knowledge, suspicion, or information regarding retaliation for reporting incidents of sexual abuse, sexual harassment, inappropriate sexual behavior, or staff code of conduct violations that are sexual/romantic in nature.
- The policy mandates that all allegations, including those involving retaliation, be documented and reported to the appropriate authorities and ORR.
- The policy ensures that information related to such incidents, including retaliation, is protected and kept confidential within the program, disclosed only as necessary for treatment, investigations, or security and management decisions.
- These measures are designed to protect individuals from retaliation and ensure a safe environment for reporting and addressing incidents.

The administrator in charge of monitoring for retaliation is the PCM, who explained that the monitoring process would begin as soon as the administration at the facility is first notified of the allegation. This monitoring is taken seriously, as per the PCM and PD, and the goal is to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with internal investigations from retaliation by

other residents and staff.

**(b):**

According to the agency's PREA Policy: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The PCM explained the multiple protective measures available at the facility to ensure that residents and staff are safe and free from any retaliation. These protective measures include, but are not limited to: reassessment of programming and housing, severe consequences for any confirmed retaliatory activities or behaviors, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting. Examples were provided from the two sexual abuse allegations reported at the facility in the past two years, in which the alleged perpetrators were immediately separated from the alleged victims. In the case from 2022, the staff perpetrator was immediately placed on administrative leave and, subsequently, terminated. For the more recent sexual abuse allegation made in January 2024, the alleged resident perpetrator was placed in a different cottage away from the alleged victim. Additionally, in both investigations, the alleged victims were provided mental health services on a regular basis and met with their therapist and Case Managers frequently, as verified through the documentation review and interviews conducted onsite.

**(c):**

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

The PCM confirmed the facility's requirement to closely monitor for retaliation for at least 90 days following a report of sexual abuse. It was described that retaliation monitoring includes frequent check-ins with residents and staff, walkthroughs of the facility, and reviews of resident and staff disciplinary reports, incident reports, housing and program changes, performance reviews of staff, and any staff reassignments. The retaliation monitoring process would be documented on a designated form and kept by the PCM.

The PD was also interviewed and asked questions related to how residents and staff are protected from retaliation and the monitoring process. He indicated that the



PCM, the PD, the Regional Operations Manager, and Human Resource Specialist would all be involved in monitoring for retaliation, with the PCM taking the lead. In addition, protective safety measures would be implemented to protect residents and staff, to include housing and programming modifications, administrative leave, emotional support services and additional counseling services, and frequent walk throughs and check-ins.

Furthermore, the agency's Coordinated Response Plan Document was reviewed by the auditor and found to include a section at the bottom of the second page that outlines the steps taken at the onset of the allegation being reported related to preventing retaliation. This section states that "monitor treatment and behavior of students/staff who report sexual abuse or sexual harassment or cooperate with investigation (90 days). Students indicated they did not feel this was needed: \_\_\_." Additionally, this section also includes a space for the author to document who gave the directive to monitor for retaliation and by whom was designated as the administrator in charge of monitoring for retaliation. The form goes on to require the author to document the monitoring process, behavior of student suspect, and at the date the monitoring was terminated.

**(d-f):**

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

The PCM shared how the retaliation monitoring process would include periodic status checks (as explained in the previous section- above), and any action steps necessary to effectively protect a resident or staff who expresses fear of retaliation. The protective measures were described to include conducting an internal investigation into any allegations involving retaliation and ensuring the safety of all residents and staff during and after the investigation.

In some cases, the monitoring of retaliation may exceed the minimum 90 days and can continue as long as the alleged victim of abuse and/or retaliation is at the facility. This decision to extend the 90 days was explained to be a case-by-case determination. It was also shared that if a resident or staff member is found to have engaged in sexual abuse and/or retaliation at the facility, the perpetrator would be charged criminally and, therefore, removed from the facility entirely. If a resident perpetrator is allowed to remain at the facility, resident disciplinary action will be enforced, and the perpetrator will be subject to sight and sound separation from the victim and closely monitored at all times.

**Non-Compliance Summary:**

The auditor reviewed the two PREA investigative files onsite with the PCM to assess whether the retaliation monitoring was required and, if so, identify documentation

that the 90 day retaliation monitoring was conducted pursuant to the requirements of this PREA standard.

Upon the auditor's review, the sexual abuse allegation reported in 2022 required the retaliation monitoring due to the investigation finding the allegations to be true (substantiated). Additionally, the sexual abuse investigation from January 2024 also required the retaliation monitoring process due to the documented finding of unsubstantiated.

For both of the sexual abuse allegations reported in the past two years, the investigative files did not include any documentation to confirm or deny that any retaliation monitoring was conducted. Although, it is important to note that the perpetrators in both cases were immediately separated from the alleged victims. Additionally, the auditor spoke with the Director of Group Living (DGL), who conducted the initial administrative investigation for this allegation in 2022, and asked if retaliation monitoring was initiated and conducted for this incident. The DGL did not recall this being documented; however, he advised that retaliation is monitored at all times and would have most likely been conducted for at least 90 days. For the more recent investigation in 2024, the PCM advised that the retaliation monitoring was not documented due to this being missed.

Since no proof documentation of the retaliation monitoring was provided for the two allegations of sexual abuse reported in the past 2 years at the MJTC, the facility was found to be out of compliance with the requirements of this PREA standard, specifically provisions (c) and (d).

**Corrective Action Summary:**

*The facility took immediate action to develop a corrective action plan, which included providing the auditor with their newly created form for documenting the retaliation monitoring process. This document is titled, 'MJTC Retaliation Monitoring Tool,' and includes a statement at the top of the page: "90 Day Tracking required-check in a minimum of 14 times throughout this 90 day time frame." Additionally, this document includes four columns, with the columns titled: "Student Name" / "Date of contact with Student" / "Statement made regarding "Retaliation" / "Follow-up needed as a result of statement Yes/No." The PCM explained how this form will be used in order to document the 90 day monitoring period and the periodic check-ins.*

*If the facility encounters a situation involving a sexual abuse allegation that is either substantiated or unsubstantiated during the corrective action period, the PCM advised she will email the auditor the completed 'Retaliation Monitoring Tool' in order to demonstrate compliance with this PREA standard in practice.*

Note: During the corrective action period, both the Human Resources (HR) Administrator and the PREA Compliance Manager (PCM) confirmed that the facility did not experience any incidents of sexual abuse involving a resident at the Mansfield Juvenile Treatment Center (MJTC).

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard and no corrective action is required at this time.</b></p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.368</u></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>• PAQ</li> <li>• Signed Memo from the PCM</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PCM</li> <li>• Medical and Mental Health Staff</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor confirmed that none of the students at the facility were isolated in a room due to a PREA related situation.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.368:</b></p> <p>According to the agency's PREA Policy: Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>The agency's PREA Policy states: Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or</p>

special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

It was confirmed by the PD, PCM, and DGL that the facility is required to provide daily large-muscle exercise and any legally required educational programming or special education services to all residents, regardless if a youth is in a room or programming. Additionally, the facility is unable to isolate a resident in their rooms during programming beyond an hour without justification and authorization provided by the State governing agency (Arkansas Division of Youth Services). The administrators advised that they could not recall a situation involving placing a resident in a room for a PREA related matter in the past 12 month audit review period. Furthermore, the PD shared how if a situation required the administration to isolate a resident in a room as a very last resort due to a PREA related situation, the PD would be able to discharge the resident from the facility as soon as possible due to not being able to secure a youth in a room long-term. The PD also advised how the administrative team can move residents around with having five housing units to work with, which ensures all residents are provided daily access to large muscle exercise and legally required education or special education services in the facility.

In addition, the auditor interviewed three full-time teachers onsite, who all advised they provide all residents with educational services as required by the State of Arkansas. The teachers confirmed they have never been made aware of a resident who was isolated in a room and restricted from being provided their legally required education.

The full-time registered nurses, Lead Therapist, and a full-time therapist onsite all shared how they have full access to all residents in the facility without restriction.

Furthermore, these professionals all confirmed that they have not been made aware of a situation in which a resident was isolated in a room due to a PREA related situation. The 10 residents interviewed also confirmed they have full access to medical and mental health professionals, with the residents sharing how they meet with a therapist two to three times per month and a nurse daily if taking medications. No residents during the onsite were identified by the auditor to be isolated in a room due to being at risk of sexual victimization. All the youth were programming during the initial facility inspection, and medical and mental health staff were seen throughout the facility working with residents.

Additionally, the PCM provided the auditor with a signed memo that states:

- MJTC is required to follow the agency's PREA Policy to immediately separate the alleged victim from the alleged offender immediately by placing them on another cottage and ensure they are not in contact in the classroom setting and or lunchroom or other activities. This would allow for the least restrictive environment and ensure the safety of the alleged victim without having to isolate any of the residents involved in the situation.

**PREA Investigative File Review:**

	<p>For the two allegations reported at the facility involving alleged sexual abuse, the auditor confirmed that the facility did not use segregated housing of any kind; however, the administration did immediately remove the alleged perpetrators from the alleged victims.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>115.371</u></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>• PAQ</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> <li>• MOU Sent to Local Law Enforcement</li> <li>• Email Communications</li> <li>• Memo's Signed by PCM</li> <li>• ROP Policy 800.407 (Sexual Abuse Reporting &amp; Follow Up)</li> <li>• ROP SES/PREA Administrative Investigative Report</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PCM (Designated PREA Internal Administrative Investigator)</li> <li>• Director of Group Living (DGL)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.371 (a-m):</b></p> <p><b>(a):</b></p>

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

The auditor interviewed the administrator designated as an internal PREA investigator for the facility, who carries the title of PCM. This investigator for the facility confirmed that agency policy requires that a prompt, thorough, and objective investigation is conducted internally for all allegations, including third-party and anonymous reports of sexual abuse and sexual harassment. In addition, it was clarified that the local law enforcement agency and the state governing agency will be notified of any allegation or incident of sexual abuse of a resident in order for a criminal investigation to be initiated by the proper authorities (Sheriff's Department and Arkansas State Police Crimes Against Children Division- CACD). In addition, the Division of Youth Services has the authority to conduct an administrative investigation at the facility in conjunction with the facility's internal investigation.

During the onsite, the PCM helped the auditor examine each of the two sexual abuse investigative files in order to discern each applicable requirement pursuant to the PREA 'Document Review Worksheet Investigation & Response Records' worksheet. The PCM conducted the most recent sexual abuse investigation from January 2024 and described in detail how each applicable PREA standard requirement was complied with in practice, with the corresponding documentation identify as each document was reviewed. The other sexual abuse investigation was conducted by the current Direct of Group Living (DGL), who was the Supervisor on-duty when the allegation was reported. The DGL explained in his interview how the internal investigation was immediately initiated after the safety of the alleged resident victims were ensured. The staff perpetrator in this case was not on duty when the allegations were reported and immediately placed on administrative leave to ensure no contact. The DGL described how he conducted the internal investigation, which corroborated the information from his internal investigative report, and advised that the State Police (CACD) took over the investigation due to the seriousness of the allegations and to ensure no interference with the criminal investigation.

For the two sexual abuse allegations reported in the past two-year audit review period (since 2022), the auditor determined through the documentation review and onsite interviews that the MJTC conducted its own investigation into each allegation and did so promptly, thoroughly, and objectively.

The auditor also interviewed the PD while onsite, and he confirmed that the PCM has been designated to conduct PREA internal investigations at the MJTC. However, there are other administrators, including himself and the DGL, who have completed the specialized PREA investigator training pursuant to the requirements set forth by PREA standard 115.334.

**(b):**

The agency's PREA Policy states: Where sexual abuse is alleged, the agency shall

use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA standard §115.334.

As outlined in section §115.334 of this report, the PREA internal investigators at the MJTC have successfully completed the required investigator specialized PREA training and sufficiently explained how the investigative training topics required by standard 115.334 were included in the training.

The auditor verified that the internal PREA investigations conducted at the facility during the audit review period were carried out by two administrative investigators who received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334.

**(c):**

According to the agency's PREA Policy: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The auditor verified that the facility only has the authority to conduct administrative internal investigations at the facility and does NOT have the authority to conduct any type of criminal investigation. Therefore, any available DNA evidence would be preserved and protected by the facility administration until law enforcement arrived on scene to collect and conduct the criminal investigation. However, it is important to add that the PCM shared with the auditor how she ensured the scene and possible evidence was preserved and protected for the most recent resident-on-resident sexual abuse allegation reported and investigated in January 2024. In this case, the bedding was saved, pictures were taken, and all the evidence was preserved and protected. However, the State Police agency did not open an investigation into this allegation for sexual abuse; instead, they opened the investigation into staff neglect of duties.

The PCM explained the difference in responding to a sexual abuse allegation/incident at the facility with responding to a sexual harassment situation. For example, for any allegation or incident of sexual abuse, law enforcement and the state are contacted immediately to allow the proper authorities to conduct a criminal investigation into the reported incident. In addition, an internal administrative investigation would be promptly initiated when a report of sexual abuse is made that would coincide with the criminal investigation, unless the criminal investigator directs for the internal investigation to stop or be paused during the criminal investigation to prevent any interference that may negatively affect the case. This was described to be the case for the sexual abuse reported in 2022, as explained in the previous section above.

Since most all allegations or incidents of sexual harassment at the facility would not be investigated by law enforcement due to no alleged crime committed, the administrative internal investigator clarified that the Division of Youth Services is

also required to be notified immediately and may elect to conduct an administrative investigation into the report or decide to allow the facility to handle the situation internally. Regardless of whether the state conducts an administrative investigation into an allegation of sexual harassment, the facility is required to conduct a prompt, thorough, and objective internal administrative investigation for all allegations of sexual harassment involving a resident. The PCM explained the sexual harassment investigative process, which involved the same thoroughness as described for a sexual abuse investigation at the facility. The process includes gathering and preservation of direct and circumstantial evidence, interviewing all parties involved in the allegation, and reviewing prior complaints and reports of sexual abuse/harassment involving the suspected perpetrator.

Furthermore, the internal investigators, PCM and DGL, informed the auditor that all evidence collected for an administrative investigation are shared with criminal investigators and the state, with the internal administrative investigator being designated as the primary point of contact during any PREA related investigative process. Additionally, the internal investigators shared that the Program Director and ROP administration are kept informed of the status of both the administrative and criminal investigations on a continual basis. The logistics involving scheduling interviews and other on-site aspects of the criminal investigation are the responsibility of the internal investigator and/or Program Director.

**(d-f):**

As stated in the agency's PREA Policy: The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The PCM clarified that an internal administrative investigation at the facility would not be terminated for any reason and would continue until an objective determination is made regarding whether the allegation is founded, unfounded, or unsubstantiated, using the preponderance of evidence standard of proof.

Furthermore, the credibility of an alleged victim, suspect, or witness is always assessed on an individual basis and would never be determined by the person's status as a resident or staff member. She also shared that a resident would never be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation of an allegation of sexual abuse; such methods may only be utilized by a criminal investigative entity.

**(g) (1-2):**

According to the agency's PREA Policy: Administrative investigations shall include



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

As noted in the sections above, the internal investigator interviewed at the facility confirmed that an administrative investigation is required to be conducted for any allegation involving any form of sexual harassment and sexual abuse of a resident. The internal investigative process includes making the effort to determine whether staff actions or failures to act contributed to the abuse. In addition, all internal administrative investigations are documented in written reports that include a comprehensive description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Furthermore, during the onsite the auditor observed the physical storage area of the information/documentation collected and maintained in hard copy pursuant to the PREA standards and determined that all such documents and electronic data are stored in a secure and safe location. The hard copies are maintained in locked offices in locked filing cabinets in the administrative building, and all electronic copies of sensitive and confidential documents are saved and password protected.

Additionally, all areas in the administrative building are on camera view, with some cameras also having the capability to record audio. The security measures in place were described by the PCM and DGL, with the auditor provided access to view all areas of the administrative building to assess the level of security. No issues of non-compliance were identified.

**(h & i):**

As per the agency's PREA Policy: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The internal investigator explained how the local law enforcement agency (Sabastian Sheriff's Department) and state governing agency (CACD and Division of Youth Services) conduct their own investigations into allegations of sexual abuse/harassment at the facility, with their criminal reports maintained according to each agency's policies and procedures. Furthermore, the referral for criminal prosecution is at the discretion of the criminal law enforcement agency and the appropriate prosecutor assigned to the case. In the sexual abuse case from 2022, the staff perpetrator was prosecuted, and the auditor confirmed through an online search that the perpetrator is currently serving a prison sentence for two counts of aggregated sexual assault of a child.

**(j):**

The agency's PREA Policy states: The agency shall retain all written reports referenced in provisions (g) and (h) of PREA standard 115.371 for as long as the

alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The internal investigator and PD confirmed this retention requirement during their individual interviews. The written reports and supplement investigative documents were provided for the last two sexual abuse allegations reported at the facility, which demonstrated how the facility retains such reports.

**(k):**

As stated in the agency's PREA Policy: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The PCM clarified that an internal administrative investigation at the facility would not be terminated for any reason and would continue until an objective determination is made regarding whether the allegation is founded, unfounded, or unsubstantiated, using the preponderance of evidence standard of proof.

**(l):** n/a

**(m):**

According to the agency's PREA Policy: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The PCM and PD stated they are designated as the primary points of contact for any sexual abuse investigation. Local law enforcement criminal investigators and state investigators assigned to the case are permitted entry into the facility at any time.

The administrators indicated that they maintain contact with these external investigators through phone calls and emails, striving to stay informed about the progress of the investigation.

**PREA Investigative File Review:**

The auditor was provided the administrative investigative files for the last two sexual abuse investigations conducted at the facility in the past 2 years. The investigative files contained supportive response and investigative documents that the auditor examined to assess for compliance with the requirements of this PREA standard in practice for each sexual abuse allegation investigated at the MJTC since 2022. As per the PCM, the facility had one sexual abuse allegation investigated in calendar year 2022, and the next sexual abuse investigation was for an allegation made in early 2024. The auditor utilized the 'PREA Document Review Worksheet Investigation & Response Records' worksheet for each investigative file to examine for compliance with the following PREA standards: 115.321, 115.322, 115.334, 115.361, 115.362, 115.115.363, 115.364, 115.367, 115.368, 115.371, 115.373, 115.376, 115.378, 115.381, 115.382, & 115.383. Upon the auditor's review of the proof documents provided, no issues of non-compliance were identified in each of

the administrative investigations conducted pursuant to the required elements of this PREA standard.

However, it was recommended as a means of best practices that the facility utilize a more uniformed and consistent practice of documenting internal administrative reports for allegation of sexual harassment and sexual abuse. The auditor found that the internal investigative report for the 2022 PREA investigation was very different than the reporting form used for the 2024 investigation, which made the audit review process difficult to identify and assess for compliance with all the applicable response and investigative standard provisions.

Facility administration was receptive to this suggestion, and the PCM advised she will create an internal investigation checklist and ensure the ROP Internal Reporting documents are used for all administrative PREA investigations at the facility.

Additionally, the facility provided the auditor with a newly created form, titled: 'Follow Up on Reports of Sexual Abuse.' This document will be used for situations involving alleged sexual abuse and sexual harassment that are reported to the Arkansas Child Abuse Hot Line and not accepted to be investigated by the State.

The form outlines the steps to take in order to ensure the administrative notifications are made in a timely manner and clarification is received from the State agency on why an investigation was not open.

- **2022 Sexual Abuse Investigation Auditor Analysis:**

This sexual abuse allegation was against a Coach Counselor who was immediately placed on administrative leave upon the facility learning of the allegations and, subsequently, terminated as a result of the investigative outcome- substantiated for staff-on-resident sexual abuse. Due to the current Director of Group Living (DGL) being the supervisor on-shift when the allegations were first made by the resident victims in this case, he initiated the internal investigation promptly and ensured the first responder protocols and reporting requirements were completed in a timely manner. The DGL explained in his interview with the auditor how he initially interviewed each resident involved to gain clarity of the allegations being made, allowed each youth to write a statement, made the proper notifications to the administrative team at the facility, and contacted the Arkansas State Child Abuse Hotline to file the report. Furthermore, the Arkansas State Police and Arkansas Division of Youth Services were also notified of the allegations, and the Arkansas State Police opened an investigation into staff-on-resident sexual abuse at the MJTC. The DGL's internal investigative report for this situation was provided to the auditor and corroborated the DGL's testimony.

Due to the criminal nature of the case, the Arkansas State Police took over the investigation upon the report being made, with the criminal investigation conducted by the State Police taking precedence over the internal administrative investigation.

The perpetrator in this case was charged and pleaded guilty to two counts of Sexual Assault in the First Degree- Jailer.

- **2024 Sexual Abuse Investigation Auditor Analysis:**

This sexual abuse allegation stemmed from two residents breaking facility rules and sleeping in the same room together, with one of the two residents alleging resident-on-resident sexual abuse after being confronted by an administrator when the rule violation was being investigated. The allegation was promptly investigated internally by the PCM and reported to the Arkansas Child Abuse Hotline and Arkansas Division of Youth Services. An internal investigative report was provided as part of the investigative file, as well as supplemental documents that showcased how the facility ensured a coordinated response was quickly executed pursuant to the applicable PREA standards. The allegation was determined to be unsubstantiated, with the preponderance of evidence standard used to assess the validity of the evidence reviewed. The PCM advised that there was no evidence to prove that the sexual abuse allegation more than likely occurred; however, the alleged staff neglect was found to be true. The staff who engaged in this staff neglect situation was immediately placed on administrative leave and, subsequently, terminated as a result of the internal investigation.

An email communication from the Arkansas State Police confirmed that the allegation was promptly received but not accepted for investigation by the State Police due to, as per the email: "Does not meet criterial set forth in Child Maltreatment Laws for Child Abuse or Neglect." Additionally, the alleged resident victim in this case initialed and signed off on the agency's 'Student Services Offered Acknowledgement' form, however, the alleged victim declined all victim services offered related to the elements of PREA standard 115.321 (c-e).

Additionally, a letter written by the Division of Youth Services that was sent to the Facility Director of MJTC was provided as part of this investigative file. This letter advised the Facility Director that concerns were identified regarding improper supervision and juvenile safety and a corrective action plan was required to be developed and provided to the Division of Youth Services within 10 business days. As per the email communications supplied to the auditor, this plan was submitted to the Division of Youth Services as requested, and a copy of the plan and the completed 'Administrative & Response Review' form were provided to the auditor to demonstrate the follow-up response after the allegation was investigated internally.

**Conclusion:**

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

	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>115.372</u></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>• PAQ</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD) / Facility Head</li> <li>• PCM / Internal Administrative Investigator</li> <li>• Director of Group Living (DGL)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372:</b></p> <p>According to the agency's PREA Policy: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The internal investigators interviewed, the PCM and DGL, both explained in their individual interviews that agency Policy does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was also confirmed to be true through the auditor's examination of the PREA investigative reports provided for the two sexual abuse cases investigated in the past two year audit review period (2022 to present).</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### **115.373**

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

- Agency's PREA Policy
- PAQ
- Investigative Documents
- PREA Investigative File Review
- ROP Notification Forms (Templates Only)

#### **Interviews:**

- Program Director (PD)
- PCM / Internal Administrative Investigator
- Director of Group Living (DGL)

#### **Explanation of Determination:**

##### **115.373 (a-f):**

According to the agency's PREA Policy: Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:
  - The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented. An agency's

obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The internal investigator, PCM, interviewed confirmed that the facility is required to notify the victim and the victim's parent or guardian of the outcome of any sexual abuse investigation conducted at the facility, pursuant to the requirements of this PREA standard. She shared the multiple notification forms that ROP has available to document the notifications/s; however, in reviewing the two sexual abuse investigative files for the last two PREA investigations conducted at the facility in the past two-year audit review period, the required notifications were not found to be documented. The PCM advised she notified the residents of the outcome of the investigation verbally for the most recent sexual abuse investigation from January 2024. Due to this lack of documentation, the facility was found to be out of compliance with the requirements of this PREA standard.

In discussions with the DGL, who conducted the sexual abuse internal investigation from 2022, he advised that he does not recall if the resident notifications were documented due to the case being taken over by the State Police (CACD).

The PD was advised of the non-compliance issues during his interview onsite and advised that he will ensure the required notification standards are complied with for each sexual abuse investigation going forward. He understood the notification requirements of this PREA standard and shared that there are ROP notification forms that should have been used for the past sexual abuse investigations conducted at the facility; however, he did point out that he was not working at the facility during these incidents and only recently began working at the MJTC as the PD since February 2024.

**Corrective Action Summary:**

*The facility administrative leaders advised that they are committed to ensure here on out full compliance with the appropriate documentation pursuant to this PREA standard. Additionally, the ROP notification documents were provided to demonstrate how this documentation will be maintained.*

Note: During the corrective action period, both the Human Resources (HR) Administrator and the PREA Compliance Manager (PCM) confirmed that the facility did not experience any incidents of sexual abuse involving a resident at the Mansfield Juvenile Treatment Center (MJTC).

**Conclusion:**

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

**115.376 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****115.376**

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

- Agency's PREA Policy
- PAQ
- Investigative Documents
- ROP Policy 100.410 (Employee Standards of Conduct & Performance)
- ROP Policy 100.400 (Employee Counseling & Discipline)
- ROP Policy 100.400 (Employee Offense Assessment Guide)
- PREA Investigative File Review
- ROP SES Zero Tolerance Acknowledgement Form

**Interviews:**

- Program Director (PD) / Facility Head
- PCM / Internal Administrative Investigator
- HR Administrator

**Explanation of Determination:****115.376 (a-d):**

According to the agency's PREA Policy: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency 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 agency 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 agency 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 agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In addition, the auditor was provided three ROP personal policies that include specified procedures related to disciplinary sanctions for staff, volunteers, and contractors who violate the agency's PREA policies. These policies include procedures for employee standards of conduct and performance, employee counseling and discipline, and employee offense assessment guide.

The auditor was also provided a Zero-Tolerance Acknowledgement form that is



signed by all staff, volunteers, and contractors before having contact with residents at the MJTC. This form ensures all individuals who enter the facility understand that the MJTC is a zero-tolerance facility and recognize the mandatory reporting requirements for any sexual abuse, sexual harassment, retaliation, or staff neglect situation. The form states the following:

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

The bottom of this form includes the following three acknowledgement statements that require initials to acknowledge understanding. In addition, there is a section in which requires the individual's written name and signature, the date, and the trainer's signature.

- I acknowledge that I have received training on and understand Rite of Passage's Safe Environment Standards and PREA. \_\_\_\_ (initials)
- I acknowledge that I understand Rite of Passage's position on zero tolerance of sexual abuse and sexual harassment. \_\_\_\_ (initials)
- I acknowledge that I will report any knowledge of sexual abuse or sexual harassment immediately. \_\_\_\_ (initials)

The auditor interviewed the facility's PD and PCM, who both shared their knowledge of the past two sexual abuse investigations conducted at the facility. These were the only two sexual abuse allegations reported at the facility in the past 2-year audit review period, one in 2022 and the other in early 2024. For the sexual abuse allegation investigated in 2022, this involved immediately placing the staff perpetrator on administrative leave to ensure separation from the victims and subsequent termination from employment for the abuse. The perpetrator in this case was charged criminally with two counts of aggregated sexual assault of a child and currently is incarcerated in an Arkansas state prison for the crimes committed at the MJTC. The more recent sexual abuse allegation was a resident-on-resident allegation of sexual abuse; however, the staff member assigned to the resident's cottage during the time of the alleged incident was placed on administrative leave during the investigation due to a staff neglect situation. This staff member was

terminated as a result of the internal investigative finding that substantiated the incident as a situation of staff neglect by this Coach Counselor. Furthermore, the two sexual abuse investigations included documentation to confirm that each case was referred to the State child protective services and AR State Police (CACD).

Additionally, the PD, PCM, and HR Administrator all confirmed in their individual interviews that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse or sexual harassment, with this being the apparent practice as showcased with the PREA investigative files reviewed by the auditor and PCM onsite.

The auditor was provided personal files for a representative sample of staff, volunteers, and contractors and reviewed the files with the HR Administrator onsite. Through the review process, there was no indication that the files reviewed contained any evidence to suggest the staff, volunteers, or contractors were disciplined for violations of the agency's sexual abuse or sexual harassment policies during the past 2 year audit review period. This was also corroborated by the HR Administrator during her interview onsite.

**Conclusion:**

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

115.377	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.377</u></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>• PAQ</li> <li>• Investigative Documents</li> <li>• ROP Policy 100.410 (Employee Standards of Conduct &amp; Performance)</li> <li>• ROP Policy 100.400 (Employee Counseling &amp; Discipline)</li> <li>• ROP Policy 100.400 (Employee Offense Assessment Guide)</li> <li>• PREA Investigative File Review</li> <li>• ROP SES Zero Tolerance Acknowledgement Form</li> </ul>

**Interviews:**

- Program Director (PD) / Facility Head
- PCM / Internal Administrative Investigator
- HR Administrator

**Explanation of Determination:****115.377 (a & b):**

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

In addition, the auditor was provided three ROP personal policies that include specified procedures related to disciplinary sanctions for staff, volunteers, and contractors who violate the agency's PREA policies. These policies include procedures for employee standards of conduct and performance, employee counseling and discipline, and employee offense assessment guide.

The auditor was also provided a Zero-Tolerance Acknowledgement form that is signed by all staff, volunteers, and contractors before having contact with residents at the MJTC. This form ensures all individuals who enter the facility understand that the MJTC is a zero-tolerance facility and recognize the mandatory reporting requirements for any sexual abuse, sexual harassment, retaliation, or staff neglect situation. The form states the following:

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

The bottom of this form includes the following three acknowledgement statements that require initials to acknowledge understanding. In addition, there is a section in

which requires the individual's written name and signature, the date, and the trainer's signature.

- I acknowledge that I have received training on and understand Rite of Passage's Safe Environment Standards and PREA. \_\_\_\_ (initials)
- I acknowledge that I understand Rite of Passage's position on zero tolerance of sexual abuse and sexual harassment. \_\_\_\_ (initials)
- I acknowledge that I will report any knowledge of sexual abuse or sexual harassment immediately. \_\_\_\_ (initials)

The administrators interviewed onsite (PCM, PD, & HR Administrator) all confirmed that there has not been a situation involving a staff member, volunteer, or contractor who was found to have engaged in any form of resident sexual abuse during this audit review period. This was also confirmed to be true through the evidentiary documentation review for this audit, which included an examination of all the PREA investigations conducted in the past 2 years prior to this audit. The administrators further stated that any volunteer or contractor alleged to be a perpetrator of sexual abuse or sexual harassment of a resident will be immediately restricted from all communication and contact with residents at the facility.

Additionally, the presumptive action for any contractor or volunteer found to have engaged in sexual abuse or sexual harassment of a resident is immediate termination of services. Local law enforcement and the governing state agency would be notified of the situation to ensure the authorities are aware of the final disposition of any PREA related internal investigation.

**Conclusion:**

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

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.378</u></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> </ul>

- ROP Policy 600.600 (Safe Environmental Standards/PREA)
- Resident PREA Brochure
- PREA Signs
- PAQ
- Resident Student Handbook
- Investigative Documents
- PREA Investigative File Review
- Memo Signed by the PCM
- Grievance Review

**Interviews:**

- Program Director (PD)
- PCM / Internal Administrative Investigator
- 13 Random Security Staff
- 10 Residents (7 Random & 3 Targeted)
- Medical Professionals (Two Full-Time Registered Nurses)
- Therapists (Lead Therapist and Therapist)

**Site Review Observations:**

During the onsite, the auditor confirmed that none of the students at the facility were isolated in a room due to a PREA related situation. Additionally, the facility did not house youth who identified as LGBTI in specialized housing.

**Explanation of Determination:**

**115.378 (a - g):**

**(a & b):**

According to the agency's PREA Policy: A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The PCM provided the auditor with a signed memo that states the MJTC has not had any isolations at the facility reference to in PREA standard 115.342 and 115.378.

The random security staff members interviewed explained that they have never

been made aware of a situation involving a resident placed on a disciplinary sanction for sexual abuse allegation or incident at the facility. This information was also confirmed by the PD and PCM. These administrators elaborated on the disciplinary sanction procedures available at the facility, including the disciplinary seclusion rights of residents. These rights include ensuring that a resident is not denied daily large-muscle exercise or access to any legally required educational programming or special education services while serving a disciplinary seclusion (isolation) in a room at the facility. Furthermore, residents in isolation must receive daily visits from a medical and mental health care clinician and have full access to other programming opportunities to the extent possible to ensure the safety and security of the residents. Both the medical professional and the mental health provider interviewed confirmed their ability to have unrestricted access to all residents and reported no issues in meeting with residents secured in their rooms.

The Director of Group Living and PCM shared that the facility does not utilize room isolation for residents for disciplinary matters related to PREA. If a youth was found to have engaged in sexual abuse or sexual harassment of another resident, the resident would be moved away from the victim (housing re-assessed) and, in most cases, removed from the facility entirely by the Program Director (PD). The MJTC has five usable housing units to use for moving a threatening and/or aggressive resident away from others. Furthermore, the PD advised he has the authority to contact the Division of Youth Services to have a resident perpetrator of sexual abuse or sexual harassment removed from the MJTC.

The PCM provided the auditor with the Resident Handbook, Resident PREA Brochure, and pictures of PREA Posters that all state the agency's zero tolerance PREA policy and also include information on disciplinary sanctions for residents and staff who violate the agency's PREA policies. For example, the resident's PREA Brochure includes the following information that all residents are informed of when they arrive at the facility:

- Student-on-student sexual abuse and harassment is prohibited. No one has the right to use threats, intimidation, inappropriate touching or other actions to pressure you to engage in a sexual act. As a student, if you sexually abuse or harass another student or engage in sexual misconduct, you will be subject to rite of passage disciplinary actions. You will also be subject to any action taken by law enforcement.
- Staff-on-student sexual misconduct is prohibited. Staff, volunteers, interns and contractors are not allowed to engage in any sexual acts or behaviors with students. Examples include making sexual advances, sexual acts, verbal or physical conduct of a sexual nature, kissing, jokes of a sexual nature, touching, special attention, sexual language, or conduct of any sexual nature. Staff are not allowed to make threats to a student for refusing to engage. A student is not allowed to agree (consent) to any sexual actions with a staff member or any adult. This is prohibited and illegal. Any staff member engaging in sexual conduct with a student will be held liable by law enforcement.

- Retaliation for reporting sexual abuse, harassment or staff misconduct is prohibited: Retaliation is intimidation to prevent a student from filing a complaint (or participating in an investigation).
- Rite of Passage prohibits anyone from interfering with an investigation, including intimidating or retaliating against witnesses. If you believe you are being treated unfairly or punished because you filed a complaint (or assisted in an investigation), please report this to the Program Director or another trusted adult immediately.

**(c):**

The agency's PREA Policy states: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The PD, PCM, and DGL all confirmed this requirement and explained how a resident's mental health diagnosis will be taken into consideration when a supervisor assesses the proper level of disciplinary action to enforce. They explained how in a case involving a resident perpetrator of sexual abuse or sexual harassment, the management team would meet with mental and medical to ensure the appropriate response is implemented for sanctioning the perpetrator. The PD advised that in most cases involving this type of sexual behavior, the resident perpetrator would be discharged from the MJTC entirely.

**(d):**

As stated in the agency's PREA Policy: If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency 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 MHP and medical professional interviewed confirmed that the facility will take the necessary steps to assess whether providing a resident offender of sexual abuse therapy intervention services are necessary and available at the facility or through outside counseling. They explained how there are specialized professionals available either in-house or through outside referrals, and they can reach out to the contracted physician and psychiatrist to assist on a case-by-case basis. In addition, all situations involving sexual abuse requires contact with the Hamilton Center Children's Advocacy Center, and this organization has specialized victim advocates and mental and medical health professionals who can assist a victim of sexual abuse.

**(e - g):**

The agency's PREA Policy includes the following: The agency may discipline a

resident 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. An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The residents interviewed indicated that they can make PREA reports without restrictions, and they all understood that a report made in bad faith (e.g., falsely alleging a PREA report) may result in a disciplinary sanction.

The auditor confirmed with all staff interviewed on-site, and through the documentation review process, that the facility prohibits all sexual activity between residents and may discipline residents for such activity, unless it is determined that coercion was not involved.

Additionally, the auditor conducted a representative sample review of grievance submitted this calendar year, and no grievances indicated that a resident was placed on a disciplinary type isolation or seclusion for a PREA related matter.

Furthermore, the sexual abuse investigative files for the two sexual abuse allegations reported in the past 2 year audit review period were examined by the auditor. This analyze did not reveal any evidence to suggest that a resident was isolated in a room for a PREA related situation, as either the victim or perpetrator.

**Conclusion:**

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

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>115.381</u></b> <b>The following is a list of evidence used to determine compliance:</b>



- Agency's PREA Policy
- PAQ
- Vulnerability Assessments (Vas)
- ROP 14 Day Mental Health Tracker
- Mental Health Follow-up Documentation
- Corrective Action Plan
- Specialized Training for Clinical and Medical Units

**Interviews:**

- Intake Staff (Therapist and Case Manager/CM)
- 10 Residents (7 Random & 3 Targeted)
- Medical Professionals (Two Full-Time Registered Nurses)
- Lead Therapist
- Therapist

**Site Review Observations:**

Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard. The risk screening forms were found to be securely maintained in a locked area and on camera view, with no unrestricted access allowed.

**Explanation of Determination:**

**115.381 (a-d):**

**(a & b):**

According to the agency's PREA Policy: If the screening pursuant to PREA Standard 115.341 indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

As noted in sections 115.341 and 115.342 of this report, the MJTC was found out of compliance with these standards due to relying on the intake facility (AJATC) to conduct the VA's and the VA's conducted at AJATC were used at the MJTC upon the resident's arrival. This issue was immediately addressed prior to the onsite, and the PD and PCM worked with the Clinical Unit to develop a corrective action plan. This plan requires that a therapist at the MJTC conducts the VA's upon a residents arrival at the facility. This ensures that a specially trained mental health professional meets with all newly admitted residents the same day they arrive to conduct the VA risk screening tool and provide mental health initiation of services.

However, it should be noted that the auditor interviewed 7 random residents and 3 targeted (two who receive Special Educational Services and one who indicated prior

sexual victimization on the VA), who all confirmed they met with a medical and mental health professional within two weeks of being at the MJTC. This confirmed that the facility is in compliance with this PREA standard in practice. In addition, the one targeted resident who had experienced prior sexual victimization in the community before being confined confirmed that in-person therapy has been provided at the facility on a weekly basis since being admitted into the MJTC.

The auditor interviewed the Lead Therapist and a full-time therapist onsite, who described how a therapist now conducts the VA the same day a youth arrives at the facility, usually with a hour or two, and this ensures that all youth admitted see a mental health professional within the 14 day timeframe required by this PREA standard. In addition, the MHP's interviewed confirmed that prior to this corrective action being implemented, a nurse and MHP were meeting with all youth admitted into the MJTC within two weeks. Furthermore, the medical staff interviewed, two registered nurses, advised that is a requirement for a medical professional to meet with all youth admitted into the MJTC the same day they arrive to conduct the medical assessment. In most cases, the Mental and Medical Health Units are aware of when new residents are scheduled to arrive at the facility, which ensures there are medical and mental health professionals on site to conduct their assessments.

In order to assess the corrective action implementation related to a MHP conducting the VA for all newly admitted residents since the corrective action was implemented in September of 2024, the auditor was provided three completed VA's for the three residents admitted into the program from September 26th, 2024, to the date of this interim report. Out of these three VA's, only one indicated prior sexual victimization. For this VA, a facility therapist signed the VA indicating that a MHP conducted the VA on the same day the youth arrived at the facility. Furthermore, the other two VA's were also conducted by a MHP, which further confirmed the facility's updated practice. As noted in sections 115.341 and 115.342, the PCM advised she will provide the VA's for all youth admitted into the MJTC during the corrective action period.

In addition, the PCM provided the auditor with a signed memo that includes the corrective action plan and updated procedures related to a licensed full-time therapist conducting the VA's for all newly admitted residents to the MJTC.

The facility also utilizes a 14-day mental health tracker form to keep track of all youth who identified on their VA having experienced prior sexual victimization.

However, this is a new form and no entries were added on the tracker form provided at the time of the onsite.

**(c):**

The agency's PREA Policy states: 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,

	<p>State, or local law.</p> <p>The random security staff and MHP and medical professional interviewed all expressed the limits of confidentiality for working with juveniles in a secure setting. For example, the staff shared how sensitive information ascertained from the risk screening and other assessments are 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, education, and program assignments.</p> <p><b>(d):</b></p> <p>According to the agency’s PREA Policy: Medical and mental health practitioners shall 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.</p> <p>The auditor confirmed through the interviews conducted and the onsite and documentation review process that the facility only accepts juveniles in the facility, and the PD advised that the MJTC has full authority of care and custody of all residents. However, the medical professional and MHP interviewed confirmed that all residents are provided the limits of confidentiality and an informed consent explanation before medical and mental health services/treatment are provided.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.382</u></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>• PAQ</li> <li>• ROP SES Student Services Offered Acknowledgement</li> </ul>

- ROP Policy 800.407 (Sexual Abuse Reporting Follow Up)
- Hamilton Center for Children's Advocacy MOU and Website Information

**Interviews:**

- Medical Professional
- MHP
- 13 Randomly Selected Security Staff

**Explanation of Determination:**

**115.382 (a-d):**

**(a - d):**

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

The auditor interviewed two mental health professional (MHP) and two medical professional, all of whom confirmed during their interviews that the access to emergency medical and mental health services pursuant to this PREA standard would be provided to a resident victim of sexual abuse. The level of emergency services that professionals on-site can provide will be based on their professional judgment and within the scope of their applicable practice. For additional emergency services, 911 would be called to transport a resident victim of sexual abuse to the local hospital. The professionals also explained that the Hamilton Center for Children Advocacy would be contacted and provide additional victim services at no cost. In addition, they confirmed that all follow-up victim services will be provided to a resident victim of sexual abuse without financial cost. The local hospital and Hamilton Center would assist with providing timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis; however, the full-time medical staff can also assist with this information after a victim returns to the facility after being assessed by physicians and specialist at the hospital.

A signed MOU with the Hamilton Center was provided, which confirmed the victim

services that this organization can provide and assist with on a case-by-case basis in a timely manner. Additionally, the auditor confirmed that there are several emergency medical centers available to resident victims of sexual abuse, including Mercy Family Medicine in Mansfield, AR, Mercy Clinic Family Medicine in Greenwood, AR, and Mercy Family Medicine in Fort Smith, AR. The RN's interviewed shared how a medical professional from the MJTC would be able to go with a resident victim of sexual abuse to the nearest emergency medical hospital. This transport would happen in a timely fashion and all youth at the MJTC are provided unimpeded access to emergency medical treatment and crisis intervention services.

Additionally, the auditor spoke with a representative from the Hamilton Center for Children's Advocacy, who confirmed that their facility offers victim services pursuant to the requirements set forth in the PREA standard. The auditor reviewed the Hamilton Center for Child Advocacy's website, which includes the following information relevant to the requirements of this PREA standard:

- Our {Hamilton Center} team of forensics interviewers creates a safe space where children can share their experiences, often feeling true safety for the first time. Our compassionate nurses conduct thorough physical exams with care and respect, gathering crucial evidence for collaboration with law enforcement. Simultaneously, our mental health therapists offer trauma-focused therapy, helping children find their voices as they begin their healing journey.
- Our advocates support both children and caregivers, providing assistance and strength as they navigate through life-changing events. Together, we can make a lasting impact and ensure that every child has the opportunity to live free from the shadows of abuse. It's time for us to come together and transform our community into a sanctuary for these vulnerable children.

The auditor also asked each of the 13 Coach Counselors interviewed questions about first responder duties and preliminary steps to take to protect a victim of sexual abuse at the MJTC. The staff all confirmed they understood the first responder duties associated with first separating the alleged victim from the abuser, preserving and protecting the scene, calling for immediate assistance from supervisors, medical, and mental health professionals, making the necessary reports and notifications, and documenting the incident on a Incident Report form.

The facility has a ROP form that is titled, 'Student Services Offered Acknowledgement.' This document includes acknowledgements for offering student victims of sexual abuse victim services related to the requirements set forth by this PREA standard and standard 115.321. The form includes 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 reviewed the two sexual abuse investigative files for the past 2 year audit review period, and confirmed that in each case, the alleged victims all signed the agency's 'Student Services Offered Acknowledgement,' which confirmed they were offered the victim services and treatment pursuant to this PREA standard.

In addition, the agency's Policy 800.407, includes specific procedures related to the medical and mental health care that is required to be provided to a resident victim of sexual abuse, as outlined below:

- In the case of medical emergencies at the MJTC, staff ensure the youth receives proper medical attention for further assessment. This may include providing the minor with an assessment by a qualified health practitioner or calling emergency services when appropriate. Additionally, Rite of Passage (ROP) ensures that any information related to sexual abuse is protected and kept confidential and is only disclosed to the extent necessary for medical and mental health treatment, investigations, notice to local law enforcement, or for other security and management decisions.

**Conclusion:**

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

115.383

**Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.383**

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

- Agency's PREA Policy
- PAQ
- ROP SES Student Services Offered Acknowledgement
- ROP Policy 800.407 (Sexual Abuse Reporting Follow Up)
- Hamilton Center for Children's Advocacy MOU & Website Information

**Interviews:**

- Medical Professionals (Two Full-Time Registered Nurses)
- MHP's (Lead Therapist and one Full-Time Therapist)

**Explanation of Determination:**

**115.383 (a-h):**

According to the agency's PREA Policy: The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The auditor interviewed two full-time mental health professionals (MHP's) and two full-time registered nurses during the onsite, all of whom confirmed during their individual interviews that the medical and mental health care for sexual abuse victims and abusers pursuant to this PREA standard would be provided at the local hospital and at the facility upon the resident's return. Evaluations would be conducted by an appropriate licensed provider and treatment would include follow-

up services, treatment plans, and, when necessary, referrals for continued care outside the facility. The professionals indicated that they felt the services offered at the facility are consistent with the community level of care, with resident victims of sexual abuse also transported to the local hospital for victim services related to sexual abuse. In addition, the MHP and medical professionals shared that the local children's advocacy center (Hamilton Center for Children's Advocacy) would also be contacted to provide additional victim services pursuant to the PREA standards and state required child abuse protocols. All such treatment services are provided to the victim without any financial cost, as confirmed by each professional interviewed onsite.

Additionally, the auditor spoke with a representative from the Hamilton Center for Children's Advocacy, who confirmed that their facility offers victim services pursuant to the requirements set forth in the PREA standard. The auditor reviewed the Hamilton Center for Child Advocacy's website, which includes the following information relevant to the requirements of this PREA standard:

- Our {Hamilton Center} team of forensics interviewers creates a safe space where children can share their experiences, often feeling true safety for the first time. Our compassionate nurses conduct thorough physical exams with care and respect, gathering crucial evidence for collaboration with law enforcement. Simultaneously, our mental health therapists offer trauma-focused therapy, helping children find their voices as they begin their healing journey.
- Our advocates support both children and caregivers, providing assistance and strength as they navigate through life-changing events. Together, we can make a lasting impact and ensure that every child has the opportunity to live free from the shadows of abuse. It's time for us to come together and transform our community into a sanctuary for these vulnerable children.

The auditor also asked each of the 13 Coach Counselors interviewed questions about first responder duties and preliminary steps to take to protect a victim of sexual abuse at the MJTC. The staff all confirmed they understood the first responder duties associated with first separating the alleged victim from the abuser, preserving and protecting the scene, calling for immediate assistance from supervisors, medical, and mental health professionals, making the necessary reports and notifications, and documenting the incident on a Incident Report form.

The facility has a ROP form that is titled, 'Student Services Offered Acknowledgement.' This document includes acknowledgements for offering student victims of sexual abuse victim services related to the requirements set forth by this PREA standard and standard 115.321. The form includes 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 reviewed the two sexual abuse investigative files for the past 2-year audit review period, and confirmed that in each case, the alleged victims all signed the agency's 'Student Services Offered Acknowledgement,' which confirmed they were offered the victim services and treatment pursuant to this PREA standard.

In addition, the agency's Policy 800.407, includes specific procedures related to the medical and mental health care that is required to be provided to a resident victim of sexual abuse, as outlined below:

- In the case of medical emergencies at the MJTC, staff ensure the youth receives proper medical attention for further assessment. This may include providing the minor with an assessment by a qualified health practitioner or calling emergency services when appropriate. Additionally, Rite of Passage (ROP) ensures that any information related to sexual abuse is protected and kept confidential and is only disclosed to the extent necessary for medical and mental health treatment, investigations, notice to local law enforcement, or for other security and management decisions.

Note: The MJTC is an all-male juvenile facility and, therefore, provisions (d) and (e) do not apply at the MJTC.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.386**

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

- Agency's PREA Policy
- PAQ
- Sexual Abuse Incident Review (SAIR) Documentation
- ROP SES/PREA Administrative & Response Review
- Emails to and from AR Division of Youth Services
- MJTC Corrective Action Plan (January 2024)
- PREA Investigative File Review

**Interviews:**

- PCM / Designated Administrator Involved in SAIR's
- Program Director (PD)

**Explanation of Determination:**

**115.386 (a-e):**

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

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to

determinations made and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The auditor interviewed two SAIR administrators, the PCM and PD, who both sufficiently explained in their individual interviews the individuals involved in conducting a SAIR, the 30 day timeframe of conducting a SAIR after an investigation into sexual abuse is completed (unless the allegation has been determined to be unfounded), and the elements scrutinized during a SAIR. The administrators advised that the SAIR is completed in order to consider whether any change of policy or practice is needed to improve sexual safety at the facility, to assess the motivation behind the abusive act, to examine the area where the incident occurred to assess for improvements, to analyze the staffing levels and supervision practices to improve safety and prevent abuse, and to assess the monitoring technology in operation at the time of the sexual abuse. It was also shared that the SAIR involves completing a written report that is submitted to the Program Director, Regional Compliance Manager, and PC, which includes any recommendations for improvement determined through the SAIR process.

The PC was also interviewed and confirmed being a part of this SAIR process and receiving all SAIR reports completed at the facility.

In order to demonstrate how the facility complied with the requirements of this PREA standard in practice at the MJTC, the PCM provided the auditor with the PREA investigative file for the most recent sexual abuse investigation. This allegation was reported in January 2024 and determined to be unsubstantiated. The SAIR was conducted, as per the verification documents provided, within three days of the initial report. The internal investigation was completed the same day the SAIR was conducted by the administrative team. In addition, a corrective action plan was developed and implemented after the SAIR was completed that outlined the following:

- All Staff will attend Mandatory Yearly Training for the month of February. All Staff will be trained and tested on the following policies and will be required to sign "Staff Training & Development Document 13.44";
- All Staff will attend Mandatory Yearly Training for the Month of February;
- Policy Number 600.157, Night Supervision;
- Policy Number, 600.104a, Dorm Supervision;
- Policy 200.105, Student Movement and Supervision-Secure Programs;
- Policy Number 100.410, Employee Standards of Conduct and Performance;
- Supervisory staff will complete weekly Random "Night" Walk Throughs of every cottage to ensure policy compliance. These Walk Throughs will be documented on the "Daily Site Unannounced Rounds" Document;
- Administrative Staff will conduct weekly "Night" Camera Footage Reviews of every cottage to ensure policy compliance; and

- Any staff member who violates the above policies will be subject to disciplinary action not limited to Termination of Employment.

The above corrective action plan was developed due to the staff neglect situation and not specific to the unsubstantiated allegation of resident-on-resident sexual abuse. The AR Division of Youth Services required this corrective action to be implemented as a result of the reported concerns regarding improper supervision and juvenile safety. This was verified on the emails included in the PREA investigative file.

Note: As noted throughout this report, the MJTC had two sexual abuse allegations investigated during the two-year audit review period, one in January 2024 and the other in 2022. As for the SAIR documentations for the 2022 substantiated sexual abuse investigation, the facility was unable to locate the verification documents to demonstrate that a SAIR was conducted within 30 days after the conclusion of the investigation. The facility was found non-compliant for not being able to produce the SAIR documentation for this 2022 investigation; however, since the latest sexual abuse investigation included the required SAIR documentation to demonstrate full compliance, the facility was ultimately found to be compliant with the requirements of this PREA standard for the most recent and only other sexual abuse investigation conducted at the MJTC.

The PD, PCM, PC, and Regional Compliance Manager were notified of the non-compliant issues associated with this PREA standard and provided the following in response:

- The MJTC Administration has provided all the documentation available for this 2022 investigation, and there have been several Directors and other staff in numerous roles since this 2022 incident. Moving forward, the MJTC administration is committed to ensuring full compliance in practice with each PREA standard and making absolutely certain all the necessary documentation is completed and maintained in order to effectively demonstrate compliance with each provision of each standard.

Note: During the corrective action period, both the Human Resources (HR) Administrator and the PREA Compliance Manager (PCM) confirmed that the facility did not experience any incidents of sexual abuse involving a resident at the Mansfield Juvenile Treatment Center (MJTC).

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.387**

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

- Agency's PREA Policy
- PAQ
- PREA Data Reports (.387 PREA Allegation Tracker Spreadsheet)
- 2023 PREA Annual Report- Mansfield

**Interviews:**

- PCM
- Program Director (PD)
- PC

**Explanation of Determination:**

**115.387 (a-f):**

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

The auditor interviewed the PCM, PC, and PD, and each of these administrators confirmed during their individual interviews that the facility collects accurate, uniformed data of sexual abuse at the facility using the standardized set of definitions included in the agency's PREA Policy. The auditor was provided the facility's 2023 PREA Annual Report and PREA Allegation Tracker spreadsheet. Upon the auditor's examination, it was confirmed that the necessary aggregated PREA related data required by this PREA standard is included on each document.

Moreover, the data was found to match the data compiled by the auditor from the PREA internal investigations conducted at the facility during each applicable time period.

	<p>The PC shared that she receives quarterly PREA data updates from the MJTC; however, when there is a PREA incident at the facility, the PC is immediately notified and assists the PCM as needed to the situation.</p> <p>Note: The MJTC does not contrast with other facilities for the confinement of its residents. This was confirmed through the auditor’s documentation review and onsite observations and interviews.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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><u>115.388</u></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>• PAQ</li> <li>• PREA Data Reports (.387 PREA Allegation Tracker Spreadsheet)</li> <li>• 2023 PREA Annual Report- Mansfield</li> <li>• Memo Signed by PCM</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• PC</li> <li>• Program Director (PD) / Facility Head</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: The agency shall review data collected and aggregated pursuant to PREA Standard §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> </ul>

- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The auditor reviewed the facility's website and confirmed that the facility includes their annual PREA report on this site (<https://mansfieldjuvenilecenter.com/ses/>). The auditor reviewed the published report and confirmed that the report did not include any personal identifiers that could present a clear and specific threat to the safety and security of the facility.

The auditor interviewed the PCM, PC, and PD, who all confirmed during their individual interviews that the facility's leadership team reviews PREA data collected each year in order to assess and improve the effectiveness of its PREA Policy and training. This annual review process includes, but is not limited to: identifying problem areas, implementing correction action on a continuous basis, and preparing an annual report of any findings and corrective action taken. The annual PREA report is provided to agency leadership and published on the facility's website, with all sensitive and confidential personal data redacted to protect residents at the facility.

The PC shared that she receives quarterly PREA data updates from the MJTC; however, when there is a PREA incident at the facility, the PC is immediately notified and assists the PCM as needed to the situation. The PC also confirmed that the PREA Annual Report is sent to the corporate office to ensure personal identifiers are redacted and all the information included therein can be published on the facility's website. The only material redacted was explained by the PC to include sensitive and confidential information, such as personal identifiers.

The auditor was provided the facility's 2023 PREA Annual Report and PREA Allegation Tracker spreadsheet. Upon the auditor's examination, it was confirmed that the necessary aggregated PREA related data required by this PREA standard is included on each document. Moreover, the data was found to match the data compiled by the auditor from the PREA internal investigations conducted at the facility during each applicable time period. However, the comparison of the previous years' data was missing in the 2023 PREA Annual Report.

The auditor spoke to the PCM about this issue, and the PCM advised that this is the facility's first audit since ROP took over operations in July 2020; therefore, the facility had no data to compare for the year 2022. The PCM and PD advised that the

2024 PREA Annual Report will include the comparison of 2023 PREA data with 2024, as well as each element as required by the PREA standards.

It is important to note that the 2023 PREA Annual Report documents that there was not a sexual abuse or sexual harassment allegation reported at the facility during calendar year 2023. Therefore, there was no data reported to assess pursuant to this PREA standard. The report states the following:

Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website. 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.

Due to the lack of documentation included in the 2023 PREA Annual Report about the previous years' data and no such comparison available, the facility was found out of compliance with the requirements of this PREA standard.

**Corrective Action Summary:**

*The PD and PCM advised that the 2024 PREA Annual Report will be conducted during the corrective action period in calendar year 2025. This report will include all the requirements of this PREA standard, published on the facility's website, and provided to the auditor to demonstrate full compliance with this PREA standard.*

*During the corrective action period, the PCM provided the auditor with the facility's 2025 PREA Audit Report. This report outlines the facility's adherence to the requirements established by the PREA standards. Specifically, it details how the administrative team at the MJTC convened in January 2025 to review and assess the PREA data for the calendar years 2023 and 2024. This meeting was conducted to evaluate the effectiveness of the facility's policies, practices, and training related to the prevention, detection, and response to sexual abuse required by this PREA standard.*

*The report further identifies areas of concern and vulnerability within the facility, including both informal and formal corrective actions that have been implemented to enhance the safety of both residents and staff. Additionally, the report outlines plans for future improvements to ensure ongoing progress in maintaining a safe and compliant environment.*

*Upon the auditor's review of the facility's 2025 Annual PREA Report, the facility was found to be fully compliant with the requirements of this PREA standard. Additionally, the auditor confirmed that the facility successfully published the report on the facility's website as of the date of this Final Report.*



	<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 facility meets all elements of this PREA standard and no corrective action is required at this time.</b></p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.389</u></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>• PAQ</li> <li>• PREA Data Reports (.387 PREA Allegation Tracker Spreadsheet)</li> <li>• 2023 PREA Annual Report- Mansfield</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• PC</li> <li>• PD / Facility Head</li> </ul> <p><b>Site Review Observations:</b></p> <p>Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.389 (a-d):</b></p> <p>According to the agency's PREA Policy: The agency shall ensure that all PREA related resident data collected are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected</p>

	<p>pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor interviewed the PCM, PC and PD, who all confirmed during their individual interviews that all PREA data is securely retained and made publicly available through the facility’s website page, with all sensitive and confidential personal data redacted to protect residents at the facility. In addition, the administrators interviewed confirmed the retention requirement of this PREA standard, with all PREA investigative reports maintained by the PC/PCM and stored securely in their office and on their computer.</p> <p>The PC shared that she receives quarterly PREA data updates from the MJTC; however, when there is a PREA incident at the facility, the PC is immediately notified and assists the PCM as needed to the situation. The PC also confirmed that the PREA Annual Report is sent to the corporate office to ensure personal identifiers are redacted and all the information included therein can be published on the facility’s website. The only material redacted was explained by the PC to include sensitive and confidential information, such as personal identifiers.</p> <p>The auditor reviewed the facility’s website and confirmed that the facility includes their annual PREA report on this site (<a href="https://mansfieldjuvenilecenter.com/ses/">https://mansfieldjuvenilecenter.com/ses/</a>). The auditor reviewed the published report and confirmed that the report did not include any personal identifiers that could present a clear and specific threat to the safety and security of the facility.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.401</b>	<p><b>Frequency and scope of audits</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b><u>115.401:</u></b></p> <p><b>Explanation of Determination:</b></p> <p>(a): The PD and PCM confirmed during their interviews that the has not been audited for PREA in the past and ROP took over operations of the MJTC in July 2020.</p> <p>(b): This audit was conducted in the 3rd year of the 4th audit cycle.</p>
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(h): During the onsite phase of the audit and the facility inspection, the auditor had full access to, and the ability to observe, all areas of the facility. No issues of concern were experienced or identified by the auditor during the onsite pursuant to the requirements of this PREA standard.

(l): During all phases of the audit, the auditor was permitted to request and received copies of any relevant document including electronically stored information from administrative files and records.

(m): During the onsite phase of the audit, the auditor was able to conduct interviews with residents and staff members in a private office type setting that ensured the residents and staff were able to communicate to the auditor privately, without other individuals able to listen to their responses.

(n): During all three phases of the audit process, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, the auditor has not received any confidential information or correspondence from a resident or staff to date.

**Conclusion:**

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

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.403:</u></b></p> <p><b>Explanation of Determination:</b></p> <p>A review of the facility’s website, as well as interviews with the PD and the PCM, revealed that this facility has not been previously audited for compliance with the PREA standards since ROP took over operations at the MJTC in 2020.</p> <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 facility meets all elements of this PREA standard, and no corrective action is required at this time.</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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes



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

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

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

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<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.)	no
<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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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.)	no
<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.)	no
	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.)	no

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