

# PREA Facility Audit Report: Final

**Name of Facility:** Monarch Academy for Girls

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/31/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 08/31/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	07/28/2024
<b>End Date of On-Site Audit:</b>	07/29/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Monarch Academy for Girls
<b>Facility physical address:</b>	370 King Avenue, Denison, Texas - 75020
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Jessie Wade
<b>Email Address:</b>	jessie.wade@rop.com
<b>Telephone Number:</b>	505-933-1648

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Jessie Wade
<b>Email Address:</b>	jessie.wade@rop.com
<b>Telephone Number:</b>	430-277-5520

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jessie Wade
<b>Email Address:</b>	jessie.wade@rop.com
<b>Telephone Number:</b>	O: 505-933-1648

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Billie Hall
<b>Email Address:</b>	billie.hall@rop.com
<b>Telephone Number:</b>	430-277-5520

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	19
<b>Current population of facility:</b>	18
<b>Average daily population for the past 12 months:</b>	19
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females

<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	23
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	6

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

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

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

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

3

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

### Number of standards met:

40

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-28
2. End date of the onsite portion of the audit:	2024-07-29

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Grayson County Children's Advocacy Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	19
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	19
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>15</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>21</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>6</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>3</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Utilized the facility's student roster to select a representative sample of students, with also selecting three targeted youth (total of 10 youth interviewed). The facility has a maximum capacity of 19 biological female juveniles, and 7 out of the 19 were selected at random from the student roster. The auditor ensured the random selection included youth of different housing assignments, age, race, ethnicity, and length of stay. The additional three targeted youth were selected from the students who were identified by the Program Director of Monarch Academy as meeting the targeted criteria of students who disclosed prior sexual victimization during risk screening process, identified as LGBTI, and those who receive special educational services.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>3</p>

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

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite phase of the audit, no youth were identified by the auditor to meet the targeted criteria of students with a physical disability.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite phase of the audit, no youth were identified by the auditor to meet the targeted criteria of students who were Blind or low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite phase of the audit, no youth were identified by the auditor to meet the targeted criteria of students who were Deaf or hard-of-hearing.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite phase of the audit, no youth were identified by the auditor to meet the targeted criteria of students who LEP.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite phase of the audit, no youth were identified by the auditor to meet the targeted criteria of transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During all the phases of the audit process, no youth were identified by the auditor to meet the targeted criteria of being involved in any type of sexual abuse situation at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No segregated housing is used at the facility, as verified by the auditor.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>With the auditor interviewing over half the population of students at the facility (52%), a large representative sample size was successfully interviewed onsite and no issues or barriers to completing the interviews were experienced.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>8</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. 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>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. 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>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The contractor interviewed is one of the two licensed professional counselors who provide mental health treatment to the students at the Monarch Academy.</p>
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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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees 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>88. 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>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No 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.

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
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<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>No sexual abuse or sexual harassment allegations were made during the auditor review period; therefore, no such investigations were conducted. This was verified through an analysis of PREA reports for the facility, verification documents reviewed for each PREA standard, and interviews conducted onsite.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>



<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No sexual abuse or sexual harassment allegations were made during the auditor review period; therefore, no such investigations were conducted. This was verified through an analysis of PREA reports for the facility, verification documents reviewed for each PREA standard, and interviews conducted onsite.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <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>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Rite of Passage (ROP) Safe Environment Standards (SES) (*will be referred to throughout this report as "Agency's PREA Policy")</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• ROP Organizational Chart</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards Zero-Tolerance Acknowledgement</li> <li>• The Rite of Passage Monarch Academy Website (monarchacademyforgirls.com)</li> <li>• ROP Position Descriptions for PREA Coordinator and PREA Compliance Manager</li> </ul> <p><b>Interviews:</b></p>

- Agency-Wide PREA Coordinator (PC)
- PREA Compliance Manager (PCM) for The Monarch Academy

**Site Review Observations:**

During the onsite visit, the auditor confirmed that the facility displays PREA signage throughout the premises, outlining the agency's zero tolerance policy and detailing the various methods available for making a PREA report. Furthermore, the agency-wide PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) were present onsite during the audit and granted the auditor full access to all facility areas, as well as provided all the requested proof documentation necessary to assess for compliance with the PREA standards. The PCM and PC served as the main points of contact during all audit phases, with each administrator exhibiting the necessary time and authority to effectively develop, implement, and oversee agency initiatives to ensure compliance with the PREA standards.

**Explanation of Determination:**

**115.311 (a-c):**

The auditor was provided the ROP PREA Policy and confirmed through a thorough review that this 54 page PREA manual includes procedures that correspond with each of the PREA Standards for Juvenile Facilities. Moreover, this policy mandates zero tolerance for all forms of sexual abuse and sexual harassment. It also outlines the agency's approach to preventing, detecting, and responding to such behavior. It is important to note that The Monarch Academy for Girls adheres to and has fully implemented the ROP Safety Environmental Standards (SES) as the facility's PREA manual, and staff receive training on this manual when they are first hired- during pre-service. This ensures all staff have a full understanding of how to prevent, detect, and respond to situations involving PREA. Throughout this report, the ROP SES will be referred to as the agency's PREA Policy.

Furthermore, according to the ROP agency-wide PREA Policy Statement (600.600):

- All students in Rite of Passage programs will be maintained in environments that are healthy and safe. Rite of Passage (ROP) programs will actively implement this policy to prohibit and prevent any staff sexual misconduct, juvenile sexual misconduct, abusive sexual contact or any sexual act regardless of age, sexual orientation and sexual identification.
- The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking juveniles that have a propensity for committing sexual acts, abusive sexual acts, or possible vulnerability to being a victim of sexual acts, abusive sexual activity; to ensure that ROP employees, contract workers, volunteers, or any persons providing services in the program are trained to recognize such behaviors and take appropriate action; and to ensure students receive orientation and have mechanisms for reporting and pursuing criminal prosecution as deemed appropriate.

- Rite of Passage has zero tolerance involving employee, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. All acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and a student are prohibited, and the perpetrator shall be subject to administrative and disciplinary actions. Any of the above incidents will be referred to the appropriate law enforcement agency and social service agency for further investigation and prosecution.
- Rite of Passage adopts the Juvenile Facility Standards as described in the Prison Rape Elimination Act (PREA) under the United States Department of Justice Final Rule (May 17, 2012.).

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

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

To demonstrate the agency's and facility's adherence to the requirements regarding the authority vested in the PREA Compliance Manager (PCM) and PREA Coordinator (PC) to oversee compliance with PREA standards at The Monarch Academy, the auditor was provided with the 2024 agency-wide organizational chart and Position Descriptions for the PCM and PC generated by Rite of Passage (ROP). These documents outline how the PCM and PC have the necessary time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at The Monarch Academy. Additionally, the Position Description documents provided to the auditor detail the position summaries for each administrator involved, as outlined below:

- For the PC:
  - Continuous Quality Improvement (CQI): The position works jointly with Rite of Passage site Program Directors to ensure compliance with all Federal, State and local Licensing requirements and Rite of Passage policies and procedures. This position is involved in activities designed to measure and improve the accuracy and effectiveness of the processes used for services and the delivery of care for youth. The employee works within general methods and procedures and exercises considerable independent judgment to adapt and apply the guidelines to specific situations. The work requires knowledge of the policies, procedures, and regulations, of quality control work; continuous quality improvement; supervisory techniques; personnel; operational policies and procedures; and knowledge of compliance-related

- requirements for licensing purposes.
- Accreditations: Responsible for accrediting and sustaining the accreditation environment at ROP programs.
- PREA: Ensuring that Safe Environment Standards are being followed throughout the company and responsible for all aspects of PREA implementation and compliance. This position may supervise the Site PREA Managers.
- Start-up: Responsible for assisting with start-up duties at new ROP programs as assigned. Length of duration at the designated program is determined by the supervisor.
- Focus Areas: Responsible for one of the following focus areas and serve as the agency subject matter expert in: PREA, Accreditation, ORR, Medicaid, CQI Essentials, SES Essentials and/or ExCom Compliance Reports.
- This position directly reports to the National Director of Compliance.
- For the PCM:
  - The PREA Compliance Coordinator works with the Director of CQI and coordinates the activities of the PREA Site Compliance Managers. The duties of this position are additional functions attached to an existing position of CQI/QA Manager. Primarily responsible for monitoring and reporting for PREA compliance. This position reports to the Director of CQI/Treatment/Executive Director of the Eastern Region and supervises Site PREA Compliance Managers.

During the onsite visit, the auditor engaged in interviews with both the PC and the PCM, during which each administrator articulated their respective roles and responsibilities in upholding compliance with the PREA standards at The Monarch Academy. Both the PC and PCM highlighted the importance of their regular meetings to proactively address any PREA-related issues or concerns, as well as their consistent implementation of periodic compliance reviews at the facility to identify and rectify any compliance deficiencies related to specific PREA requirements. Both administrators affirmed that they have the necessary time and authority to effectively devise, execute, and oversee agency initiatives aimed at ensuring compliance with the PREA standards. Moreover, they outlined their established protocol for addressing any identified non-compliance issues, which involves convening the administrative team to collaboratively formulate a corrective action plan geared towards the prompt and efficient resolution of the problem. They underscored the paramount importance of specific PREA-related responsibilities, such as conducting PREA investigations or managing incidents pertaining to the safety of juveniles or staff members, taking precedence over all other duties they may have. The PCM and PC provided a detailed account of the immediate action protocols that must be adhered to upon receipt of an allegation of sexual abuse or harassment at the facility. These response procedures encompass ensuring the safety of the victim by promptly segregating them from the accused perpetrator. Depending on the circumstances, actions may include placing a staff member accused of misconduct on administrative leave or relocating a juvenile perpetrator

to a different housing unit while enforcing a no-contact directive with the victim. They elaborated on the mandated reporting obligations in such instances, emphasizing the requirement to promptly alert the Texas Juvenile Justice Department (TJJD) Office of the Inspector General (OIG) following any allegations of sexual abuse or harassment. Furthermore, they emphasized the involvement of local law enforcement in cases of sexual abuse.

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

The auditor also examined The Monarch Academy's website and verified that the following information, pertinent to the requirements of this PREA standard, is appropriately documented on the site:

- **Safe Environmental Standards (SES):** Rite of Passage is committed to providing a safe environment free from sexual abuse for the youth in our care. To this end, Rite of Passage has developed Safe Environmental Standards in accordance with the Prison Rape Elimination Act (PREA).
- **Zero Tolerance Policy:** Rite of Passage has a Zero Tolerance Policy regarding sexual assault, sexual harassment and sexual activity. All students in our programs have a right to be free from sexual assault and sexual harassment, as well as free from retaliation for reporting. There is no "consensual" sexual activity between students or between staff and students at Rite of Passage programs. (§115.311).
- **Reporting:** Students are encouraged to report sexual harassment or assault by another student or a staff member. They may report to any staff member, to an outside agency (phone numbers on posters throughout the program), or anonymously by writing it down and submitting it to any grievance box in any living area. Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student (§115.354). Third-party reporting forms are available at the front desk of our programs or can be downloaded here. If you suspect sexual abuse you may also call Rite of Passage at (775) 267-9411 to report it or report it to the Sheriff or Police Department where the allegations occurred. All reports are taken seriously and investigated. Staff must report any knowledge or suspicion of sexual harassment or sexual assault to their supervisor immediately. Staff may also privately report to their site PREA Coordinator or Compliance Manager. 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.



	<ul style="list-style-type: none"> <li>• Investigative Policy: Rite of Passage will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the local agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Safe Environmental Standards Policy/PREA Standard §115.322).</li> <li>• Sexual Abuse Reporting: In compliance with Rite of Passage’s Safe Environmental Standards Policies, regarding publication of annual reporting and aggregated sexual abuse data, Rite of Passage will report each year using the U.S. Department of Justice Survey of Sexual Violence Summary form, regarding founded allegations of sexual abuse in our programs (§115.388, §115.389). Rite of Passage continuously educates all staff, students, contractors, and volunteers on Safe Environmental Standards regarding the importance of protecting students from sexual abuse.</li> </ul> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager (PCM)</li> <li>• PREA Coordinator (PC)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.312 (a-b):</b></p> <p>According to the information provided to the auditor from the PC and PCM and as confirmed by their interviews onsite, the agency does not contract with private</p>

	<p>agencies or other entities, including other government agencies, to confine its residents from the Monarch Academy. Therefore, the agency is not obligated to follow the requirements of this PREA Standard.</p> <p>Additionally, as stated on page 7 of the agency's PREA Policy, PREA Standard 115.313 does not apply to the Rite of Passage, Inc. {The Monarch Academy}. The auditor also confirmed this during the onsite visit, in which all the youth in the facility were placed at The Monarch Academy from other juvenile agencies for specialized residential treatment services.</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 Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Staffing Plan and Staffing Plan Review for 2023</li> <li>• Completed PREA Unannounced Round Logs (12/2023 - 07/2024)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Compliance Manager (PCM)</li> <li>• PREA Coordinator (PC)</li> <li>• Director of Student Services (DSS)</li> <li>• 10 Students</li> <li>• 12 Coach Counselors (CCs)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite visit, the auditor observed the programming and supervision ratios at the facility on both days of the onsite and confirmed that the facility was compliant with the mandatory PREA ratios and the facility's Staffing Plan. The auditor noted that there were at least four, and sometimes five, certified Juvenile Supervision Officers, also referred to as Coach Counselors (CCs), providing direct supervision to a program consisting of no more than 19 female students. This</p>

staffing arrangement resulted in a staff-to-student ratio of approximately 1:5, substantially exceeding the minimum PREA staff-to-resident ratio of 1:8 during waking hours. It is important to note that the facility's maximum capacity is capped at 19 juveniles, with one of the 20 rooms permanently unoccupied and only used for storage due to the location of the room being across from the restroom/shower area.

Furthermore, the auditor confirmed that during one of the overnight shifts, there were at least two Coach Counselors on shift, as verified by interviewing two of the overnight staff at 7am (after completing their overnight shift). This demonstrated compliance with the PREA staff-to-resident ratios of 1:16 during sleeping hours. Additionally, the auditor learned that administrators and the registered nurse at the facility also held Juvenile Supervision Officer certifications, allowing for additional staff to assist with direct care supervision at any given time. During informal conversations onsite, the Program Director (PD) mentioned that the facility maintains a part-time staff pool to assist with covering full-time staff leave requests and call-offs. She shared that having this part-time staff pool can provide flexibility and support to ensure adequate staffing levels are maintained, even in situations where full-time staff may be unavailable due to unforeseen circumstances.

Throughout the onsite visit, it was evident that the facility was fully compliant with its Staffing Plan and the requirements outlined by the PREA standards. The auditor also verified that the PREA unannounced rounds were being conducted at the facility by the PCM, who also serves as the Program Director (PD), and other administrative staff members. Through recorded surveillance footage, the auditor observed a documented unannounced round that was conducted the night before the onsite, ensuring that the log entry matched the actual round that was conducted. During this review, however, the PD observed that the supervisor conducting the PREA unannounced round did not thoroughly check each resident door to ensure they were secure. As soon as the PD became aware of this issue, she took immediate action and spoke with the supervisor involved to address the matter and ensure that the expectations of the unannounced round process were clearly understood. By promptly addressing the issue and providing guidance to the supervisor on the importance of conducting thorough checks during unannounced rounds, the auditor determined the PD demonstrated a proactive approach to maintaining compliance with this PREA provision and upholding safety protocols within the facility pursuant to the agency's PREA Policy. In sum, due to the fact the unannounced PREA round was ultimately conducted for this sample selected, the auditor made the decision to assess the situation as compliant in this case, with noting that the auditor would have made the suggestion of best practices similar to how the PD managed this particular situation (immediate performance counseling for the employee to ensure the expectations of PREA unannounced rounds were clear and fully understood).

**Explanation of Determination:**

**115.313 (a-e):**

Upon the auditor's review of the agency's PREA Policy, it was determined that all the requirements pursuant to this PREA standard are included therein on pages 7-8. Moreover, per this Policy, staff are required to remain in an area that can be observed by another staff member directly or through video monitoring system when with a student. In situations where additional staffing is needed, the Program Director/Manager is required to be notified and additional staff will be made available.

The auditor was also provided the agency's Staffing Plan, which was reviewed and approved by PCM, PC, and Program Director in 2023. As verified by the auditor, this Staffing Plan complies with the supervision and monitoring requirements of this PREA standard and outlines the following elements required by this PREA standard:

- Plan to ensure adequate staffing levels and video monitoring to protect juveniles from sexual abuse;
- Details on the requirement for facility to follow all State of Texas Juvenile Justice Department (TJJD) regulations and Texas Statutes and Texas Administrative Codes (TAC);
- Program Ratio and Staffing plan specific to The Oaks Brownwood facility;
- Requirement to adhere to the PREA supervision ratios of 1:8 and 1:16;
- Resident room observation procedures (staggered checks);
- Breakdown of housing units, number of beds, and resident dynamics (all male facility);
- Staffing details (52 full-time employees and 17 contracted educational staff with one Program Director);
- Dining hall and education area specifics;
- Staff shifts and schedule breakdown;
- Camera placement (100 cameras in total);
- Program information, external and internal audit findings, and critical posts;
- Consideration of the following in developing the Staffing Plan:
  - Generally accepted detention and correctional practices (requirements associated with TAC Standards);
  - Any judicial findings of inadequacy;
  - Any findings of inadequacy from Federal investigative agencies;
  - Any findings of inadequacy from internal or external oversight bodies (provided most recent TJJD Audit Reports);
  - All components of the facility's physical plan (including blind spots or areas where staff or students may be isolated);
  - The composition of the resident population;
  - The number & placement of supervisory staff;
  - Institutional programs occurring on a particular shift;
  - Any applicable state or local laws, regulations, or standards;
  - The prevalence of substantiated and unsubstantiated incidents of sexual abuse (none in 2022); and
  - Any other relevant factors.

To evaluate compliance with the requirements of this PREA standard and the

facility's Staffing Plan, the auditor conducted interviews with several administrators during the onsite visit. These administrators included the PD (who is also the facility's PCM) and the agency-wide PC, who each provided detailed explanations of the Staffing Plan components and the protocols in place to ensure adherence to the plan. The PDs, as the facility head, expressed how she collaborated with the PC and her administrative team to incorporate all necessary elements of the PREA standards into the Staffing Plan. Moreover, the administrators emphasized their regular meetings to ensure continued Staffing Plan compliance and their vigilance in monitoring staffing levels and student dynamics to maintain the required staff-to-student ratios. They also highlighted the annual formal review meetings of the administrative team to assess the Staffing Plan and determine if any modifications or updates are needed. The PD and PC further noted that the video monitoring system is reviewed on a daily basis and any technical problems that arise are immediately addressed by the appropriate technician. Lastly, each administrator verified that they have not been aware of any incidents involving a deviation from the facility's Staffing Plan since the last PREA audit. However, in the event that such a situation were to arise, the administrators assured that prompt corrective measures would be implemented, and appropriate documentation would be completed accordingly.

To demonstrate compliance with the unannounced PREA supervisory round requirement outlined in provision (e) of the PREA standard, the auditor was provided with samples of completed Daily Unannounced Rounds Log Sheets covering the seven months leading up to the onsite visit (January 2024 to July 2024). Upon review, it was validated that the facility indeed conducts the mandatory unannounced PREA supervisory rounds on each shift on a daily and nightly basis. Notably, the facility's consistent adherence to this provision exceeded the specified minimum requirements of one unannounced PREA round per shift per month, as evident through the documentation review conducted by the auditor confirming the practice of unannounced PREA rounds being performed on a "per shift" basis. For example, the auditor examined 58 pages of completed Daily Site Unannounced Round forms (which included approximately 560 entries in total), with an average of ten randomly conducted rounds documented per sheet. This analysis confirmed that the rounds were initiated at random intervals, with no discernable patterns or predictability detected during the examination of the provided logs. These logs also confirmed through documentation that each unannounced PREA round conducted for this seven month sample review period were fully compliant with the 1:8 and 1:16 PREA staff supervision ratios. For example, each log entry for each shift was found to include the total daily number of security staff (Group Living Staff on shift-Coach Counselors) and the total student count at the time each unannounced round was conducted, which never exceeded 19 youth with 3 to 4 staff assigned to the day shifts and at least 2 staff for each overnight shift. The auditor determined through a large random sample of entries that the facility complied with the mandatory PREA ratios at all times, with exceeding the minimum 1:8 and 1:16 on a consistent basis.

During the onsite phase of the audit, the auditor interviewed the facility's Director of

Group Living and the PD, both of whom are responsible for conducting PREA unannounced rounds at the facility. These administrators provided valuable insight into the procedures for conducting the rounds on each shift and how they are documented on the Daily Unannounced Round Log Sheet. They emphasized the importance of these rounds in promoting safety for both students and staff while preventing and detecting instances of sexual abuse and harassment. The administrators described how the rounds are initiated randomly to prevent staff from being forewarned, ensuring the element of surprise. They highlighted the monitoring of radio communications to maintain discretion and the commencement of rounds at varying times to enhance their effectiveness. It was underscored that each round starts and ends at different locations within the facility to thoroughly cover all areas and ensure comprehensive oversight.

Furthermore, the PD shared that she randomly reviews documented unannounced PREA rounds to evaluate compliance and verify the validity of the rounds conducted. As per the PD's explanation, this practice of internally auditing completed PREA unannounced rounds adds an extra layer of accountability, oversight, and quality assurance to ensure that the unannounced rounds are being conducted consistently and effectively.

It is important to add that during the onsite, each of the ten students interviewed at The Monarch Academy expressed their individual opinions on the level of safety at the facility. For example, when asked if they trusted individuals at the facility with whom they could discuss any concerns or make a PREA report, every student attested to feeling that the facility was safe. Moreover, they each provided the names of specific staff members whom they trusted and could confide in.

Additionally, the CCs interviewed elaborated on their training in student safety practices, which was provided during their pre-service training and continually during annual refreshers. The CCs at shared details about their training in various aspects of ensuring student safety and maintaining a secure environment within the facility. This included being trained on how to provide effective direct care supervision at all times in accordance with the PREA supervision ratios and the facility's Staffing Plan. They also mentioned the training received in conducting room observations to monitor and ensure the well-being of students, as well as maintaining professional boundaries with students to uphold a respectful and appropriate relationship. Additionally, the staff were trained on the importance of ensuring compliance with seating charts and no-contact contracts, which were explained to be used to prevent potential conflicts and maintain a safe and structured environment for the students.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls substantially exceeds the minimum requirements of this PREA standard and no corrective action is required.**

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1315 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="354 443 1369 725" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PREA Staff Training Curriculum</li> <li>• Review of Samples of Staff Training Verifications</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 600.123 (Physical Searches and Viewing of Persons)</li> <li>• Moss Group Cross-Gender and Transgender/Intersex Pat Search Video</li> <li>• Student Facesheet</li> </ul> <p data-bbox="280 766 459 801"><b>Interviews:</b></p> <ul data-bbox="354 869 1059 949" style="list-style-type: none"> <li>• 12 Randomly Selected Coach Counselors (CC's)</li> <li>• 10 Residents (7 random and 3 targeted)</li> </ul> <p data-bbox="280 990 699 1025"><b>Site Review Observations:</b></p> <p data-bbox="280 1061 1474 1720">During the onsite, the auditor thoroughly observed all areas where students may go to and be in a state of undress, which included the restroom/shower area and the student's individual rooms. Staff and students explained how their individual rooms have a designated location where they can change their clothing without being visible to others (referred to as a "blind spot"). This designated area, situated to the side of the windows in the student rooms, ensures full privacy for changing, as confirmed by the auditor during the onsite. Additionally, the audit confirmed onsite that the restroom/shower area at the Monarch Academy features individual shower stalls and toilet stalls designed to provide complete privacy to students when showering and using the restroom. The auditor verified with both staff and students on site that these areas indeed offer full privacy and are not within the view of surveillance cameras or staff observation. The shower stalls were found to be deep enough to allow for the shower heads to be positioned behind a solid wall in each stall, enhancing privacy during showering. Additionally, the restroom stalls were equipped with full walls and doors, similar to those found in a public restroom, ensuring complete privacy for individuals using the facilities.</p> <p data-bbox="280 1756 1474 2092">During the onsite inspection, PD explained to the auditor a potential privacy issue related to the mirrors mounted above the sinks next to the hallway in front of the restroom/shower area. The PD expressed concerns that the mirrors could inadvertently allow reflections of individuals moving into the shower or restroom stalls, compromising privacy in these vulnerable and personal spaces. The PD shared how the facility implemented a practice of placing large laminated signs over the mirrors when students are using the restroom or shower facilities in order to ensure best practices and to prevent any invasions of privacy situation. The PD</p>

demonstrated to the auditor how the signs are moved from the wall and positioned over the mirrors to cover them completely, preventing any reflections that might compromise privacy. Moreover, this shower procedure was confirmed by all students and staff interviewed as a consistent practice at the facility.

Furthermore, it is important to note that the staff and students interviewed explained how the shower and restroom process is structured so that the youth are always fully dressed when entering and exiting the shower stalls. Additionally, the staff and students elaborated further, describing how there is a pre-determined shower schedule and students are required to enter and exit the shower stalls all at the same time to prevent any disorderly or inappropriate behavior. The students and staff interviewed shared how since there are four shower stalls, a pre-determined group of four students are allowed to shower at the same time in individual shower stalls. The students are required to wait for authorization from the staff monitoring showers to enter the shower stalls, so that all enter together, and wait to exit the shower until all the juveniles in the shower are fully dressed and approval to exit is communicated from the staff monitoring the shower area.

The audit learned that the facility does not have a control room, and the facility's surveillance video system is only accessed by designated staff and administrators with a professional need to view the cameras. The camera angles were examined by the auditor, with help from the PD, and no concerns were identified related to an invasion of privacy. Additionally, the auditor observed the PD (who is a female) conduct a pat-search of a student prior to the student's in-person family visit. This same gender pat-search was conducted professionally and in a respectful manner, with the use of a metal detecting wand, and no issues were identified by the auditor. During the onsite, the auditor learned that administrative staff are the staff who usually supervise visitation on the weekend, with all administrative staff members being female. Given that the facility only admits female juveniles and primarily employs female staff (with only one male staff member- who is part time), cross-gender searches are prohibited, ensuring compliance with the same-gender pat-search requirement. In addition, the auditor verified strip searches are not conducted at the Monarch Academy facility as a part of the intake process, as all youth admitted to the facility are transferred from a secure juvenile detention facility. In the rare instance where a strip search may be deemed necessary, such as in situations involving suspected dangerous contraband, the search would be authorized by the PD and only conducted by a female staff member/administrator off camera, with a witness present. Additionally, the procedure would involve the assistance of medical staff, specifically the female Registered Nurse, ensuring that the search is conducted in a professional, safe, and respectful manner. All the students and staff members interviewed confirmed that strip or cavity searches have not occurred at the facility during their time there. Instead, they mentioned that "shake outs" (where individuals search themselves by shaking out their clothing), same-gender pat-searches, and room/facility searches were the only types of searches they had witnessed or been a part of. The auditor found that this feedback from both students and staff members aligns with the facility's policy and practices of conducting student searches in a respectful and non-intrusive manner,



focusing on maintaining a safe and secure environment while upholding the dignity and rights of the individuals in their care.

Additionally, during the onsite and pre-onsite documentation review phases of the audit, the facility consistently maintained staff-to-student supervision ratios that exceeded the minimum requirements set forth by PREA standard 115.313 (1:8 and 1:16). To this end, the Monarch Academy ensured that a sufficient number of female staff members were present on each shift. With predominantly female staff working at the facility, this staffing approach ensured that there were always enough female staff members available to conduct same-gender searches when needed. Moreover, by maintaining adequate female staff coverage on all shifts, the facility mitigated any potential situations where same-gender searches might be jeopardized due to staffing shortages.

During the walkthrough inspection, the auditor heard the PD make a loud announcement of "male on deck" before the auditor (male) entered the housing units where students were programming. Moreover, each student and staff member interviewed confirmed this "male on deck" announcement as an institutionalized practice.

**Explanation of Determination:**

**115.315 (a-f):**

**(a - c):** The auditor confirmed that The Monarch Academy includes the requirements of this PREA Standard in the agency's PREA Policy on page 9, as outlined below:

- Rite of Passage prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. If required, the cross-gender strip or visual body cavity search will be conducted by a qualified medical practitioner and a same gender witness in the room.
- Rite of Passage prohibits cross-gender pat down searches.
- If required in exigent circumstances, when a cross-gender strip or visual body cavity search is conducted, it will be done by a qualified medical professional, with a same gender witness. It will be conducted in a private setting and documented in the student's medical file.

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

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

- Opposite gender staff announcement when entering a housing unit

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

During the onsite, the auditor conducted extensive interviews with both a representative sample of students (10) and Coach Counselors (12) at the Monarch Academy, resulting in a unanimous confirmation that the facility does not permit, nor has ever conducted, cross-gender pat-down searches, strip searches, or body cavity searches during the time the students and staff interviewed have been there. The student interviews revealed that only female staff members conduct student same gender pat-searches, as the facility only accepts biological female juveniles, with these searches typically conducted by female administrators before and after in-person family visits or whenever students leave and return to the facility. The students expressed understanding of the necessity of these pat-searches and did not raise any issues or concerns about the pat-down procedures. Moreover, the students stated that they have never been required to fully undress in front of staff or any other individuals at the facility and unanimously confirmed that no staff at the facility has ever physically touched them inappropriately. The students also re-affirmed that no male staff has ever conducted any type of search on them.

The CCs also shared the search practices described above and the training they had received regarding searches, emphasizing their commitment to ensuring that students feel comfortable and respected during search procedures. The female staff mentioned that they typically do not conduct pat-down searches and opt for having the students shake out their clothing in cases of suspected contraband (called "shake outs"). The CCs explained the search training protocols provided during their pre-service training, which involved briefing the youth on the process before commencing the pat-search to ensure clarity, conducting pat-searches on camera view, using the back of their hand during pat-searches, and having a witness present if possible. The audit interviews also included the facility's one and only male staff member, who shared that he had received training on conducting cross-gender pat-searches but had never encountered a situation where this was necessary. He noted that a cross-gender pat-search would only be approved by the PD and, given the female-dominated staff, such a scenario would be highly unlikely even in exigent circumstances. The male staff member further explained that if a student needed to be searched and no female staff member was available, the female Registered Nurse or a Sheriff's Deputy could be contacted to assist, ensuring compliance with same-gender search practices.

All the CCs interviewed also confirmed their understanding of the facility's policy regarding searches of transgender and intersex youth. They recalled receiving training on this specific aspect and were found to be knowledgeable in the corresponding protocols. In the event of a transgender or intersex youth being admitted to the facility, the staff emphasized that the youth's situation would be

staffed by the facility's management team prior to the youth's arrival. It was shared by staff that this pre-planning would help to ensure that all rights of the youth are respected and that appropriate reasonable accommodations are made to ensure their safety and comfort. Additionally, it was confirmed that the facility only accepts pre-screened biological female youth, and the only transgender youth who would be admitted would be a transgender male. Some of the staff interviewed remembered having a biological female student who identified as a transgender male; however, this youth transitioned to identifying as a male after the intake process. The staff shared how they recalled the administrative and counseling team working closely with this youth and no issues of concern related to this student's stay at the facility was shared. The staff expressed how this youth adapted well to being at the facility and actively participated without any major problems or issues of concern. As shared by the staff, this student expressed a preference to be identified as male and to be addressed by a specific name, which was respected by the staff. Notably, there were no issues reported regarding the pat-search process based on the student's biological gender by the staff and administrative staff interviewed, and this particular youth successfully finished the program.

The validity of the aforementioned procedures was further affirmed through responses provided in the PAQ, which indicated that the facility had no instances of cross-gender pat searches and zero occurrences of strip or body cavity searches in the previous 12-month audit period. During the interview, the PCM communicated that all staff receive training on search procedures as a component of the new staff training program, with additional coverage provided during annual PREA refresher trainings for all staff members. The auditor validated that the staff PREA training curriculum includes facility-specific student search procedures that align with the practices observed at the facility. Furthermore, the PCM clarified that while the exigent circumstances aspect of this PREA standard is addressed during training sessions, it is important to comply with the regulations stipulated in the Texas Administrative Code, which prohibits cross-gender searches in juvenile facilities regardless of any exigencies faced. Staff members corroborated that they have received thorough training on conducting student searches and affirmed that there has consistently been an adequate number of male staff present on duty to facilitate same-gender searches at all times.

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

- Rite of Passage prohibits staff of the opposite sex to view students showering, changing clothes or performing bodily functions except when such view is incidental during routine cell (bed) checks.
- Students shall notify staff verbally prior to changing their clothes, showering or using the restroom. When staff are entering opposite sex housing units, they will announce their presence.

In addition, both the students (10) and staff members (12 CCs) interviewed confirmed that the facility has implemented policies and procedures to ensure that students can engage in activities like showering, using the restroom, and changing

clothes without anyone having visibility to their buttocks or genitalia, except in exigent circumstances or when incidental to routine room observations. Moreover, CCs provided detailed explanations on how students' privacy is protected in various settings within the facility. The staff described the layout of the restroom and shower areas, highlighting the presence of individual stalls that guarantee full privacy for students. The staff and students also mentioned the presence of a "blind spot" in student rooms that allows for a private space for changing. The shower protocols involve only female staff members monitoring the process, with a maximum of four students allowed in the shower rooms at a time. Students are instructed to enter and exit their individual shower stall simultaneously and must remain in their stall until all students are fully dressed. Similar procedures are in place for restroom use, with female staff members overseeing the process in an orderly manner. The staff reiterated that only female staff members are permitted to monitor students entering the shower or restroom areas, a practice supported by all students interviewed. Students also confirmed that the facility's shower and restroom procedures ensure full privacy.

During individual interviews with students, the auditor sought their opinions on the level of privacy they experienced when changing clothes, showering, and using the restroom at the facility. Each student expressed satisfaction with the privacy measures in place, expressing how they felt the facility provided adequate privacy with no issues shared.

The students and staff interviewed confirmed that male staff members make announcements upon entering a housing unit (female only facility), with the most common announcement being "male on deck." Despite having only one male staff member who currently works at the facility, the students all affirmed that a request for clearance and announcement is made before a male staff enters the facility. Moreover, the staff and students interviewed further explained that this announcement process includes the male staff member seeking clearance before moving through areas where students may be in a state of undress, such as student rooms and the shower/restroom area. The male staff member must be cleared before making the announcement and proceeding. During the onsite visit, the auditor heard the "male on deck" announcement being made before the auditor (male) entered a housing unit.

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

- Rite of Passage programs shall not search or physically examine a transgender or intersex students for the sole purpose of determining the student's genital status.
- If a student's genital status is unknown, it may be determined during conversations with the students, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The auditor was provided a "Student Facesheet," which is a document that provides

	<p>the demographics and gender of the youth who is admitted into The Monarch Academy. This is a form that the facility is able to use to determine and document the biological sex of a student before a youth is accepted into the program.</p> <p><b>(f):</b> The auditor was furnished with the agency's PREA training curriculum, which was confirmed to include a review of the student search policy on page 79 of the presentation. This training slide disseminates key information to staff, encompassing policies on conducting searches of transgender and intersex students, transgender student showering protocols, cross-gender pat-down search policies, student privacy rights during personal activities, and guidelines for opposite-gender staff interactions.</p> <p>Furthermore, the PC and PCM confirmed during their interviews that all staff undergo training by viewing the Moss Group Cross-Gender and Transgender/Intersex Pat Search Video during pre-service. Documentation provided to the auditor serves as proof that all staff members are trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner feasible while aligning with security requirements.</p> <p>All 12 CCs interviewed affirmed that they have received comprehensive training on student searches and are well-versed in conducting searches in a manner that is both appropriate and respectful. While staff members have been trained on cross-gender pat-down searches, no such search situations have occurred at the facility, according to the feedback provided by interviewed staff members and documentary evidenced analyzed by the auditor.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<p><b>115.316</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards Student Acknowledgement of Zero Tolerance Policy (English &amp; Spanish)</li> </ul>

- ROP Safe Environment Standards Student Additional Education Acknowledgement (English & Spanish)
- PREA Signage in English & Spanish
- Student Handbook
- Email and Paid Invoices from PCM Discussing Language Line Services

**Interviews:**

- Program Director (PD)
- One Target Student (Disability)
- 12 CCs

**Site Review Observations:**

During the onsite assessment, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing unit dayrooms, hallways, medical area, kitchen, administrative area visitation area, and public lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Additionally, a test call was conducted to an outside reporting entity, specifically the Texas Juvenile Justice Center (TJJD) Reporting Hotline, which was confirmed to provide interpreting services upon request. Additionally, the PD shared how the facility is able to contact the Language Line interpreting service on an as needed basis.

Moreover, specially trained licensed therapists and Case Managers meet with each student upon admission to review the PREA orientation material and provide the required comprehensive PREA education. The individuals were identified as possessing the necessary skills to ensure that students with disabilities, such as those who are deaf or hard of hearing, blind or with low vision, or individuals with intellectual, psychiatric, or speech-related disabilities, have an equal opportunity to engage in and benefit from all aspects of the agency's endeavors to prevent, detect, and address sexual abuse and harassment. Additionally, as noted earlier, the facility is able to utilize Language Line for more specialized interpreting on an as needed basis.

**Explanation of Determination:**

**115.316 (a-c):**

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

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

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

To ensure that youth who are limited English proficient understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form and "Student Additional Education Acknowledgement" form that are both available in Spanish. These documents contain sections for the student to initial their receipt and understanding of the PREA information and the agency's zero-tolerance policy pertaining to sexual abuse, sexual misconduct, and sexual harassment. The student is required to print their name, sign, and date the form, with a witness also documenting the same.

Furthermore, samples of the two acknowledgment forms were presented to the auditor to illustrate how they are implemented at the facility. Each acknowledgment form was signed and dated by both the student and the staff member responsible for reviewing the PREA material, as documented to have been provided on the same date as each youth's admission to the facility."

During discussions with the PCM, who is also the facility's Program Director, and the agency-wide PC, it was confirmed that the facility has bilingual professionals available to assist residents with limited English proficiency. These professionals can be called in as needed to ensure that all residents have an equal opportunity to engage in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. The administrators further explained that as a post-adjudication program, The Monarch Academy conducts thorough screenings of all youth before admission. The administrative team pre-screens all applicants and develops customized plans to ensure that accepted youth have equal opportunities for success within the program. In cases where a juvenile's primary language differs from English or if there is a limitation or disability identified, the facility's leadership team will evaluate each juvenile's situation on a case-by-case basis to determine the potential for successful program participation as a means determining acceptance. If specialized services of any kind are required to help an accepted juvenile succeed at the Monarch Academy, the PC and PCM shared how a tailored-made plan of action would be implemented to provide the specialized services and treatment necessary to ensure success in the program. These specialized services were explained to include, but are not limited, to professional interpreting services, specialized therapy and educational services, medical assistance, etc.

The PD expressed the facility's commitment to providing reasonable accommodations to ensure equal participation and benefit from anti-sexual abuse and harassment initiatives. However, if The Monarch Academy is unable to provide

necessary accommodations to ensure the safety and success of a youth, placement at the facility may be denied. Additionally, the PCM highlighted that the facility can utilize Language Line Services for translation support on an as-needed basis. The PCM provided examples of paid invoices to demonstrate the utilization of language services in the past, ensuring that language barriers do not hinder effective communication and access to services for residents with limited English proficiency.

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

The auditor also conducted an interview with a targeted youth at The Monarch Academy who was identified as having a disability and receiving special education services. This student demonstrated a clear understanding of her rights as a student at the facility, the procedures for making a PREA report, and how to ensure her safety. The youth described the multiple methods available for making a PREA report, such as writing the report down on a One-on-One, Student Concern, or Grievance forms and placing in the Grievance Box or giving to a staff member she trusts (can be anonymous), calling the TJJD Hotline (can be anonymous), verbally telling an adult she trusts, or reporting to a third party such as the TJJD Hotline, parent/guardian, JPO, etc. The student also shared details about the PREA orientation and comprehensive education she received upon arrival at the facility. She described how a Case Manager provided initial PREA information shortly after her admission, and within the first week, she underwent a more in-depth PREA education process with the Case Manager that included watching a PREA video and engaging in one-on-one discussions. Moreover, the youth expressed feeling safe during her stay at the facility and indicated that there were staff members whom she trusted and could talk to about any issues or problems that may arise. The student also confirmed that she met with her therapist within a week or two of being at the facility and meets with her therapist on a weekly basis.

Note: No youth at the facility were identified by the auditor as limited English proficient, and this was corroborated through the informal discussions and formal interviews the auditor conducted onsite with the youth and staff, the documentation review of the Vulnerability Assessments and PREA verification documents, and as confirmed through the facility inspection.

**Conclusion:**

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

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard



## **Auditor Discussion**

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

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

### **Interviews:**

- Human Resource (HR) Specialist

### **Explanation of Determination:**

#### **115.317 (a-h):**

The auditor verified that the requirements set forth in this PREA Standard are included in the agency's PREA Policy on pages 11 and 12, as well as in Policies 100.205 and 100.209, as outlined below.

- Rite of Passage will require every candidate for employment, as well as contractors, within the program to undergo and pass background checks, to include state and federal, prior to hiring. Every staff is required to undergo an additional background check every five years, or more frequently per state, licensing or contractual requirements.
- Every volunteer will have background checks conducted prior to volunteering in the program. The background checks will be conducted in accordance with state, licensing or contractual requirements.
- A volunteer is never to be left alone with a student without at least sight observation by staff.
- The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:
  - Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997);
  - Has been convicted of engaging or attempting to engage in sexual

activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

- Has been civilly or administratively adjudicated to have engaged in the activity described in this policy.
- The program shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with students.
- Before hiring new staff who may have contact with students, the program shall:
  - Perform a criminal background records check;
  - Consult any child abuse registry maintained by the State or locality in which the staff would work; and
  - Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- The program shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with students.
- The program shall either conduct criminal background records checks of current staff and contractors may have contact with students or have in place a system for otherwise capturing such information for current staff. Criminal background checks will occur at least every five years, or more often as required by licensing, regulatory or contractual requirements.
- The program shall also ask all applicants and staff who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct.
- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work. All such requests will be forwarded to Corporate Director of Human Resources who is the sole individual who may respond to such requests (as noted in ROP Policy 100.205).

Furthermore, as noted in ROP Policy 100.209:

- Rite of Passage values its reputation for honesty and integrity. Therefore, in order to ensure the hiring of employees of the highest integrity and to maintain a safe environment for our employees, students, visitors, interns, volunteers, contractors, and/or the public, Rite of Passage will conduct pre-

employment background investigations on all individuals for whom employment is to be tendered and volunteers, interns, and independent contractors.

- Additionally, background checks will be conducted after employment when required by state and/or local laws, licensing, regulations and periodically to ensure compliance with eligibility requirements to work with children.
- Rite of Passage conducts background checks consisting of the following based on the type of employment, volunteer services offered, contract services and internships, as applicable:
  - Social Security Verification;
  - Prior Employment Verification;
  - Education Verification (highest level);
  - Legal Right and Eligibility to work;
  - Criminal Background Investigation - Local, State, & Federal;
  - Sexual Offender Database Search;
  - Motor Vehicle Record;
  - Professional Reference Checks;
  - Credit Verification (\*only as related to the position and will be conducted by Corporate HR);
  - Corporate Filing and Status Search;
  - Media Search;
  - Professional Licensing Check;
  - List of Excluded Individuals and Entities (\*only as related to positions involved in providing services under federally funded healthcare programs).
- No external employment candidates, interns, volunteers or independent contractors may begin work or provide services for ROP until the appropriate screenings have been completed. All offers of employment are considered contingent upon an acceptable background report.
- Pending Criminal Charges and/or arrest must be disclosed at the time of application for employment, internship, volunteer offers, and/or contracted services. Failure to do so will result in the immediate stop of proceedings and disqualify the individual for consideration.
- All employees, interns, volunteers and contractors must also notify Human Resources within 24 hours or prior to coming on a ROP site, whichever is first, of any arrest, charge and/or any conviction. Failure to report will lead to consideration for immediate termination of employment, internship, volunteer status or contracted services.
- When ROP is made aware of an individual's arrest/conviction and/or other unfavorable information pertaining to this policy and no disposition has yet been made, ROP shall assess the situation on a case- by-case basis to determine if the information is job-related and possesses a negative impact on ROP and its employees, students, visitors, interns, volunteers, contractors, and/or the public.
- All applicants, employees, interns, volunteers and/or contractors must consent to a background investigation and provide their authorization/

consent on the appropriate ROP Form. Failure to give consent will immediately make the individual ineligible for employment, internships, and/or volunteer/contractor services.

- All employees, interns, volunteers and contractors credentials shall be verified through primary sources. This shall be documented through verbal, written or electronic confirmation of credentials from state/provincial or other jurisdictional boards, schools or institutions and/or trade associations. Verification through a credentials verification organization is also acceptable.
- If an applicant, employee, intern, volunteer and/or contractor attempts to withhold information or falsify information pertaining to previous convictions or unfavorable background information, the individual will be disqualified from further consideration in any position with the company due to falsification.
- If an applicant, employee, intern, volunteer and/or contractor receives a positive match during the pre-hire screen on an LEIE search that individual shall be ineligible for employment or contracting. If an applicant, employee, intern, volunteer and/or contractor receives a positive match during a check post-employment that individual shall be removed from his/her position immediately.

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

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

information pertaining to me and also hold them harmless for the release of requested information.

- I hereby release Rite of Passage and its representatives from liability for seeking such information. I also authorize Rite of Passage to give information concerning me to prospective employers in the future and release the Company and its employees from any liability whatsoever.

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

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

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

Additionally, all individuals are included in the FBI Rap Back system (subscription service), ensuring immediate notifications to the HR Specialist and Program Director for any criminal activity-related events.

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

The HR Specialist confirmed that the agency has a policy that requires the consideration of 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. For any situations related to prior sexual harassment incidents, the HR Specialist and the PD would make the final decision to allow for such an individual to continue through the hiring process or enlistment of services for contractor. The HR Specialist also confirmed that it is ROP policy that material omissions regarding sexual misconduct, or the provision of materially false information, is grounds for immediate termination, and she is able to share 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.

**Personnel File Review:**

The auditor selected the last seven Coach Counselors hired within the past 12 months and two current contractors to review their personnel files to assess for compliance with the requirements of the PREA standard. Following the analysis of the provided documents, the auditor confirmed that all files in the sample met the necessary standards for compliance with the requirements of this PREA standard. Each file contained the essential proof documentation demonstrating full adherence to this PREA standard, including evidence of criminal history and child abuse registry checks conducted as required by the PREA standard. The staff and contractors for this sample were found to be subscribed to the FACT Clearinghouse with the DPS, which includes both state and federal subscription services.

Additionally, supplementary documents, including the agency's "Disclosure of PREA Employment Standards Violation" form and reference check documentation, were furnished to the auditor as additional proof of compliance with the background elements mandated by this standard.

Note: the auditor utilized the PREA published "Document Review Worksheets" to ensure a comprehensive and systematic review process in examining the personnel

	<p>files. This systematic approach facilitated a thorough assessment of compliance with the PREA standard requirements for both the recently hired Coach Counselors and current contractors.</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 Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Compliance Manager (PCM)</li> </ul> <p><b>Site Review Observations:</b></p> <p>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.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.318 (a-b):</b></p> <p>According to the Agency's PREA Policy on page 13:</p> <ul style="list-style-type: none"> <li>• POLICY: Programs will consider the effect of the design, acquisition, expansion, or modification of facilities upon the program's ability to protect residents from sexual abuse.</li> <li>• PROCEDURE: When designing or acquiring any new program and in planning any substantial expansion or modification of existing facilities the CEO, Regional Executive Director and Director of Program Operations will consider and document the effect of the design, acquisition, expansion or</li> </ul>

modification upon the organization's ability to protect students from sexual abuse. The Director of Program Operations will formulate the documentation as mentioned above. When installing or updating a video monitoring system, the electronic surveillance system or other monitoring technology, the CEO, Regional Executive Director, Director of Program Operations, Program Director/ Manager and Corporate IT Director will consider how such technology may enhance the organization's ability to protect students from sexual abuse. The Director of Program Operations will formulate documentation of the review.

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

**Conclusion:**

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

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• The Monarch Academy Website</li> <li>• "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents" Second Edition</li> <li>• Mailed Letter Sent to Grayson County Sheriff's Office</li> <li>• Signed MOU Sent to the Grayson County Sheriff's Office</li> <li>• Mailed Letter Sent to Grayson County Children's Advocacy Center</li> <li>• Signed MOU Sent to Grayson County Children's Advocacy Center</li> <li>• PREA Investigative Documents</li> </ul>



- Texoma Medical Center Website ([www.texomamedicalcenter.net/services/emergency-department](http://www.texomamedicalcenter.net/services/emergency-department))
- Grayson County Children's Advocacy Center Website ([cacgc.org/services](http://cacgc.org/services))
- ROP SES Coordinated Response Plan
- Memo from the PD

**Interviews:**

- 12 CCs
- PCM, who is also the facility's Program Director (PD)

**Explanation of Determination:**

**115.321 (a-h):**

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

- To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- The protocol to be used is the "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

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

In addition, as the facility is responsible for conducting the administrative investigation into allegations of sexual abuse, the evidence protocols outlined in the Agency's PREA Policy were found by the auditor to sufficiently establish a uniform and comprehensive evidence protocol that enhances the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. Additionally, the facility's policies and training provided to all staff at the facility ensure full cooperation with local and state criminal investigators, further optimizing the investigative processes.

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

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

During the onsite audit, the auditor interviewed a representative sample of 12 CCs, and each CC confirmed that they are mandatory child abuse reporters- required by law to immediately report any knowledge or suspicion of sexual abuse or sexual harassment involving a juvenile to the proper authorities and facility administration. The staff explained how they are obligated to report such allegations or incidents of sexual abuse directly to the Grayson County Sheriff's Department, TJJ, and their immediate supervisor and/or the PD. The CCs described their role as first responders to a sexual abuse situation at the facility, detailing response actions to aid criminal investigators in collecting physical evidence for administrative proceedings and criminal prosecutions. For example, the staff sufficiently described how they would respond to a hypothetical worst-case scenario presented by the auditor during interviews. In this scenario, two students are observed in the same room, with one student sexually assaulting the other. The staff detailed their immediate response actions, which involved ensuring the safety of the victim by immediately calling for assistance and stopping the assault by separating the victim and perpetrator. Additionally, the CCs shared how they are required to instruct the victim and perpetrator to not take any action that could destroy or contaminate usable evidence and ensure the scene is preserved and protected in order to allow for law enforcement to collect the evidence. In addition, the CCs reported receiving this training during pre-service and on a continual basis during annual PREA refreshers trainings.

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

- The program shall offer all students who experience sexual abuse access to forensic medical examinations whether on-site or at an outside program, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners informed on the protocols listed above. The program shall document its efforts to provide SAFEs or SANEs medical practitioners and place in the student's medical file.
- The program shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program shall make available to provide these services a qualified staff member from a community-based organization or a qualified program staff member. The program shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The program may utilize a rape crisis

center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement program) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

- As requested by the victim, the victim advocate, qualified program staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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

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

The auditor discussed with the facility's Registered Nurse (RN) how a student victim of sexual abuse could be provided a forensic medical examination. The RN verified that she does not recall a sexual abuse situation that involved a student being a victim of sexual abuse at the facility; however, if such a situation were to occur, the student victim would be transported to the local hospital (Texoma Medical Center) to be provided all the required and necessary medical services. The RN advised that

the Texoma Medical Center has SANE nurses on staff 24/7, and she would assist in the transport. Additionally, victim services from the Grayson County CAC and local law enforcement would also be made immediately available.

The auditor also found on the Texoma Medical Center website the following victim services available at the hospital:

- Texoma Medical Center has provided care for adolescents and adult sexual assault victims of all races and populations since January 2014. The program is staffed by registered nurses who have advanced education and instruction in medical forensic examination and in psychological and emotional trauma.
- Physical examination and medical clearance
- Collection of medical-forensic evidence for 120 hours (5 days) from the time of assault for patients 14 years and older
- Assistance with sexually transmitted infection, pregnancy and post assault medication administration including HIV prophylaxis
- Assistance with safety planning
- Assistance with counseling, CVC and more through our advocacy center

The auditor also made a call the local children's advocacy center (CAC), Grayson County CAC, while at the facility. The Grayson County CAC representative explained in detail the victim service available to juvenile victims of sexual abuse. These services include, but are not limited to:

- Provide a safe, child-friendly environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child.
- Forensic Interviews designed to provide children the opportunity to disclose abuse to a neutral party in a child-friendly setting. Forensic interviewers are specially trained in the areas of child development, linguistics, civil and criminal offenses, child protection concerns, memory, suggestibility and disclosure.
- Victim support and advocacy services are available to all CAC clients and their non-offending caregivers and family members. The focus of family advocacy and victim support is to help reduce additional trauma for the child and non-offending caregivers and family members and to improve outcomes.
- The Grayson County Children's Advocacy Center offers trauma-focused therapy services to child victims and their non-offending caregivers. Therapy enables children who have been abused to develop a healthy self-image, learn to trust again, and identify ways to protect themselves from further victimization. Specially trained and licensed therapists work with child victims on complex issues stemming from their abuse such as trauma, shame, embarrassment, safety, and self-esteem.
- A multidisciplinary team (MDT) is the foundation of a Children's Advocacy

Center (CAC). An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the CAC. The CAC is responsible for facilitating coordination between partner agencies as well as facilitating case review on an on going basis.

- Prevention and Education is a critical component of the work of the CAC. Education is vital in the prevention of child abuse. We approach education through two main portals: childhood education and adult education. Childhood education is pivotal to preventing child abuse. 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18. Children need the tools to handle this terrifying reality if we ever hope to change it.

During the onsite, the PD confirmed that she had contacted the Grayson County Children's Advocacy Center (CAC) and the Grayson County Sheriff's Department to discuss the victim services required by this PREA Standard. The PD stated that she had sent a letter and signed Memorandum of Understanding (MOU) to each agency, outlining the agreement between the parties to comply with the relevant provisions of this PREA standard. The auditor reviewed these letters and signed MOUs, which demonstrated the PD's efforts to ensure compliance with the requirements of the PREA Standard.

The PD also provided the auditor with the agency's Coordinated Response Plan document, which outlines the steps to be taken in response to a sexual abuse or harassment allegation or incident at the facility. This comprehensive document includes sections to be completed by the administrator responsible for overseeing the response process. The Coordinated Response Plan document includes fields to document the names of individuals involved, critical dates and times, the nature of the allegation, confidential notifications made, procedures for physically separating the alleged suspect and victim, transportation details for medical assessment, instructions for medical staff regarding initial assessments and offering outside victim advocate services, providing information on sexually transmitted infection prophylaxis, and explaining the need for forensic examinations. Additionally, the form includes sections for initiating a victim safety trauma plan, reassessing vulnerabilities, securing the area where the allegation occurred, preventing actions that could compromise evidence, and arranging transportation to the hospital for Sexual Assault Nurse Examiners (SANE) assistance and law enforcement involvement. Furthermore, the Coordinated Response Plan document covers the process for monitoring and preventing retaliation, conducting sexual abuse incident reviews, and fulfilling post-investigation notification requirements.

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

- To the extent the program itself is not responsible for investigating allegations of sexual abuse, the program shall request that the investigating program follow the requirements as set forth by provisions (a) through (f) of this PREA standard. As noted above, the auditor verified that the PD has

successfully reached out to the local law enforcement agency (Grayson County Sheriff's Department) and requested the agency comply with the requirements of this PREA provision.

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

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

**PREA Investigation Review:**

Throughout the entire audit process, the PD at The Monarch Academy stated that there have been no instances of sexual abuse at the facility since the previous PREA audit, where a youth reported being abused while at the facility. This information was confirmed by the auditor through documentary evidence review and onsite interviews. However, the PD did mention one incident that occurred since the last audit, involving a Monarch student alleging a previous sexual relationship with a staff member from the youth's previous facility. It is important to note that this allegation did not involve any abuse at The Monarch Academy but rather a student at Monarch sharing details of a fabricated relationship she claimed to have had while at her previous detention center.

The auditor was provided with investigative documents related to this report, including a signed memo summarizing the allegation, a Student Concern Form documenting the initial third-party report, written statements, a Texas Juvenile Justice Department (TJJD) Incident Report Form, and email communications from TJJD OIG and the leadership of the agency where the alleged abuse occurred. The investigation concluded that the allegation was unfounded, as the alleged victim admitted to fabricating the story to impress other students at Monarch. Furthermore, TJJD OIG investigator recommended handling the matter internally, with no further action taken by TJJD OIG.

Additionally, it is important to add that the PD provided the auditor with a signed memo that outlines the following reporting dynamics the facility experiences:

- Texas Monarch Academy for Girls work with youth who have been adjudicated. Most of our youth have a history of sexual abuse or child exploitation. It is common for our youth to report prior victimization and exploitation. As a facility, we will report to all appropriate agencies (CPS, TJJD, Law Enforcement, other correctional facilities if deemed appropriate).
- Upon assessment of initial student report, Law Enforcement would be contacted. The allegation will be screened and if it falls under Sexual Abuse, the Grayson County Sheriffs' office will immediately refer to the Children's

	<p>Advocacy Center. The Children's Advocacy Center will proceed to set up the Forensic and SANE exams, and will coordinate with the facility to ensure that the investigation is not impeded in any way.</p> <ul style="list-style-type: none"> <li>• All youth that fall under this standard would receive on going medical and mental health care.</li> <li>• All youth at Monarch have access to a Clinician, Case Manager, Psychiatrists, and advocates if deemed necessary. All above referenced professionals can assist with coordination of care, and meet with youth in order to support with their perspective skills.</li> </ul> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>• "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents" Second Edition</li> <li>• Mailed Letter Sent to Grayson County Sheriff's Office</li> <li>• Signed MOU Sent to the Grayson County Sheriff's Office</li> <li>• PREA Investigative Documents</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• PC</li> <li>• 12 CCs</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.322 (a-c):</b></p>

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

- The program shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.
- Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Program Director and Corporate Director of Human Resources.
- The organization shall publish such policy on its website.
- All referrals shall be documented.
- If a criminal investigation is conducted, the program will provide the following:
  - Incident/ Information Reports
  - Access to program and location of the incident
  - Access to students and / or staff involved
  - Access to all records deemed necessary to complete the investigation

To further confirm allegations of sexual abuse and sexual harassment are referred to the proper authorities, the auditor confirmed that the local law enforcement agency who would be contacted to conduct a criminal investigation is the Grayson County Sheriff's Department.

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

According to TAC 358.200 & 358.300:

- Departments, programs, and facilities must have written policies and procedures that require, in accordance with this chapter:
  - reporting allegations of abuse {which include allegations of sexual abuse and sexual harassment of a juvenile}, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and
  - reporting serious incidents to TJJD.



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

For the TAC required internal investigation procedures for The Monarch Academy, TAC 358.400 states the following requirements:

- In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation.
- The internal investigation must be initiated immediately upon the chief administrative officer or the private facility administrator or their respective designees gaining knowledge of an allegation of abuse, neglect, or

exploitation or the death of a juvenile. However, the initiation of the internal investigation will be postponed if:

- directed by law enforcement;
  - requested by TJJD; or
  - the integrity of potential evidence could be compromised.
- Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.
  - The internal investigation must be completed within 30 business days after the initial report to TJJD. TJJD may extend this time frame upon request. TJJD may require submission of all information compiled to date or a statement of the status of the investigation when determining whether or not to grant an extension or after granting an extension.

During the onsite audit, the auditor interviewed a representative sample of 12 CCs, and each CC confirmed that they are mandatory child abuse reporters- required by law to immediately report any knowledge or suspicion of sexual abuse or sexual harassment involving a juvenile to the proper authorities and facility administration. The staff explained how they are obligated to report such allegations or incidents of sexual abuse directly to the Grayson County Sheriff's Department, TJJD, and their immediate supervisor and/or the PD. The CCs described their role as first responders to a sexual abuse situation at the facility, detailing response actions to aid criminal investigators in collecting physical evidence for administrative proceedings and criminal prosecutions. For example, the staff sufficiently described how they would respond to a hypothetical worst-case scenario presented by the auditor during interviews. In this scenario, two students are observed in the same room, with one student sexually assaulting the other. The staff detailed their immediate response actions, which involved ensuring the safety of the victim by immediately calling for assistance and stopping the assault by separating the victim and perpetrator. Additionally, the CCs shared how they are required to instruct the victim and perpetrator to not take any action that could destroy or contaminate usable evidence and ensure the scene is preserved and protected in order to allow for law enforcement to collect the evidence. In addition, the CCs reported receiving this training during pre-service and on a continual basis during annual PREA refreshers trainings.

During the onsite, the PD confirmed that she had contacted the Grayson County Sheriff's Department to request this local law enforcement agency to follow the requirements of PREA standard 115.321 (f) (a-e). The PD stated that she had sent a letter and signed Memorandum of Understanding (MOU) to the Grayson County Sheriff, outlining the agreement between the parties to comply with the relevant provisions the PREA standards. The auditor reviewed these letters and signed MOUs, which demonstrated the PD's efforts to ensure compliance with requesting the Grayson County Sheriff's Department to conduct a criminal investigation in accordance with the PREA standards.

The PD also provided the auditor with the agency's Coordinated Response Plan document, which outlines the steps to be taken in response to a sexual abuse or harassment allegation or incident at the facility. This comprehensive document includes sections to be completed by the administrator responsible for overseeing the response process. The Coordinated Response Plan document includes fields to document the names of individuals involved, critical dates and times, the nature of the allegation, confidential notifications made, procedures for physically separating the alleged suspect and victim, transportation details for medical assessment, instructions for medical staff regarding initial assessments and offering outside victim advocate services, providing information on sexually transmitted infection prophylaxis, and explaining the need for forensic examinations. Additionally, the form includes sections for initiating a victim safety trauma plan, reassessing vulnerabilities, securing the area where the allegation occurred, preventing actions that could compromise evidence, and arranging transportation to the hospital for Sexual Assault Nurse Examiners (SANE) assistance and law enforcement involvement. Furthermore, the Coordinated Response Plan document covers the process for monitoring and preventing retaliation, conducting sexual abuse incident reviews, and fulfilling post-investigation notification requirements.

**PREA Investigation Review:**

Throughout the entire audit process, the PD at The Monarch Academy stated that there have been no instances of sexual abuse or sexual harassment at the facility since the previous PREA audit. This information was confirmed by the auditor through documentary evidence review and onsite interviews. However, the PD did mention one incident that occurred since the last audit, involving a Monarch student alleging a previous sexual relationship with a staff member from the youth's previous facility. It is important to note that this allegation did not involve any abuse at The Monarch Academy but rather a student at Monarch sharing details of a fabricated relationship she claimed to have had while at her previous detention center.

The auditor was provided with investigative documents related to this report, including a signed memo summarizing the allegation, a Student Concern Form documenting the initial third-party report, written statements, a Texas Juvenile Justice Department (TJJD) Incident Report Form, and email communications from TJJD OIG and the leadership of the agency where the alleged abuse occurred. The investigation concluded that the allegation was unfounded, as the alleged victim admitted to fabricating the story to impress other students at Monarch. Furthermore, TJJD OIG investigator recommended handling the matter internally, with no further action taken by TJJD OIG.

**Conclusion:**

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

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1013 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1315 378"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 445 1422 815" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Sample of PREA Training Verification Documents (Zero Tolerance Acknowledgement)</li> <li>• Sample of ROP SES/PREA Competency Based Knowledge Assessments</li> <li>• ROP Safe Environment Standards PREA Training Curriculum for Staff (107 pages)</li> <li>• 2024 Staff PREA Training Schedule</li> </ul> <p data-bbox="280 860 459 893"><b>Interviews:</b></p> <ul data-bbox="352 960 488 994" style="list-style-type: none"> <li>• 12 CCs</li> </ul> <p data-bbox="280 1039 759 1072"><b>Explanation of Determination:</b></p> <p data-bbox="280 1106 507 1140"><b>115.331 (a-d):</b></p> <p data-bbox="280 1173 1477 1252">The auditor verified that the Agency's PREA Policy includes all the required elements of this PREA standard on pages 17-18, as detailed below.</p> <p data-bbox="280 1285 1134 1319"><b>(a):</b> According to the Agency's PREA Policy on pages 17-18:</p> <ul data-bbox="352 1386 1477 2047" style="list-style-type: none"> <li>• The RIIP, PREA Site Compliance Manager, Site Trainer, or Human Resources Manager shall train all staff (full time, part time and contracted mental health care practitioners): <ul style="list-style-type: none"> <li>◦ Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>◦ How to fulfill their responsibilities under program sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>◦ Students' right to be free from sexual abuse and sexual harassment;</li> <li>◦ The right of students and staff to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>◦ The dynamics of sexual abuse and sexual harassment in juvenile facilities;</li> <li>◦ The common reactions of juvenile victims of sexual abuse and sexual harassment;</li> <li>◦ How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact</li> </ul> </li> </ul>

and sexual abuse between students;

- How to avoid inappropriate relationships with students;
- How to communicate effectively and professionally with students, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming students;]
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- Relevant laws regarding the applicable age of consent (There is no age of consent for juveniles in confinement).

In addition, the auditor was provided with the agency's PREA training curriculum, which comprises 107 pages of PREA-related material that is administered to all staff during pre-service training and subsequently every six months from their last site training, as stated in the Agency's PREA Policy on page 17. Upon review of this extensive 107-page PREA training presentation, the auditor confirmed that it includes, at a minimum, the eleven training topics mandated by the required PREA provision (a) (1-11). Moreover, the training curriculum integrates interactive scenario-based learning activities and uses visual aids, including numerous images.

This training program surpasses the minimum requirements outlined in the PREA provision by covering additional topics such as PREA-related definitions and statistics, the investigative process, disciplinary measures for violating PREA policies, responding to residents at risk of imminent sexual abuse, the facility's immediate coordinated response plan for sexual abuse incidents, vulnerability assessment procedures, resident PREA orientation and comprehensive education procedures, how to firmly establish healthy boundaries, recognizing signs of potential sexual abuse or harassment, and other relevant and important topics on how to keep residents and staff safe.

The auditor interviewed a representative sample of 12 CCs during the onsite and asked them open-ended questions to gauge their understanding of the PREA training they received at the facility. The staff shared their personal perspectives on various aspects of PREA training, including the meaning of PREA, the agency's zero-tolerance policy, preventing and detecting signs of sexual abuse and harassment, resident rights, professional boundaries, mandatory reporting requirements, identifying red flags for potential victims, the prohibition of consensual sexual activity, avoiding inappropriate relationships, effective communication with youth (including LGBTI individuals), the dynamics of abuse, and ensuring freedom from retaliation for reporting incidents.

Each CC explained that they underwent a full day of PREA training during their pre-service training before having any contact with students. They also highlighted the regularity of refresher trainings on PREA, with formal annual refresher courses required as part of their continuing education and more frequent PREA related meetings and workshops conducted throughout the year. Additionally, the staff mentioned completing an acknowledgment form and passing a competency assessment during each PREA training session they attended.

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

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

The auditor confirmed that The Monarch Academy exclusively accommodates post-adjudicated female residents, and as such, the PREA training is customized to address the specific needs of this population.

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

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

**Staff PREA Training Analysis:**

The auditor was provided with the agency's "ROP SES Zero-Tolerance Acknowledgement" form and ROP SES/PREA Competency Based Knowledge Assessments to ensure that staff attending the mandatory PREA training sessions comprehend the content covered. The Zero-Tolerance Acknowledgement form features sections for staff members, volunteers, and contractors to initial, sign, and date, confirming their attendance and understanding of the PREA training. The form also requires the signature of the trainer who conducted the PREA training session. By signing this document, attendees acknowledge their comprehension of the PREA information presented during the training.

To evaluate compliance with the relevant PREA standard at the facility, the auditor examined a representative sample of staff members' PREA training verification documents. Upon review, it was found that all staff selected for this PREA training file review had completed the initial PREA training upon initial hiring and had participated in annual refresher training sessions as required based on their length of service.

In total, the auditor reviewed initial PREA training verification documents for the last seven new hires, as well as twelve staff members for PREA refresher training in the year 2023 and seventeen staff members for the year 2024.

The PREA training documentation review and staff interviews conducted onsite at The Monarch Academy effectively demonstrated the facility's commitment to staff training. It was evident that The Monarch Academy took training seriously,

exceeding the minimum requirements outlined in the PREA standard. The facility not only provided comprehensive PREA staff training on an annual basis but also went above and beyond by surpassing the minimum training topics required during initial pre-service PREA training and annual refreshers. Moreover, The Monarch Academy conducted PREA trainings for staff more than once a year, with additional workshops and meetings held periodically to cover agency-wide initiatives such as "See Something, Say Something, Do Something."

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets substantially exceeds the elements of this PREA standard and no corrective action is required.**

115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Sample of PREA Training Verification Documents (Zero Tolerance Acknowledgement)</li> <li>• Sample of ROP SES/PREA Competency Based Knowledge Assessments</li> <li>• ROP Safe Environment Standards PREA Training Curriculum for Contractors &amp; Volunteers</li> <li>• ROP Safe Environment Standards/PREA Training Contractor &amp; Volunteer Lesson Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Contracted Licensed Professional Counselor (LPC)</li> <li>• Two Volunteers Providing Religious Services</li> </ul> <p><b>Explanation of Determination:</b></p> <p>115.332 (a-c):</p> <p>The auditor verified that all the required elements of this PREA standard are included in the Agency's PREA Policy on page 19, as outlined below:</p>

- All volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with students, but all volunteers and contractors who have contact with students shall be notified of the program's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The program shall maintain documentation confirming that volunteers and contractors understand the training they have received.

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

The auditor also received the agency's "ROP SES Zero-Tolerance Acknowledgement" form, which contains an acknowledgment statement with sections for staff members, volunteers, and contractors who attended the PREA training to initial, sign, and date. The document also mandates the signature of the trainer who conducted the PREA training course. By signing this form, attendees confirm their understanding of the PREA information presented during the training. Furthermore, in addition to signing the Zero-Tolerance Acknowledgement form, all volunteers and contractors are required to complete and pass a PREA Training Test. Samples of completed tests were provided to demonstrate compliance with this agency practice. The skills test comprises 12 questions that volunteers and contractors who have contact with residents at the facility must successfully complete before being permitted to have contact with residents.

During the onsite, the auditor interviewed one of the contracted therapist, who demonstrated a solid understanding of the PREA standards and her responsibilities



under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and harassment. The therapist clearly explained the agency's zero-tolerance policy regarding such incidents and detailed the protocols required for reporting such occurrences. The therapist mentioned that she, along with the other contracted therapist, meets with every youth admitted to the facility within the first few days and continues to do so on a weekly basis. Additionally, she informed the auditor that she recently completed multiple training modules for specialized PREA training for mental health practitioners and undergoes annual refresher training on PREA protocols.

In addition, the auditor interviewed two volunteers who confirmed that they had been trained on their responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and harassment. The volunteers acknowledged being informed of the facility's zero-tolerance policy regarding such issues and were educated on the reporting protocols when they were initially approved to have access to students at the facility. The volunteers also verified that they undergo annual PREA refresher training to reinforce their knowledge and skills in handling such sensitive matters. As part of this training, they sign an acknowledgement confirming their understanding of the policies and procedures and complete a skills competency test to ensure their proficiency in recognizing and responding to potential incidents of sexual abuse or harassment.

**Contractor/Volunteer PREA Training Analysis:**

The auditor was provided with the agency's "ROP SES Zero-Tolerance Acknowledgement" form and ROP SES/PREA Competency Based Knowledge Assessments to ensure that contractors/volunteers attending the mandatory PREA training sessions comprehend the content covered. The Zero-Tolerance Acknowledgement form features sections for volunteers and contractors to initial, sign, and date, confirming their attendance and understanding of the PREA training. The form also requires the signature of the trainer who conducted the PREA training session. By signing this document, attendees acknowledge their comprehension of the PREA information presented during the training.

To evaluate compliance with the relevant PREA standard at the facility, the auditor examined a representative sample of contractors/volunteers PREA training verification documents. Upon review, it was found that all contractors and volunteers who have contact with students at The Monarch Academy have successfully completed the initial PREA training and routinely participated in annual refresher training sessions.

**Conclusion:**

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

<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> <hr/> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 443 1398 1187" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards (SES) Student Education Acknowledgement (English &amp; Spanish)</li> <li>• ROP SES Student Acknowledgement of Zero Tolerance Policy (English &amp; Spanish)</li> <li>• ROP SES Student Additional Education Acknowledgement (English &amp; Spanish)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Student Handbook</li> <li>• PREA Student Brochure</li> <li>• Student PREA Documentation Review</li> <li>• Student Concern Form</li> <li>• One-on-One Form</li> <li>• Student Grievance Form</li> <li>• Memo from the Program Director (PD)</li> <li>• ROP Student Acknowledgement TMAG</li> <li>• ROP Acknowledgement of Orientation &amp; Receipt of Handbook</li> </ul> <p data-bbox="280 1227 459 1263"><b>Interviews:</b></p> <ul data-bbox="352 1330 922 1487" style="list-style-type: none"> <li>• PD</li> <li>• PCM</li> <li>• 10 Students (7 Random &amp; 3 Targeted)</li> <li>• 12 CCs</li> </ul> <p data-bbox="280 1527 699 1563"><b>Site Review Observations:</b></p> <p data-bbox="280 1603 1461 2051">During the onsite assessment, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing unit dayrooms, hallways, medical area, kitchen, administrative area visitation area, and public lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Examples of some of the titles of the posted PREA signs were: 'No Means No,' 'Know Your Rights/Report Sexual Assault/Break the Silence/Help is Available,' 'Safe Space,' 'Healthy Boundaries,' 'PREA Auditor Notice,' 'You Matter,' and 'We Protect Your Rights,' The auditor also conducted a test call to the main outside reporting entity, the Texas Juvenile Justice Center (TJJD) Reporting Hotline, which was confirmed to provide interpreting services and accept anonymous reports from students. The auditor</p>

used the same phone that students are able to use, and no issues were experienced with this test call. In addition, it is important to note that one of the PREA signs posted throughout the facility includes information on how students can contact the Grayson County Children's Advocacy Center (CAC) for assistance. The contact information for this organization was prominently displayed on the facility's "No Means No" signs, providing students with a clear point of contact for reporting sexual abuse or harassment and to be provided outside emotional support services.

As part of the audit process, the auditor reached out to the Grayson County CAC while onsite to gather further information. This communication revealed that the Grayson County CAC is an external entity that can receive reports of sexual abuse and harassment from students. They are equipped to handle these reports confidentially and have the capacity to report incidents to the appropriate authorities on behalf of the students. In addition, the CAC advocate representative who answered the auditor's call shared in detail the victim advocacy services provided at the Grayson County CAC, which is detailed in section 115.321 and 115.353 of this report.

Since there were no new youth were scheduled to be admitted while the auditor was onsite, the PD and Case Manager demonstrated the intake process for new students. They outlined how a new student is provided with the initial PREA orientation by a Case Manager within a few hours of arrival at the facility. The staff also explained that a more comprehensive PREA education, which includes a video presentation and in-person review, is conducted within 10 days of the student's arrival. The PD and Case Manager shared the documents used to review the PREA information with the auditor, including the Student Handbook and PREA brochures. The auditor had the opportunity to review these materials and gain insight into the facility's approach to educating students on their rights and promoting a safe environment pursuant to the PREA standards. Furthermore, the auditor watched the PREA comprehensive education video and found it to be a comprehensive, tailor-made, and age-appropriate media tool for PREA education. The auditor found that this video ensures that students receive the necessary information about their rights, reporting mechanisms, and safety protocols in an engaging and accessible format, which is in addition to the in-person review and question/answer time afforded to each student by the assigned Case Manager.

During the onsite, the auditor also learned from the informal conversations with staff and students that PREA information is provided on a regular basis, with staff, administrators, and the nurse reviewing the student PREA information periodically through workshops, refreshers, groups, and one-on-one talks.

The auditor verified that youth at The Monarch Academy are permitted to retain their Student Handbook and other PREA documents provided during the intake process by asking a sample of students if they had access to these materials. The students confirmed that they possessed their Student Handbook and PREA documents in their 'I Achieve Binders.' Additionally, the auditor was shown examples of these documents during the walkthrough, demonstrating compliance

with the practice of allowing students to keep these essential resources.

**Explanation of Determination:**

**115.333 (a-f):**

The auditor examined the Agency's PREA Policy and determined that all the required elements of this PREA standard are incorporated therein, as documented on page 20 of the Agency's PREA Policy and noted below. As per this Policy, "students shall receive information explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." A breakdown of each provision is outlined below.

**(a):** According to the Agency's PREA Policy:

- During the intake process, students shall receive ROP Safe Environment Standards "A Student Guide to Rights, Protections, and Reporting of Sexual Abuse" explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- During the intake process, students shall receive and sign ROP Safe Environment Standards "Student Acknowledgment of Zero Tolerance". The signed acknowledgment form will be maintained in the Case Management file.

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

- {Resident Initial} I have received a copy of the Rite of Passage Safe Environment Standards: Student Guide to Rights, Protections and Reporting of Sexual Abuse Brochure
- {Resident Initial} I understand the zero tolerance policy regarding sexual abuse, sexual misconduct and sexual harassment
- {Resident Initial} I received information about and understand how to report incidents or suspicions of sexual abuse or harassment and my right to be free of retaliation for reporting. I had the opportunity to ask questions, and any questions were answered to my full understanding.
- {Resident Initial} I received information on how to report to the facility PREA Manager, rape crisis center advocate and hotline numbers.

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

Student

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

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

Date:

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

Date:

\_\_\_\_\_  
During onsite interviews, a representative sample of ten students at The Monarch Academy confirmed that they received the initial PREA orientation within a few hours of arriving at the facility. Each student shared how a Case Manager conducted an individual meeting in the Case Manager's office, discussing their rights, reporting options, the agency's zero-tolerance policy, outside reporting information, victim services, and safety measures. The students explained in their own words how the Case Manager provided them with a Student Handbook and PREA brochure and engaged them in discussions related to the PREA material covered during the orientation. Additionally, each student confirmed that they signed an acknowledgement form after completing the PREA orientation and were allowed to retain their Student Handbook and PREA documents for reference during their time in the program.

The auditor interviewed two Case Managers (CMs) at The Monarch Academy, and each CM confirmed in their individual interviews that they provide the PREA orientation to each youth within 2-3 hours of the student's arrival at the facility. The CMs indicated that intakes are only scheduled for Tuesdays and Thursdays to ensure that a Case Manager is present on-site to conduct the intake process and review the required PREA information for each new student. The CMs explained that they meet with a newly admitted student in their office, located in the administrative area, which is within camera view but still offers privacy to prevent distractions and maintain confidentiality. They also explained how they ensure that all admitted youth fully comprehend the PREA information provided by breaking it down to a level that promotes effective understanding. The CMs described their process of always reviewing the PREA information with the student, ask questions to assess comprehension, and have the youth share what they have learned, including concepts such as what PREA is, reporting options, safety measures, and boundaries. As per the CMs, this approach helps them gauge the level of understanding for each youth. In cases where a student may not fully comprehend the PREA material during the intake process, the CMs mentioned the availability of therapists and administrative staff who can offer additional assistance and support.

In addition, the PD shared with the auditor a signed memo she typed for the auditor to describe the intake process related to the requirements set forth by this PREA standard. This memo states:

- Upon intake into Texas Monarch Academy for Girls, all youth are provided with a facility orientation which occurs with their assigned Case Manager. During this time, they complete various clinical assessments, as well as go through Student handbook. All youth will watch the PREA video, which clearly orients a youth to PREA, as well as specific example as to what is

considered Sexual Abuse or Sexual Harassment.

- During this orientation period, all youth will know how to contact the TJJJ hotline, as well as contact our TJJJ Ombudsman. In addition, all youth at Monarch are assigned a Contract therapist.
- Youth are able to meet with these contractors weekly; they can also request to speak with this individual through a one on one request if needed. Students can also contact parents three times a week (two phone calls as well as one-hour weekly zoom call). Students are also able to request to speak with Probation Officer if needed. If students did not feel comfortable with staff at Monarch, or the available entities available, they would be able to speak to a victim's advocate ore representative through the Children's Advocacy Center.
- In addition to the above, all students go through a 30-day additional orientation period in which additional education is provided to youth to ensure that PREA components are reiterated.

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

- Within 10 days of intake during the Orientation Program, the program shall provide comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents.

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

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

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

Student Intake Date:

\_\_\_\_\_

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

Date of Additional

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

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

During onsite interviews, a representative sample of ten students confirmed that they met with a CM within about a week of their arrival at the facility to watch the PREA video and review the PREA material once again. The students indicated that they were taught in a manner that allowed them to understand their rights to be free from sexual abuse and harassment, as well as their rights to be free from retaliation for reporting such incidents. They also mentioned learning about agency policies and procedures for responding to incidents of sexual abuse and harassment. Furthermore, the students shared that they received ongoing PREA information throughout their stay at the facility. This information was disseminated through various methods, including one-on-one meetings, group sessions, and workshops facilitated by Case Managers, Coach Counselors (CCs), counselors, and the Program Director (PD). The students also confirmed that a CM provided them a Student Handbook and PREA brochure, with being able to keep these documents with them in the program.

The two CMs interviewed confirmed in their individual interviews that they provide the PREA comprehensive education to every newly admitted youth within 10 days of their arrival at the facility. The CMs indicated that intakes are only scheduled for Tuesdays and Thursdays to ensure that a Case Manager is present on-site to conduct the intake process and review the required PREA information for each new student upon their intake and again within 10 days. The CMs explained that they meet with a newly admitted student in their office, located in the administrative area, which is within camera view but still offers privacy to prevent distractions and maintain confidentiality. They also explained how they ensure that all admitted youth fully comprehend the PREA information provided by breaking it down to a level that promotes effective understanding. The CMs described their process of always reviewing the PREA information with the student after allowing the youth to watch the PREA video and asking questions to assess comprehension. As per the CMs, this approach helps them gauge the level of understanding for each youth and assess whether more assistance is needed. In cases where a student may not fully comprehend the PREA material during the intake process, the CMs mentioned the availability of therapists and administrative staff who can offer additional assistance and support.

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

- Students shall receive education upon transfer to a different program to the extent that the policies and procedures of the student's new program differ from those of the previous program.

It should be noted that the auditor confirmed through the documentary evidence review and onsite phase of the audit that all students who are admitted into The Monarch Academy are processed through the same intake procedures as explained

above. This was also verified by the two CMs and PD who were all interviewed onsite.

**(d):** The auditor confirmed that the agency's PREA Policy includes all the requirements of this PREA standard on pages 10 and 20, which sufficiently demonstrates how The Monarch Academy is required to take the appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Furthermore, as per this Policy on page 20, "the program shall provide student education in formats accessible to all students, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to students who have limited reading skills."

To ensure that youth who are limited English proficient understand the PREA information provided during the intake process, the facility utilizes a "Student Acknowledgment of Zero Tolerance Policy" form and "Student Additional Education Acknowledgement" form that are both available in Spanish. These documents contain sections for the student to initial their receipt and understanding of the PREA information and the agency's zero-tolerance policy pertaining to sexual abuse, sexual misconduct, and sexual harassment. The student is required to print their name, sign, and date the form, with a witness also documenting the same.

Furthermore, samples of the two acknowledgment forms were presented to the auditor to illustrate how they are implemented at the facility. Each acknowledgment form was signed and dated by both the student and the staff member responsible for reviewing the PREA material, as documented to have been provided on the same date as each youth's admission to the facility."

During discussions with the PCM, who is also the facility's Program Director, and the agency-wide PC, it was confirmed that the facility has bilingual professionals available to assist residents with limited English proficiency. These professionals can be called in as needed to ensure that all residents have an equal opportunity to engage in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. The administrators further explained that as a post-adjudication program, The Monarch Academy conducts thorough screenings of all youth before admission. The administrative team pre-screens all applicants and develops customized plans to ensure that accepted youth have equal opportunities for success within the program. In cases where a juvenile's primary language differs from English, the facility's leadership team evaluates acceptance on a case-by-case basis, considering the potential for successful program participation.

The PD expressed the facility's commitment to providing reasonable accommodations to ensure equal participation and benefit from anti-sexual abuse and harassment initiatives. However, if The Monarch Academy is unable to provide necessary accommodations to ensure the safety and success of a youth, placement at the facility may be denied. Additionally, the PCM highlighted that the facility can



utilize Language Line Services for translation support on an as-needed basis. The PCM provided examples of paid invoices to demonstrate the utilization of language services in the past, ensuring that language barriers do not hinder effective communication and access to services for residents with limited English proficiency.

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

The auditor also conducted an interview with a targeted youth at The Monarch Academy who was identified as having a disability and receiving special education services. This student demonstrated a clear understanding of her rights as a student at the facility, the procedures for making a PREA report, and how to ensure her safety. The youth described the multiple methods available for making a PREA report, such as writing the report down on a One-on-One, Student Concern, or Grievance form and placing in the Grievance Box or giving to a staff member she trusts (can be anonymous), calling the TJJD Hotline (can be anonymous), verbally telling an adult she trusts, or reporting to a third party such as the TJJD Hotline, parent/guardian, JPO, etc. The student also shared details about the PREA orientation and comprehensive education she received upon arrival at the facility.

She described how a Case Manager provided initial PREA information shortly after her admission, and within the first week, she underwent a more in-depth PREA education process with the Case Manager that included watching a PREA video and engaging in one-on-one discussions. Moreover, the youth expressed feeling safe during her stay at the facility and indicated that there were staff members whom she trusted and could talk to about any issues or problems that may arise. The student also confirmed that she met with her therapist within a week or two of being at the facility and meets with her therapist on a weekly basis.

Note: No youth at the facility were identified by the auditor as limited English proficient, and this was corroborated through the informal discussions and formal interviews the auditor conducted onsite with the youth and staff, the documentation review of the Vulnerability Assessments and PREA verification documents, and as confirmed through the facility inspection. In addition, further evidence to demonstrate how the facility ensures that all youth, even those who may be limited English proficient or are impaired due to a disability, are provided the PREA information in a manner they can fully understand is detailed below, in section (e).

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

- "The program shall maintain documentation of student participation in these education sessions in the student file." In order to assess for compliance of this PREA standard provision in practice at the facility, the auditor selected a representative sample of residents to review their PREA orientation and PREA comprehensive education documentation.

In addition, the PD provided the auditor with the agency's 'Student

Acknowledgement TMAG' document and 'Acknowledgement of Orientation & Receipt of Handbook' document. These forms include the following information that is signed and dated by the student and staff member reviewing the information and providing the documents to the youth.

- I {student} have reviewed and am aware of how to access the Texas Monarch Academy for Girls Student Handbook. I am aware that I can talk to any staff member regarding any questions or concerns I have.
- I {student} understand that if I need any documents translated, I am responsible for requesting these services through my Therapeutic Manager. I do/do not {have to circle one} need translation services. I am requesting translated documents in the {write in language} language. {This statement is also in Spanish- as verified by the auditor}
- I {student} understand that if I commit a crime while at Texas Monarch Academy for Girls, to include the introduction of contraband, that I may be terminated from the program and charged/prosecuted through Grayson County.
- As a student of this facility, you should be aware that you have the right to grieve any behavior of staff or other juveniles. A step-by-step outline of the Grievance Procedure is contained in your Student Handbook. A copy of each grievance, which is filed, is given to the grieving student and a copy shall be sent to the designated grievance designee to be maintained in a permanent file. Mediation is available as another option if you wish to grieve any behavior.
- While you {student} are in this facility, community medical providers will be available to help you maintain good health screening and practices; emergency intervention through routine sick call. Medical health services are provided through the onsite Therapeutic Manager.
- I {student} understand how searches will be conducted, as described in the student handbook. I am aware that I can and may be searched randomly and upon returning from being in the community, all visits, unsupervised off site passes and as staff feel is needed for safety and security purposes.
- I {student} have read and acknowledge my rights as stated in the Student handbook. I have discussed and understand my personal rights and privileges as a student in the Rite of Passage program. I will exercise responsibility and maturity in my approach to my individualized program requirements. I agree not to impose on the rights and privileges of others.
- I {student} have read, discussed, and understand the "What you should know about sexual abuse" brochure. I am aware of my rights and responsibilities regarding sexual abuse and/or misconduct. I understand that Rite of Passage, in accordance with the TJJD, has a zero tolerance for sexual abuse, assault, and sexual misconduct, and that all acts of this nature will be dealt with according to policy and procedures. "I understand that I must remain clothed at all times, including in my room, at a minimum of t-shirt and shorts. If it is necessary to disrobe then I will utilize the shower or restroom stall appropriately for privacy."

- I {student} understand that I have the right to two unmonitored phone calls upon intake. I understand my rights regarding student incoming and outgoing mail, family visitation, and personal and unmonitored professional phone calls.
- By signing this form, you {student} acknowledge that you have read and understood the Student Handbook.

In addition, the facility's intake form titled, 'Acknowledgment of Orientation & Receipt of Handbook,' states:

- All of the below elements must be verbally explained to resident by staff doing intake.
- As required by the Texas Administrative Code 343.412/343.606, orientation for the juvenile into the facility shall be completed no later than 12 hours from time of admission, be verbally explained and provided a written copy of the Resident Handbook which contains all of the required elements of the TAC standards.
- By my signature I {student} acknowledge that I have received a written copy of the Monarch Academy for Girls Student Handbook as well as ROP's Safe Environmental Standards brochure. I also acknowledge that a juvenile supervision officer has provided a verbal orientation of the policy and procedures for the following:
  - procedures to access health care and services available;
  - program rules with corresponding and maximum disciplinary sanctions;
  - grievance policies and procedures;
  - procedures to access mental health care and services available; and
  - information required by the Prison Rape Elimination Act of 2003, including:
    - prevention and intervention;
    - methods of minimizing risk of sexual abuse;
    - reporting sexual abuse and assault; and
    - treatment and counseling.
  - information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
  - policy that states the resident is ensured the right of confidentiality with regard to the items included in paragraphs of this subsection and will not face reprisal for participating in the procedures included in these items.
- I {student} understand that if for any reason I cannot read for myself due to a language barrier or literacy issue, orientation of these policies will be read to me and/or interpreted to me no later than 48 hours from time of admission. If I have any questions regarding any rules or anything contained in the handbook, I will ask the juvenile supervision officer or any staff person to explain it to me. I also acknowledge that on occasion I, as well as other residents, may be required to follow rules that have not appeared in the

handbook at the time of handbook printing.

- Was there a literacy problem preventing resident from understanding written rules {completed by intake staff}? YES NO / Have resident initial proper space indicating primary language. Orientation was provided in the resident's primary language of:

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

\_\_\_\_\_ Other (Name of other language)

**(f):** According to the Agency's PREA Policy, "in addition to providing such education, the program shall ensure that key information is continuously and readily available or visible to students through posters, student handbooks, or other written formats." During the onsite, the auditor identified PREA signs displayed throughout the facility. These included the agency's "Zero Tolerance" form, "You Can Report Sexual Abuse or Harassment on behalf of a Student" form, "No Means No" form, "What is a Hotline Call" form, the "Auditor's Notice" form, and "TJJD Abuse Hotline" forms. Furthermore, during the onsite inspection, the auditor verified that these forms were prominently posted in areas accessible to all youth, were undamaged, easy to read, and available in both English and Spanish. Additionally, the residents interviewed confirmed being aware of the forms posted and expressed reading them on occasion.

**Student PREA Documentation Review:**

The auditor reviewed a representative sample of student files, specifically the last ten students admitted to the facility before the visit, to assess compliance with the necessary elements of this PREA standard. After examining the proof documents provided, it was clear that the facility had effectively delivered the initial PREA orientation to each student and provided comprehensive PREA education in accordance with the requirements of the standard. Moreover, through this analysis the auditor did not identify any issues of non-compliance, and it was verified that all youth had successfully received and fully understood the PREA information provided at the facility.

**Conclusion:**

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

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- Agency's PREA Policy
- ROP Policy 600.600 (PREA Policy Statement)
- Pre-Audit Questionnaire (PAQ)
- ROP Staffing Training & Development Documentation (PC & PCM Investigator Training Verification) / Training Modules
- ROP SES/PREA Training Specialized Training for Administrative Investigators Curriculum (Training Modules)
- ROP SES/PREA Specialized Investigation Knowledge Assessments for the PC and PCM

**Interviews:**

- Program Director (PD), who is also the facility's PCM
- Agency-Wide PREA Coordinator (PC)

**Explanation of Determination:**

**115.334 (a-c):**

As per the Agency's PREA Policy on page 21, "any Rite of Passage administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings." Moreover, the procedures outlined on page 21 of this Policy are elaborated below, demonstrating alignment with the requirements established by this PREA standard.

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

In order to assess the level of compliance with this PREA Standard in practice at The Monarch Academy, the auditor was provided the specialized PREA investigator training curriculums and associated training verification documentation for the PCM and PC. Upon the auditor's review, it was determined that the agency is fully

compliant with all the specialized training requirements of this PREA Standard. The training verification documentation indicates that the PC and PCM have completed the following training modules related to administrative investigations at the facility:

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

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

In addition to providing the completed acknowledgement training forms outlined above, the administrators (PC and PCM) were also interviewed onsite and asked questions pertaining to their specialized PREA investigator training. The PC shared with the auditor that she had completed specialized PREA investigator training with the Director of the TJJD OIG. This training covered essential topics such as 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 necessary to substantiate a case for administrative action or prosecution referral. Additionally, the PD confirmed completing this level of specialized investigator training for conducting internal PREA investigations within the facility. Both administrators provided detailed explanations of how they conduct internal administrative investigations into allegations of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. In addition, these two administrators explained during the audit how they collaborate closely with investigators from the TJJD OIG and the Grayson County Sheriff's Office when these agencies are involved in investigating any type of allegation originating from the facility.

**Conclusion:**

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

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

## **Auditor Discussion**

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

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

### **Interviews:**

- Contracted Therapist
- Part-Time Registered Nurse (RN)

### **Explanation of Determination:**

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

As per the Agency's PREA Policy on page 22, it is a policy of ROP to ensure all medical and mental health care practitioners who work regularly in its facilities will receive specialized training in how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how/to whom to report allegations or suspicions of sexual abuse and harassment.

Furthermore, this Policy also outlines the following procedures, which were found by the auditor to correspond with the required elements set forth by this PREA standard:

- Rite of Passage shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
  - How to detect and assess signs of sexual abuse and sexual harassment;
  - How to preserve physical evidence of sexual abuse;
  - How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
  - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
  - Rite of Passage Human Resources and/or Site Trainer shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from Rite of Passage or elsewhere.
  - Medical and mental health care practitioners shall also receive the

training mandated for employees under PREA Standard 115.331 or for contractors and volunteers under PREA Standard 115.332, depending upon the practitioner's status at the agency.

The auditor was provided with specialized PREA training verification documents for the three mental health and medical staff members who work regularly at The Monarch Academy (two contracted therapist and one part-time RN), along with their initial and refresher PREA training acknowledgement documents. Upon reviewing each training document, it was confirmed that The Monarch Academy has successfully trained all medical and mental health care practitioners who work regularly at the facility in accordance with the requirements outlined in this PREA standard.

In addition, the auditor spoke with one of the contracted therapists and the part-time Registered Nurse (RN) at the facility to discuss the specialized training provided for medical and mental health care professionals who interact with the youth at the facility. These professionals exhibited a strong understanding of the PREA standards and their corresponding responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and harassment.

The therapists and the RN effectively communicated the facility's zero-tolerance policy regarding incidents of abuse and outlined the procedures for reporting such occurrences. The therapist mentioned that she and the other contracted therapist meet with every youth admitted to the facility within the initial days of arrival and continue to engage with the youth assigned to them on a weekly basis. The RN confirmed that she conducts a medical assessment with each youth admitted to the facility within an hour or two of their arrival, providing information on available medical services.

Additionally, both professionals informed the auditor that they completed specialized PREA training modules designed for mental health and medical practitioners. They also emphasized their participation in annual refresher training on PREA protocols to maintain their knowledge and skills up to date.

**Conclusion:**

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

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



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

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

**Interviews:**

- 2 Case Managers (CMs)
- 10 Students (7 Random & 3 Targeted)
- Contracted Therapist

**Site Review Observations:**

During the onsite, the auditor verified that the facility's Case Managers (CMs) conduct the agency's Vulnerability Assessment (VA) risk screening tool on all youth admitted into the facility within a few hours of the youth's arrival. Although no new intakes were scheduled during the visit, the PD demonstrated how the VA is typically conducted in one of the CM's offices to showcase the procedures in place. The CM's offices, located in the administrative area of the facility, were designed to ensure privacy and confidentiality while leveraging safety measures such as video monitoring systems with cameras in each office.

The auditor confirmed that the CM's offices provided an appropriate level of privacy for conducting the VA, which involves sensitive information that may be discussed during the assessment intake process. Furthermore, during the onsite the auditor had the opportunity to observe the physical storage area designated for information and documentation collected and maintained in accordance with the PREA standards. The storage areas were located within the secure facility and were under surveillance camera view, ensuring an additional layer of security and oversight for the stored data. The auditor also noted the electronic safeguards in place to protect this sensitive information from unauthorized access or breaches.

Following the assessment of these 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.

**Explanation of Determination:**

**115.341 (a-e):**

The auditor reviewed the Agency's PREA Policy and confirmed that all the required

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

**(a & b):**

As per the Agency's PREA Policy:

- All students will be screened for risk of sexual victimization and abusiveness.
- Within 24 hours of the student's arrival at the program and periodically throughout a student's stay, the Case Manager/ Therapeutic Manager (CM/ TM) shall complete the Vulnerability Assessment instrument with the student and document it in case notes.

The auditor conducted interviews with both of the full-time Case Managers (CMs) at The Monarch Academy to assess the facility's compliance with the Vulnerability Assessment (VA) tool and related practices. The CMs provided insights on the assessment questions, the process of obtaining information through conversations with youth and reviewing intake documents, and how the VA is used to calculate the risk score for each youth. The CM's confirmed that the VA is completed with each youth admitted into the facility within a few hours of the juveniles' arrival, and this screening form is only shared with the counselors, medical staff, and staff who need the information for making housing, room, programming, and educational assignments (Group Living). They also explained how they split the student caseload between them, with all 19 youth in the facility assigned to the two CMs. Both CMs confirmed that they conduct weekly check-ins with their assigned students to review program status, address concerns, inform the youth of their PREA rights and reporting procedures, and assess safety and risk levels. These weekly meetings are documented in the facility's case management system, as verified by the CMs and Program Director (PD) onsite.

The CMs disclosed that while VA reassessments are required every six months as per agency Policy, the timeframe for the conducting the reassessments have not been practiced consistently. This deficiency was brought to the attention of the PD during the audit, prompting immediate corrective action. The PD implemented a corrective action plan, which included additional training for CMs on VA protocol, setting calendar invites for six-month reassessment milestones, and requesting updated assessments based on new information or concerns. Ultimately, the auditor found the facility compliant with the minimum requirements of this provision, with confirming through interviews and documentation review that the assigned Case Manager and therapist meet face-to-face with each student on a weekly basis. This proven practice was determined by the auditor to meet the criteria for periodically using information to reduce the risk of sexual abuse. Furthermore, none of the youth present at the facility exceeded six months in their

length of stay at Monarch, and those at or nearing the six-month mark were promptly reassessed by the assigned Case Manager by use of the agency's Vulnerability Assessment tool. The completed Vulnerability Re-Assessments were provided to the auditor immediately after the onsite to demonstrate successful compliance with this 6 month periodic practice.

One of the contracted therapists confirmed during an interview that every youth at the facility is assigned one of the two contracted therapists. These assigned therapists meet with the youth on a weekly basis as part of their therapeutic support and care provision. This consistent weekly check-in with a licensed therapist serves as an additional essential component in the facility's continuing monitoring and intervention strategies to safeguard the well-being of the students and reduce the risk of sexual abuse.

In addition, the auditor asked each of the 10 students interviewed if they remember a CM asking them questions that are included on the VA, in which all the youth affirmed that these questions were asked when they first arrived at the facility in a CM's office.

**(c):**

As per the Agency's PREA Policy:

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

The CMs interviewed confirmed that the elements required by the PREA standard are included on the Vulnerability Assessment (VA). The VA tool contains all the necessary components stipulated by the standard to effectively assess and calculate the risk score for each youth in the facility. Furthermore, the counseling and medical staff at the facility are provided with copies of the VAs to review for any information that may be pertinent to their respective roles and responsibilities in providing care and support to the youth.

In addition, the CMs and the PD disclosed during their individual interviews that they have the ability to request an override the risk score if deemed necessary to ensure the safety of the facility and the youth and staff within. As per the CM's and PD's testimony, this override is required to be approved by the PD and allows the CMs and administrative staff to take immediate action and make decisions that prioritize the security and well-being of the residents based on their professional judgment and assessment of the situation.

**(d):**

As per the Agency's PREA Policy:

- This information shall be ascertained through conversations with the students during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the student's files.
- During the intake phase of a student's participation in the program, the CM/ TM will review all documentation collected during the intake process and revise the Vulnerability Assessment instrument as needed. As further information is collected during the student's ongoing treatment in the program the Vulnerability Assessment instrument will be revised.

During the interviews with the Case Managers (CMs) at The Monarch Academy, it was detailed how information for the Vulnerability Assessment (VA) is gathered through various channels and processes. The CMs explained that they obtain information through conversations with students during the intake process, medical and mental health screenings, classification assessments, and by reviewing different sources of documentation. These sources include court records, case files, program behavioral records, and other relevant documents found within the students' files.

The CMs and PD further emphasized that they have full access to all pre-admission documents and other information provided upon a youth being accepted into the facility. As per the CMs and PD, this access enables the facility to gather a comprehensive understanding of the students' backgrounds, needs, and potential risk factors, facilitating a thorough and informed assessment process.

**(e):**

As per the Agency's PREA Policy:

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

This procedural requirement was verified through the interviews conducted onsite

with the CMs and PD, with each individual confirming that the facility has implemented appropriate controls on the dissemination within the facility of responses to questions asked on the facility's VAs. This was explained to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

**Risk Assessment Review:**

To evaluate compliance with the required elements of the PREA standard at the facility, the auditor selected Vulnerability Assessments for the last ten students admitted to the facility before the onsite visit, as well as a sample of periodic re-assessments. Upon reviewing these assessments, it was confirmed that all the initial Vulnerability Assessments examined were conducted promptly during the intake process and successfully aligned with all the elements specified in this PREA standard. Furthermore, periodic re-assessments were found to be conducted through the weekly check-ins with the juvenile's CMs, as well as the weekly counseling sessions each youth have with their assigned therapist. In addition, Vulnerability Re-assessments are conducted every 6 months, as verified by the auditor after the onsite. The PD provided the auditor with the Vulnerability Re-assessments conducted for each of the students whose length of stay was close to the 6 month mark at the time of the onsite.

**Conclusion:**

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

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk</li> <li>• Samples of Completed Vulnerability Assessments</li> <li>• Staff PREA Training Curriculum</li> <li>• PREA Staff Training Verifications</li> </ul>

- Samples of Vulnerability Assessment Re-Screenings
- Signed Memo From PCM
- Documents for the One Transgender Youth Admitted into the Facility

**Interviews:**

- PCM/PD
- 2 Case Managers (CMs)
- Contracted Therapist
- Registered Nurse (RN)
- No Students in Isolation
- PC
- No Students Identified as Transgender/Intersex
- One Targeted Youth (Bisexual)
- Director of Group Living
- 10 Students

**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. The auditor verified during the onsite that each of the 20 student rooms are "dry rooms," with no water or toilet in the rooms. Therefore, the facility is unable to secure youth in a room for a disciplinary matter or as a means of protective isolation.

**Explanation of Determination:**

**115.342 (a-i):**

The auditor reviewed the Agency's PREA Policy and confirmed that all the required elements as set forth by this PREA standard are included therein, on pages 25-26. The procedures for each provision that are included in this Policy are detailed below. In addition, the agency's Vulnerability Assessment Instrument tool was uploaded in the OAS and reviewed by the auditor. This screening form was found to be an objective screening tool that is used for making housing, bed, and programming assignments for residents with the goal of keeping all residents safe from sexual abuse.

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

- Rite of Passage programs shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse. Any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342.

The PCM and CMs interviewed onsite explained how the Vulnerability Assessment (VA) is administered within a few hours of a youth's arrival to determine their risk level of being a victim or perpetrator of abuse while in the program. The Director of Group Living confirmed this practice during her interview and highlighted the role of the CMs in completing the VAs promptly after admission. As per the PCM, CMs, and Director of Group Living, the VA score and information obtained during the intake process are utilized to make informed decisions regarding safety measures, appropriate housing assignments, bed placements, programming selections, and educational assignments for each student. Additionally, the staff members interviewed clarified that the youth at the facility do not participate in work activities. As per the staff interviewed, the management team works closely together to ensure all students and staff are safe and free from sexual abuse and harassment.

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

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

All the staff interviewed, including the PD, contracted therapist, RN, and 12 CCs, confirmed that the facility does not utilize isolation as a means of keeping students safe. Additionally, the contracted therapist and RN verified that they have never restricted from meeting with a student at the facility and would be able to visit a student even if they were in their room or removed out of the program due to a PREA related situation.

The PD detailed the protocols and procedures in place to address safety concerns and mitigate risks related to student behavior within the facility. The PD explained that if it is determined that a student needs to be removed from the program to ensure the safety of others, the student would be provided with a one-on-one type program in the administrative area. All of the student's rights would be upheld, and no other changes would be made except for separating the student from potential harm or causing harm to others. This approach allows for individualized supervision and support while maintaining a focus on safety and well-being. In cases where a student is not permitted to interact with other students due to being identified as a perpetrator of sexual abuse, the PD indicated that the individual would likely be arrested and transferred to juvenile detention or discharged from the program if necessary. The PD also highlighted that all student rooms at the facility are configured as "dry rooms," meaning they do not have toilets or sinks. As a result, the facility is unable to isolate students in their rooms for disciplinary or protective

purposes. Instead, the options available for managing behavior include time-outs and resident-initiated separations, with a maximum seclusion time of 90 minutes. It is mandated by the state that at the end of the 90-minute period, the youth must be able to freely exit the room, ensuring their ability to break the egress and enter the program.

The PD also provided the auditor with a signed memo that states: Although The Monarch Academy is considered secure, the facility does not use any form of isolation for either seclusion or disciplinary use. If a safety situation arises, facility assess risk factors and concerns and respond accordingly.

Furthermore, each of the 12 CCs interviewed confirmed that they could not recall a situation that involved a student being separated from the general population and secured in an isolation room due to a PREA related matter.

**(c - i):**

Per Page 25:

- Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students.

The auditor discussed the procedures outlined above with the PC and PCM, who both confirmed that students are not placed in specialized housing, bed, or other assignments for any reason. There is one program, with two dayrooms that are split with "A" side and "B" side. Furthermore, the facility has 20 rooms; however, only 19 are used and occupied. The PC and PCM described how if a biological female youth who identified as transgender, a transgender male, was admitted into the program, the youth's particular situation would be staffed by the management team to ensure the youth is safe and free from bullying, sexual abuse, and sexual harassment. Additionally, the youth's placement and programming assignments would be reassessed on a weekly basis by the assigned CM and therapist, as well as the PD, to review any threats to safety and to check-in on the youth's status and feeling of safety. The PD shared a situation that involved a student who ended up identifying as transgender after being admitted into the facility. When this youth was first admitted into the program, the youth identified as straight; however, after being in



the program, the youth felt comfortable enough to share the transgender status update. The PD described how this youth did very well in the program and successfully completed the program without any major issues or problems.

The auditor interviewed one targeted youth who identified as bisexual, and this youth confirmed that the facility does not have any specialized housing. Additionally, the youth advised that she was not treated any differently and was assigned to the normal programming.

As per Page 26:

- A transgender or intersex student's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex students shall be given the opportunity to shower separately from other students. If a student is isolated pursuant to provision (b) of this PREA standard, the program shall clearly document:
  - The basis for the program's concern for the student's safety; and
  - The reason why no alternative means of separation can be arranged.
- Post-allegation decisions regarding student housing will be reviewed by the MDT members.
- Every 30 days, the MDT shall afford each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population.

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

The PCM also provided the auditor with several documents that outlined how The Monarch Academy accepted one youth who later in his stay at the program identified as transgender. As per the PCM, this is the only youth who identified as transgender during the audit review period, and the PCM provided the auditor with a memo and supplemental documents that outlined the following pertinent information for how the facility managed this student stay at the facility:

- In the last year, we {Monarch Academy} had one student identify as transgendered while in programming. It should be noted that the student did not state he was transgender upon intake. Nor did any collateral information specify that the student had specific needs.
- As requested by the youth, specific pronouns were used.
- Staff education and additional consulting with clinician assisted staff members. As a program, we {Monarch Academy} wanted to ensure that the youth as well as staff felt comfortable in the milieu setting.
- Utilized mediations with youth as well as individual education in order to ensure that the student as well as peers truly understood one another.
- Specialized grooming and haircuts and youth was given women and male underwear as the student was fluid.

- Student referred to be in his own shower group.
- Student was able to advocate for self, and even assisted clinician with educational pieces for staff and peers.
- Availability to talk to Admin staff to ensure that he felt safe and heard.
- All students have their own room.
- Seating chart identified that assisted youth with feeling comfortable as she had some initial complaints about peers.
- (Other Name) Request Form
- Case Manager Emails
- Therapist Emails

The auditor verified that the facility is exclusively for girls, and only biological female youth are admitted into the program. However, the auditor also confirmed that a transgender youth who identifies as male could potentially be accepted into the program, provided they are biologically female (*example outlined above*). Each youth's acceptance into the program is evaluated on a case-by-case basis, with the management team considering the individual's health and safety as part of the decision-making process. Regarding housing and programming assignments, the facility assesses placements for all students, including transgender or intersex juveniles, on a case-by-case basis to determine if any management or security issues may arise. The PD highlighted the importance of taking necessary steps to ensure the safety and protection of all students, regardless of their sexual orientation or gender identity. Prior to admission, all youth awaiting placement undergo pre-screening to evaluate their readiness and potential for success in the program. This pre-screening process helps assess the individual needs, strengths, and challenges of each youth to determine their suitability for the program. If any specialized needs or accommodations are identified during the pre-screening, the facility incorporates them into the youth's program on a case-by-case basis.

The PD described how the management team (which includes involvement from Case Managers, therapists, Group Living staff, and medical) focuses their efforts on closely monitoring and supporting all students consistently throughout their stay at the facility, ensuring their safety and providing the necessary assistance for successful program completion. Furthermore, during the onsite interviews, the two Case Managers, contracted therapist, and ten students at the facility all confirmed that an assigned Case Manager and therapist meet with each youth on a weekly basis to assess their status and safety within the program. These regular check-ins allow for ongoing monitoring and support for the students. Vulnerability reassessments are also conducted every six months for all youth to ensure that risk levels are continually evaluated and addressed.

Additionally, the PD and Case Managers highlighted that as part of the intake Vulnerability Assessment process and subsequent assessments, all students admitted into the program are asked about their own perception of safety at the facility. The students' views regarding their own safety are given significant consideration throughout their time at the facility. The ten students interviewed shared positive feedback, expressing that they felt The Monarch Academy was a

safe environment. None of the students raised concerns about feeling unsafe, and each student identified at least two staff members they trusted and felt comfortable talking to if needed.

**Risk Assessment Review:**

To evaluate compliance with the required elements of the PREA standard at the facility, the auditor reviewed Vulnerability Assessments (VAs) for the ten most recent students admitted to the facility before the onsite visit, as well as a sample of periodic re-assessments. The review confirmed that all initial Vulnerability Assessments were conducted promptly during the intake process and met all the required elements outlined in this PREA standard. Moreover, the periodic re-assessments, along with the regular meetings the students had with their assigned therapist and Case Manager, established a consistent practice of re-evaluating students' housing, classification status, programming, education, and safety status. By utilizing the agency's VA form and incorporating weekly meetings into the assessment process, the facility demonstrated an institutionalized approach to monitoring and adjusting students' assignments based on their evolving needs and risks. The auditor also verified that the information gathered through the assessments was utilized by Group Living to determine the risk level of each student and make appropriate housing, bed, programming, and educational assignments. The review of the VAs confirmed full compliance with the standard, showing how the facility effectively used risk assessments to prioritize safety and ensure suitable assignments for the students. Additionally, it is important to note that none of the VA's indicated a student reported to have identified as transgender or intersex during their intake process.

**Conclusion:**

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

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Student Grievance Form</li> <li>• ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> </ul>

- ROP Policy 600.364 (Incident Reporting Policy)
- PREA Signage (English & Spanish)
- Texas Juvenile Justice Department (TJJD) Website
- Student Concern Form
- One-on-One Form

**Interviews:**

- 12 CCs
- 10 Students
- PCM

**Site Review Observations:**

During the onsite assessment, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing unit dayrooms, hallways, medical area, kitchen, administrative area, visitation area, and public lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Examples of some of the titles of the posted PREA signs were: 'No Means No,' 'Know Your Rights/Report Sexual Assault/Break the Silence/Help is Available,' 'Safe Space,' 'Healthy Boundaries,' 'PREA Auditor Notice,' 'You Matter,' and 'We Protect Your Rights.' These posters detail how any individual at the facility can make a PREA report internally to staff or administrators and to outside entities, such as the state operated Texas Juvenile Justice Center (TJJD) Abuse Hotline, Independent Ombudsman, and local children's advocacy center (CAC) (Grayson County CAC). The auditor also conducted a test call to the main outside reporting entity, the TJJD Reporting Hotline, which was confirmed to provide interpreting services and accept anonymous reports from students. The auditor used the same phone that students are able to use, and no issues were experienced with this test call. In addition, it is important to note that one of the PREA signs posted throughout the facility includes information on how students can contact the Grayson County Children's Advocacy Center (CAC) for assistance. The contact information for this organization was prominently displayed on the facility's "No Means No" signs, providing students with a clear point of contact for reporting sexual abuse or harassment and to be provided outside emotional support services.

As part of the audit process, the auditor reached out to the Grayson County CAC while onsite to gather further information. This communication revealed that the Grayson County CAC is an external entity that can receive reports of sexual abuse and harassment from students. They are equipped to handle these reports confidentially and have the capacity to report incidents to the appropriate authorities on behalf of the students. In addition, the CAC advocate representative who answered the auditor's call shared in detail the victim advocacy services provided at the Grayson County CAC, which is detailed in section 115.321 and 115.353 of this report.

Since there were no new youth were scheduled to be admitted while the auditor was onsite, the PD and Case Manager demonstrated the intake process for new students. They outlined how a new student is provided with the initial PREA orientation by a Case Manager within a few hours of arrival at the facility. The staff also explained that a more comprehensive PREA education, which includes a video presentation and in-person review, is conducted within 10 days of the student's arrival. The PD and Case Manager shared the documents used to review the PREA information with the auditor, including the Student Handbook and PREA brochures. The auditor had the opportunity to review these materials and gain insight into the facility's approach to educating students on their rights and promoting a safe environment pursuant to the PREA standards. Furthermore, the auditor watched the PREA comprehensive education video and found it to be a comprehensive, tailor-made, and age-appropriate media tool for PREA education. The auditor found that this video ensures that students receive the necessary information about their rights, reporting mechanisms, and safety protocols in an engaging and accessible format, which is in addition to the in-person review and question/answer time afforded to each student by the assigned Case Manager.

During the onsite, the auditor also learned from the informal conversations with staff and students that PREA information is provided on a regular basis, with staff, administrators, and the nurse reviewing the student PREA information periodically through workshops, refreshers, groups, and one-on-one talks.

The auditor verified that youth at The Monarch Academy are permitted to retain their Student Handbook and other PREA documents provided during the intake process by asking a sample of students if they had access to these materials. The students confirmed that they possessed their Student Handbook and PREA documents in their 'I Achieve Binders.' Additionally, the auditor was shown examples of these documents during the walkthrough, demonstrating compliance with the practice of allowing students to keep these essential resources.

The auditor also identified the grievance boxes in the facility, which were black metal security boxes that allow students to place any piece of paper, such as a Student Grievance, Student Concern, letter, etc., in the box confidentially. The Program Director showed the auditor the Student Grievance and Student Concern forms that were located above the grievances boxes, and all students in the facility had unrestricted access to a writing utensil. This was found to be apparent during the onsite inspection, in which all the students were writing and coloring in the dayroom of the facility as the auditor walked through. In addition, in the public lobby area, where family in-person visits are conducted, the facility has a metal security wall box next to the reporting signs. The Program Director shared how each of the secure reporting boxes are checked by management on a daily basis; however, most students either make verbal reports to staff or directly to administration or write down their concern on a Student Concern form and give to staff. The reporting box located in the public lobby details how a parent/guardian or any other individual can make a third party report on behalf of a student, and next to this reporting box are multiple reporting posters that detail how anyone can report abuse, harassment, neglect, or exploitation directly to the Independent

Ombudsman or the TJJJD OIG Abuse Hotline.

**Explanation of Determination:**

**115.351 (a-e):**

The auditor reviewed the Agency's PREA Policy and verified that all the required elements set forth by this PREA standard are included therein, as outline below.

Moreover, as per the Policy statement included on page 27: "Rite of Passage programs encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."

As per this PREA Policy on page 27:

- The program shall provide multiple internal ways for students to privately report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- The program shall also provide at least one way for students to report abuse or harassment to a public or private entity or office that is not part of the program and that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials, allowing the student to remain anonymous upon request. Students detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager.
- The program shall provide students with access to tools necessary to make a written report. This could include (but not limited to) the following:
  - Student Grievance Form
  - Student Statement Form
  - Medical Request Form
  - Student One-on-One Request Form
- The program shall provide a method for staff to privately report sexual abuse and sexual harassment of students. Staff shall adhere to the following:
  - Regardless of its source, staff, contractors and/or volunteers who receive information concerning a student and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that student has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and the shift supervisor and/or designee.

In addition, the auditor examined the agency's Student Problem Solving and Grievance Policy, which outlines specific procedures for students, parents/guardians, placing agencies, authorizing representatives, and other stakeholders to lodge grievances that violate a student's rights. The policy underscores that students are informed of their grievance rights upon admission to the facility, during the intake process, through a review and signature of the acknowledgment and Student Handbook. Moreover, the guidelines necessitate the clear posting of resident grievance procedures in the residential living area, in which the auditor confirmed to be true during the onsite inspection.

The policy further mandates that the Student Grievance Form must be easily accessible to residents in program areas where they can independently access forms without staff assistance. Provision of written materials for grievance writing purposes is mandated whenever a student wishes to submit a grievance, with completed forms securely deposited by students in the designated Grievance Box (the auditor confirmed onsite that the Grievance boxes were easily accessible to youth). Notably, the policy explicitly states that grievances involving allegations of child abuse (such as sexual abuse or harassment) must be promptly reported to the authorities authorized to investigate alleged abuse or law enforcement agencies. Moreover, on the Student Grievance Form itself, in bold red text, it states: If your grievance is about sexual abuse or sexual harassment allegation you will not be required to problem solve with staff and you are not required to fill out the remaining sections of the this form.

In addition to the Student Grievance form, the facility also utilizes Speak To and Student Concern forms, which are forms that can be filled out confidentially by students and placed in one of the secure grievance or given directly to staff or management. These are additional documents that are available to all students for making a written PREA report or concern directly to management.

The facility also is required, as per TJJJ standards and the agency's PREA Policy, to allow juveniles free access to contact the TJJJ Abuse Hotline and the Office of the Independent Ombudsman for the state of Texas. As per the TJJJ website, the TJJJ Abuse Hotline is answered by personnel from the Office of Inspector General (OIG) 24 hours a day, 7 days a week. Furthermore, the OIG is the independent law enforcement agency that keeps juvenile justice systems safe and secure. It is statutorily responsible for investigating criminal allegations involving TJJJ juveniles, TJJJ employees, TJJJ facilities, contractors, volunteers or programs of the Texas juvenile justice system. The office also conducts abuse, neglect, and exploitation investigations in juvenile justice programs or where juvenile justice involved youth are located. The Chief Inspector General reports directly to the TJJJ Board. In addition, the OIG maintains the Incident Reporting Center, the reporting and clearinghouse for the juvenile justice system in Texas. IRC operators receive and record allegations of misconduct and criminal offenses as well as abuse, neglect and exploitation complaints. Anyone can report allegations of misconduct to the Incident Reporting Center by emailing a complaint to [TJJJ.IRC@tjjd.texas.gov](mailto:TJJJ.IRC@tjjd.texas.gov), or by calling a 24-hour-a-day toll free hotline 1-866-477-8354. Historical TJJJ incident data can be found on the Open Data Portal of [Texas.gov](https://www.texas.gov).

In addition, the Office of the Independent Ombudsman provides oversight at juvenile placement facilities in Texas that house TJJD youth. As per the TJJD website, the Independent Ombudsman is a state agency established for the purpose of investigating, evaluating, and securing the rights of children committed to the TJJD. The responsibilities of the Independent Ombudsman (OI) includes:

- Review complaints, other than those alleging criminal behavior, filed with the IO and investigate each complaint in which it appears that a child may be in need of assistance.
- Review complaints, other than those alleging criminal behavior, filed with the IO and investigate each complaint in which it appears that a child may be in need of assistance.
- Provide assistance to a child in the custody of TJJD who the IO determines is in need of assistance, including advocating with an agency, provider, or other person in in the best interests of the child.
- Inspect periodically the facilities and procedures of the facilities where a child in the custody of TJJD has been placed to ensure that the rights of children are fully observed.
- Review the procedures established by TJJD and evaluate the delivery of services to children to ensure that the rights of children are fully observed.
- Review reports relating to complaints regarding juvenile probation programs, services, or facilities and analyze the data contained in the reports to identify trends in complaints.
- Report a possible standards violation by a local juvenile probation department to the appropriate division of the department.

Note: The IO reports to the Governor and the Texas Legislature. The IO is not a part of TJJD and does not report to TJJD executive management or the TJJD Board.

During the onsite phase of the audit, the auditor interviewed 12 Couch Counselors (CCs) who provided insight into the multiple ways in which students can make a report of sexual abuse or harassment at The Monarch Academy. Staff members described various reporting methods available to students, including contacting the TJJD Abuse Hotline, making a verbal report to a staff member or trusted adult, writing a report on paper or designated forms, informing a parent/guardian/ Probation Officer/Counselor, making an anonymous report via the TJJD Hotline or in writing, reporting to the Independent Ombudsman, or having another person report on their behalf (third-party report). Furthermore, the 10 students interviewed confirmed their awareness of these reporting options and emphasized their easy access to writing utensils, paper, and reporting forms. While grievance boxes are available in dayrooms, most students indicated a preference for directly informing a staff member or submitting a written report to staff if needed. Additionally, students mentioned their ability to contact the TJJD Hotline with staff assistance and highlighted the option to remain anonymous when making a report through this hotline call or by writing down the report and not putting their name.

The CCs also affirmed the facility's policy requiring staff to accept reports of sexual



abuse and harassment in various forms (verbally, in writing, anonymously, and from third parties). The auditor confirmed that all staff members working at the facility are designated as mandatory reporters of child abuse and are obligated by agency policy to promptly report any suspicion or knowledge of sexual abuse or harassment to their direct supervisors and the appropriate authorities, such as the Grayson County Sheriff's Department and TJJJ (*as applicable to the situation and level of seriousness*). As per the CCs interviewed, in cases where verbal reports are received, staff are required to document the report promptly on an agency Informational form, with documentation completed without delay and prior to leaving the facility at the end of their shift.

Staff members attested to their ability to privately report incidents of abuse or harassment involving students to their immediate supervisors or administrative staff. While they can also contact the TJJJ Hotline directly, staff emphasized the open-door policy of administrative staff regarding PREA-related concerns. In response to a hypothetical scenario where a student's outcry of abuse is dismissed by a supervisor, all staff members indicated in their interviews how they would escalate the matter up the chain of command until action is taken, or directly report the situation to the police or TJJJ.

The students interviewed, along with the PCM, confirmed that all youth at the facility have access to resources for making written reports related to sexual abuse, harassment, retaliation, or staff neglect. This access to reporting tools was verified by the auditor during the onsite, in which the auditor witnessed all the youth at the facility having access to writing utensils and reporting forms during the walk through.

The PCM confirmed that the facility does not detain residents solely for civil immigration purposes and that all youth undergo pre-screening for placement suitability before being admitted. This was also verified by the auditor during the onsite.

**Conclusion:**

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

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Student Grievance Form
- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- Signed Memo from PCM

**Interviews:**

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

**Explanation of Determination:**

**115.352 (a-g):**

The auditor conducted a review of the Agency's PREA Policy and verified the inclusion of all required elements of this PREA standard on pages 28-29. However, after assessing the mandatory child abuse reporting obligations of the State of Texas and examining the reporting requirements established by the Agency's PREA Policy and other pertinent policies, the auditor concluded that this standard is deemed inapplicable. This determination stems from the facility's written policy and state-mandated directive, which necessitates the immediate reporting of any allegation of sexual abuse (including sexual harassment) to TJJJ. Moreover, TJJJ, as a state-regulated entity, is mandated to evaluate and investigate all sexual abuse allegations involving juveniles in Texas facilities, either through criminal or administrative avenues. Given that any sexual abuse allegation reported on a Student Grievance Form falls within these prescribed requirements, the auditor found that the facility sufficiently demonstrates, through its written agency policy and institutionalized practice, the prompt translation of sexual abuse-related grievances into investigative actions beyond the administrative recourse process.

Furthermore, such matters are not classified as merely grievances within the agency's framework and are required to be reported to local law enforcement (Grayson County Sheriff's Department) in addition to TJJJ OIG.

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

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

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</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>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Student Grievance Form</li> <li>• ROP Policy 600.402 (Student Problem Solving and Grievance Policy)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Letter and Signed MOU Sent to Grayson County CAC</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM</li> <li>• 10 Students</li> <li>• Grayson County CAC Representative</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing unit dayrooms, hallways, medical area, kitchen, administrative area visitation area, and public lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Examples of some of the titles of the posted PREA signs were: 'No Means No,' 'Know Your Rights/Report Sexual Assault/Break the Silence/Help is Available,' 'Safe Space,' 'Healthy Boundaries,' 'PREA Auditor Notice,' 'You Matter,' and 'We Protect Your Rights,' The auditor also conducted a test call to the main outside reporting entity, the Texas Juvenile Justice Center (TJJD) Reporting Hotline, which was confirmed to provide interpreting services and accept anonymous reports from students. The auditor used the same phone that students are able to use, and no issues were experienced with this test call. In addition, it is important to note that one of the PREA signs posted throughout the facility includes information on how students can contact the</p>

Grayson County Children's Advocacy Center (CAC) for assistance. The contact information for this organization was prominently displayed on the facility's "No Means No" signs, providing students with a clear point of contact for reporting sexual abuse or harassment and to be provided outside emotional support services.

In addition, as part of the audit process, the auditor reached out to the Grayson County CAC while onsite to gather further information. This communication revealed that the Grayson County CAC is an external entity that can receive reports of sexual abuse and harassment from students, as well as provide emotional support services related to sexual abuse.

**Explanation of Determination:**

**115.353 (a-d):**

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

- As per the procedures included on page 30:
  - Each Rite of Passage site will provide access to support via postings, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program shall enable reasonable communication between students and these organizations and agencies, in as confidential a manner as possible.
  - Each Rite of Passage site shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide students with confidential emotional support services related to sexual abuse. The program shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
  - The program shall inform students, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
  - The program shall also provide students with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
  - When students request phone calls of this nature, they will be facilitated by Case Manager or higher position and reasonable privacy measures will be taken, while maintaining visual observation.

During the onsite, the PD confirmed that she had contacted the Grayson County Children's Advocacy Center (CAC) to discuss the emotional support services

available to students at The Monarch Academy. The PD stated that she had sent a letter and signed Memorandum of Understanding (MOU) to each agency, outlining the agreement between the parties to comply with the relevant provisions of this PREA standard, as well as PREA standard 115.321. The auditor reviewed these letters and signed MOUs, which demonstrated the PD's efforts to ensure compliance with the requirements of the PREA Standard.

The auditor also made a call the local children's advocacy center (CAC), Grayson County CAC, while at the facility. The Grayson County CAC representative explained in detail the victim service available to juvenile victims of sexual abuse. These services include, but are not limited to:

- Provide a safe, child-friendly environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child.
- Forensic Interviews designed to provide children the opportunity to disclose abuse to a neutral party in a child-friendly setting. Forensic interviewers are specially trained in the areas of child development, linguistics, civil and criminal offenses, child protection concerns, memory, suggestibility and disclosure.
- Victim support and advocacy services are available to all CAC clients and their non-offending caregivers and family members. The focus of family advocacy and victim support is to help reduce additional trauma for the child and non-offending caregivers and family members and to improve outcomes.
- The Grayson County Children's Advocacy Center offers trauma-focused therapy services to child victims and their non-offending caregivers. Therapy enables children who have been abused to develop a healthy self-image, learn to trust again, and identify ways to protect themselves from further victimization. Specially trained and licensed therapists work with child victims on complex issues stemming from their abuse such as trauma, shame, embarrassment, safety, and self-esteem.
- A multidisciplinary team (MDT) is the foundation of a Children's Advocacy Center (CAC). An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the CAC. The CAC is responsible for facilitating coordination between partner agencies as well as facilitating case review on an on going basis.
- Prevention and Education is a critical component of the work of the CAC. Education is vital in the prevention of child abuse. We approach education through two main portals: childhood education and adult education. Childhood education is pivotal to preventing child abuse. 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18. Children need the tools to handle this terrifying reality if we ever hope to change it.

The Grayson County CAC confirmed that if a youth from the facility contacted the

organization and requested emotional support services related to sexual abuse, these services would be provided by a specially trained advocate or mental health professional either over the phone or scheduled in-person. Furthermore, the auditor also interviewed one of the two contracted therapists who provide mental health treatment and services to students at the facility on a weekly basis. It was confirmed that since these therapists are external contractors, they have the capacity to deliver emotional support services related to sexual abuse on a case-by-case basis and as requested.

The ten students interviewed onsite all confirmed how they meet with their designated therapist on a weekly basis. This regular contact with mental health professionals ensures that students have consistent access to emotional support and counseling services to address any personal concerns or challenges they may be facing. Moreover, the students indicated their awareness of their right to receive emotional support services related to sexual abuse, either from a victim advocate from a children's advocacy center or from their therapist. The students also expressed their familiarity with the PREA posters that feature contact information for the local children's advocacy center. Additionally, some students revealed that they have regular meetings with their victim advocates who were assigned to them before their admission to the facility.

**Conclusion:**

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

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• PREA Signage (English &amp; Spanish)</li> <li>• Third Party Reporting Form (English &amp; Spanish)</li> <li>• The Monarch Academy Website</li> <li>• Policy 600.402 (Student Problem Solving and Grievance Policy)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• 10 Students</li> </ul>

- 12 Coach Counselors

**Site Review Observations:**

During the onsite, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various accessible areas of the facility, including housing unit dayrooms, hallways, medical area, kitchen, administrative area visitation area, and public lobby. These signs were easy to read, undamaged, and strategically placed for all students to access easily. Examples of some of the titles of the posted PREA signs were: 'No Means No,' 'Know Your Rights/Report Sexual Assault/Break the Silence/Help is Available,' 'Safe Space,' 'Healthy Boundaries,' 'PREA Auditor Notice,' 'You Matter,' and 'We Protect Your Rights,' The auditor also conducted a test call to the main outside reporting entity, the Texas Juvenile Justice Center (TJJD) Reporting Hotline, which was confirmed to provide interpreting services and accept anonymous reports from students. The auditor used the same phone that students are able to use, and no issues were experienced with this test call. In addition, it is important to note that one of the PREA signs posted throughout the facility includes information on how students can contact the Grayson County Children's Advocacy Center (CAC) for assistance. The contact information for this organization was prominently displayed on the facility's "No Means No" signs, providing students with a clear point of contact for reporting sexual abuse or harassment and to be provided outside emotional support services.

The auditor also identified in the public lobby a secured reporting box and third-party reporting forms and instructions. These forms allow for a visitor or another individual to make a report on a student's behalf. Additionally, as verified by the auditor during the onsite, the public lobby area serves as a space for student visitation; therefore, allowing visitors easy access to the third-party reporting forms and instructions. Visitors can fill out the form and choose to either place it in the secured reporting box or hand it to a staff member or administrator on duty.

**Explanation of Determination:**

**115.354 (a):**

According to the Agency's PREA Policy on page 31:

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

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

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

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

- Third parties, including fellow students, staff, family members, attorneys, and outside advocates shall be permitted to assist students in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of students.

The ten students interviewed all expressed knowledge in how a third-party report can be made on their behalf, such as by a family member or other individual from the outside. Additionally, all the Couch Counselors interviewed confirmed how if they receive a third-party report of sexual abuse or sexual harassment, they are required to immediately notify their immediate supervisor and the proper authorities must also be notified.

Note: More information on third party reporting for the Monarch Academy is detailed in section 115.351 of this report.

**Conclusion:**

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



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- PREA Training Curriculums for Employees, Contractors, and Volunteers
- The Monarch Academy Website

**Interviews:**

- 12 CCs
- Part-Time Registered Nurse (RN)
- Contracted Therapist
- PCM, who is also the facility's Program Director (PD) and Facility Administrator (FA)

**Explanation of Determination:**

**115.361 (a-f):**

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

- POLICY: Rite of Passage programs are required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse. Rite of Passage programs are required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.
- PROCEDURE:
  - The program shall require all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; retaliation against students or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
  - The program shall also require all staff to comply with any applicable

mandatory child abuse reporting laws.

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in program policy, to make treatment, investigation, and other security and management decisions.
- Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services program where required by mandatory reporting laws.
- Such practitioners shall be required to inform students at the initiation of services of their duty to report and the limitations of confidentiality.
- Upon receiving any allegation of sexual abuse, the Program Director/ Manager or designee shall promptly report the allegation to the appropriate program office and to the alleged victim's parents or legal guardians, unless the program has official documentation showing the parents or legal guardians should not be notified.
- If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
- If a juvenile court retains jurisdiction over the alleged victim, the Program Director/ Manager or designee shall also report the allegation to the student's attorney or other legal representative of record within 14 days of receiving the allegation.
- The program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the program's PREA compliance manager who will inform the RIIP.
- The program will complete the ROP Internal PREA Notice form for all PREA allegations.
- The ROP Internal PREA Notice form will be submitted to the RIIP within 7 days of the incident being reported.

To further demonstrate The Monarch Academy commitment to promptly reporting all instances of sexual abuse, harassment, retaliation, and staff neglect, the auditor confirmed the presence of child abuse mandatory reporting, third-party reporting, and zero tolerance PREA signs placed throughout the facility. The facility's third-party reporting form titled, 'You Can Report Sexual Abuse or Harassment on Behalf of a Student,' outline the reporting process clearly and were found to be easily accessible to all individuals who enter the facility, as well as available to the public online.

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

PREA report on a student's behalf.

Additionally, The Monarch Academy website reinforces the following reporting information:

- Students are encouraged to report sexual harassment or assault by another student or a staff member. They may report to any staff member, to an outside agency (phone numbers on posters throughout the program), or anonymously by writing it down and submitting it to any grievance box in any living area.
- Rite of Passage accepts third-party reports of sexual assault or sexual harassment from a friend or family member of a student. Third-party reporting forms are available at the front desk of our programs or can be downloaded here. If you suspect sexual abuse you may also call Rite of Passage at (775) 267-9411 to report it or report it to the Sheriff or Police Department where the allegations occurred.
- All reports are taken seriously and investigated.
- Staff must report any knowledge or suspicion of sexual harassment or sexual assault to their supervisor immediately. Staff may also privately report to their site Compliance Manager or their Regional Improvement Imbedded PREA Coordinator.

The 12 Coach Counselors (CCs) interviewed at The Monarch Academy affirmed their status as mandatory child abuse reporters, thereby highlighting their responsibility to promptly report any knowledge, suspicions, or information pertaining to incidents of sexual abuse, sexual harassment, retaliation against individuals reporting such incidents, or instances of staff neglect or violations. This reporting obligation applies to incidents occurring within the facility, regardless of whether the facility has a direct involvement in the matter. In accordance with agency policy and relevant state and federal mandates, the CCs are required to report any such incidents immediately to designated supervisors and administration (PCM), as well as TJJ and Grayson County Sheriff's Department, as appropriate. Moreover, the staff members are bound by confidentiality obligations and are prohibited from disclosing any information related to reports of sexual abuse to individuals not directly involved in the investigation or decision-making processes, except to the extent necessary as outlined in agency policy.

During the interviews with the contracted therapist and part-time Registered Nurse (RN), they confirmed their status as mandatory child abuse reporters, emphasizing their obligation to report incidents of sexual abuse and sexual harassment to designated supervisors and the PCM at the facility. Additionally, they are required to report such incidents to TJJ and potentially involve local law enforcement, such as the Grayson County Sheriff's Department. These professionals disclosed that part of their responsibilities includes informing residents about their duty to report and the limits of confidentiality at the onset of providing services. This verbal notification takes place before any session or intervention is provided at the facility, and both the youth and their parent/guardian are required to sign a consent form and

confidentiality warning as part of the admissions process.

The PCM from Monarch, who also serves as the Program Director and Facility Administrator, confirmed that it is a mandatory requirement, as per agency policy, that upon receiving any allegation of sexual abuse, she (as the facility head) is obligated to promptly report the allegation to the appropriate agency offices, such as the TJJJ and the originating juvenile agency, as well as notify the alleged victim's parents or legal guardians. In cases where the alleged victim is under the guardianship of the child welfare system, the report is directed to the alleged victim's caseworker instead of the parents or legal guardians. Furthermore, if a juvenile court retains jurisdiction over the alleged victim, the PCM or a designated representative is required to report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. During the audit, the auditor was presented with documentation regarding a PREA allegation made by a youth at Monarch, alleging a sexual relationship with a staff member from the facility where the youth was previously located before being admitted to Monarch. Although the allegation was ultimately determined to be unfounded and the youth admitted to making the false allegation, the PCM provided proof documentation to the auditor, verifying that administrative staff from the sending county were promptly notified of the allegation, as well as the TJJJ Office of the Inspector General (OIG).

Lastly, during interviews with every staff member, contractor, and volunteer at the facility, it was confirmed that all allegations of sexual abuse and sexual harassment, including reports from third parties and anonymous sources, must be immediately reported to the facility's designated investigator, who is the PCM/PD. The PCM reiterated the importance of promptly reporting all PREA-related allegations, emphasizing that each report, even if it does not meet the threshold for sexual harassment, is treated with utmost seriousness and fully investigated in order to prevent more serious incidents. The PCM explained that every PREA report initiates a comprehensive investigative process focused on conducting a prompt and thorough internal investigation into the allegations. Further, regardless of the source of the report, including third-party and anonymous notifications, each PREA type allegation is handled with equal importance and urgency. The PCM ensures that all reported incidents are escalated up the chain of command swiftly to facilitate a comprehensive PREA internal investigation. The PCM also advised that she will make sure TJJJ OIG and, if necessary, the Grayson County Sheriff's Office are immediately contacted if the allegation reaches the level of sexual harassment or sexual abuse.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- ROP Policy 600.402 (Student Problem Solving and Grievance Policy)
- ROP Policy 100.407 (Child Abuse Reporting)
- PREA Signage (English & Spanish)
- Signed Memo
- PREA Incident Response Flowchart and Checklist

**Interviews:**

- PCM/PD
- 12 CCs

**Explanation of Determination:**

**115.362 (a):**

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

Additionally, the PCM provided the auditor with a signed memorandum confirming that The Monarch Academy did not have any instances during the audit review period where a student was found to be at substantial risk of imminent sexual abuse. During the onsite interview, the PCM reiterated this information and explained that in the event of a student facing a substantial risk of imminent sexual abuse, immediate action would be taken to protect the resident. Protective measures would include ensuring separation between the student at risk and the threat, which could entail placing a staff member on administrative leave or relocating the student out of the program, depending on the severity of the situation. To determine the appropriate response, the PCM stated that a comprehensive internal investigation would be conducted following the assurance of the student's safety. The investigation would seek to establish the facts and assess the level of the threat by examining room assignments, programming, education, and other relevant factors to ensure student safety. The internal investigation process, as detailed by the PCM, would incorporate a review of camera footage, pertinent reports and documents, interviews, written statements, counseling interventions, and a Vulnerability Re-assessment led by the Case Manager.

	<p>The 12 CCs interviewed were presented with a hypothetical scenario involving one youth bullying and making inappropriate sexual comments to another youth, which was characterized as a substantial risk of imminent sexual abuse or harassment. In their responses, the staff members outlined their immediate actions to ensure the safety and well-being of the youth involved, preventing bullying, harassment, and potential abuse. The CCs expressed that they would swiftly respond by removing the youth engaging in bullying/harassing behavior from the situation. This could involve relocating the youth to the administrative area to meet with a Case Manager or an administrator for further evaluation and intervention. Additionally, the staff emphasized the necessity of reporting such incidents to their immediate supervisor and the PCM to initiate appropriate follow-up actions and ensure a comprehensive response to the situation.</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 Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• PREA Allegation/Investigation Documents</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM/PD</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.363 (a-d):</b></p> <p>The auditor examined the Agency's PREA Policy and confirmed the inclusion of the required elements specified by this PREA standard on page 35, as detailed below:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>

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.

The PCM, who also serves as the Program Director and Facility Administrator, confirmed that it is a mandatory requirement, as per agency policy, that upon receiving any allegation of sexual abuse, she (as the facility head) is obligated to promptly report the allegation to the appropriate agency offices, such as the TJJJ and the head of the facility or appropriate office of the agency where the alleged abuse occurred, as well as notify the alleged victim's parents or legal guardians. In cases where the alleged victim is under the guardianship of the child welfare system, the report is directed to the alleged victim's caseworker instead of the parents or legal guardians. Furthermore, if a juvenile court retains jurisdiction over the alleged victim, the PCM or a designated representative is required to report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. During the audit, the auditor was presented with documentation regarding a PREA allegation made by a youth at Monarch, alleging a sexual relationship with a staff member from the facility where the youth was previously located before being admitted to Monarch. Although the allegation was ultimately determined to be unfounded and the youth admitted to making the false allegation, the PCM provided proof documentation to the auditor, verifying that administrative staff from the sending county were promptly notified of the allegation, as well as the TJJJ Office of the Inspector General (OIG).

**Conclusion:**

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

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>

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

**Interviews:**

- 12 CCs (all trained as first responders)
- Contracted Therapist
- Part-time Registered Nurse (RN)

**Explanation of Determination:**

**115.364 (a-b):**

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

- POLICY: Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions.
- PROCEDURE: The first staff member to respond to an incident shall be required to:
  - Separate the alleged victim and abuser;
  - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart and Checklist); and
  - If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- At a minimum, the follow is to be determined in the plan:
  - Assessment of the victim's acute medical needs.
  - Informing the victim of his or her rights under relevant Federal or State law.
  - Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
  - Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
  - Providing crisis intervention counseling.
  - Interviewing the victim and any witnesses.



- Collecting evidence.
- Providing for any special needs the victim may have.

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

Additionally, the auditor interviewed a representative sample of 12 Coach Counselors (CCs), each of whom confirmed that they are mandatory child abuse reporters and legally required to immediately report any knowledge or suspicion of sexual abuse or harassment involving juveniles to the proper authorities and facility administration. The CCs explained that they have an obligation to report such allegations directly to the Grayson County Sheriff's Department, TJJ, their immediate supervisor, and the Program Director (who is also the facility's PCM). The staff described their role as first responders in a sexual abuse situation at the facility, outlining response actions to support criminal investigators in collecting physical evidence for administrative and criminal proceedings. They detailed their immediate responses in a hypothetical worst-case scenario presented by the auditor, where one student was observed sexually assaulting another while in a room at the facility. The CCs explained how they would ensure the victim's safety by calling for assistance, immediately intervening to stop the assault, and instructing both the victim and perpetrator not to take any actions that could compromise evidence (no shower, changing, restroom, eating, drinking, etc.). They emphasized the importance of preserving and protecting the scene for law enforcement evidence collection. Furthermore, the CCs reported receiving training on responding to such incidents during pre-service and through annual PREA refresher training sessions. Although they had not been made aware of any sexual abuse incidents or allegations involving students at the facility, the CCs acknowledged their roles as first responders and understood their responsibilities in the event of such occurrences at The Monarch Academy- as outlined above.

The contracted therapist and Registered Nurse (RN) interviewed at the facility also discussed their training as first responders to incidents or allegations of sexual abuse. They provided details on the training they received, which included immediate separation of the victim from the perpetrator, preserving and protecting the scene, advising against actions that could compromise evidence, reporting to supervisors and the PCM promptly, and contacting emergency services if necessary. The RN mentioned that she had previously been certified as a Sexual Assault Nurse Examiner (SANE/SAFE) but allowed the certification to lapse. Both professionals stated that they had not been informed or had any knowledge of any youth at the facility reporting or being involved in a sexual abuse situation, but they understood their roles as first responders and the process of ensuring the victim's safety, reporting up the chain of command at the facility, and contacting law enforcement

and TJJD in order for a criminal investigation to commence. Furthermore, they were knowledgeable about the Grayson County Child Advocacy Center (CAC), which provides support to victims of sexual abuse during the examination and investigative process.

**Conclusion:**

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

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Policy 100.407 (Child Abuse Reporting)</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM, who is also the facility's Program Director (PD)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.365 (a):</b></p> <p>The auditor reviewed the Agency's PREA Policy and Coordinated Response Plan, confirming that each document successfully outlines the coordinated action plan pursuant to the requirements of this PREA standard. As per the Agency's PREA Policy on page 36:</p> <ul style="list-style-type: none"> <li>• Every Rite of Passage program will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The first staff member to respond to an incident shall be required to: <ul style="list-style-type: none"> <li>◦ Separate the alleged victim and abuser;</li> <li>◦ Preserve and protect the scene until appropriate steps can be taken to collect any evidence. (Follow PREA Incident Response Flowchart</li> </ul> </li> </ul>

and Checklist)

- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

At a minimum, the follow is to be determined in the plan:

- Assessment of the victim's acute medical needs.
- Informing the victim of his or her rights under relevant Federal or State law.
- Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
- Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
- Providing crisis intervention counseling.
- Interviewing the victim and any witnesses.
- Collecting evidence.
- Providing for any special needs the victim may have.

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

The PCM confirmed the above procedures and described how The Monarch Academy has successfully developed 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.

**Conclusion:**

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

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>The following is a list of evidence used to determine compliance: T</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM, who is also the facility Program Director (PD) and Facility Administrator (FA)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor did not observe any evidence that would suggest the facility allows staff to organize union representation or the collaboration for collective bargaining or other types of similar agreements.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.366 (a-b):</b></p> <p>According to the agency's PREA Policy on page 37, the requirements of this PREA Standard are not applicable to Rite of Passage since no collective bargaining agreements exist. Furthermore, per the comments added in the PAQ by the PCM for this PREA Standard, "Rite of Passage, Inc. does not have collective bargaining agreements, but is an at will employer." The PD also confirmed this information during her onsite interview.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP SES Coordinated Response Plan</li> <li>• ROP PREA/SES Retaliation Monitoring Form</li> </ul>

**Interviews:**

- Program Director (PD), who is also the facility's PCM and Facility Administrator
- No Students at the Facility Were Involved in a Sexual Abuse Situation

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

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

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

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

Moreover, as validated by the auditor, the agency's Coordinated Response Plan incorporates a dedicated section detailing how the facility implemented actions to prevent retaliation. This section notably features a checkbox to indicate that immediate steps were taken to monitor the treatment and behavior of students/staff who report sexual abuse or harassment, or cooperate in investigations (for a minimum of 90 days). Furthermore, the form serves to document the designated individual responsible for directly monitoring and addressing any potential incidents of retaliation.

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

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

In addition, the facility's Program Director (PD), who also holds the position of the PCM, explained how she would oversee monitoring for instances of retaliation. She detailed the implementation of monitoring procedures, which would involve conducting weekly or daily check-ins and walk-throughs, depending on the circumstances. The PD stated that there had not been any sexual abuse allegations or incidents at the facility since the previous PREA audit, resulting in no documentation demonstrating actual retaliation monitoring. However, the PCM thoroughly detailed the requirements of this PREA standard, as the procedures that are also outlined in the agency's PREA Policy. She confirmed that these procedures would be adhered to in response to any sexual abuse allegations or incidents at the facility. The monitoring for retaliation would continue for a minimum of 90 days unless the investigation determined the allegation to be unfounded. The PD provided the auditor with the forms that would be utilized to document the retaliation monitoring process and emphasized that in cases where retaliation was suspected, an immediate internal investigation would be initiated. Moreover, the PD mentioned that the TJJD OIG and, if necessary, law enforcement criminal investigators would be promptly notified of any suspicious retaliatory behavior.

**Conclusion:**

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

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="354 443 1449 645" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Memo Signed by the PCM</li> <li>• Documentation Demonstrating How a Youth Who Identified as Transgender was Cared For at the Facility</li> </ul> <p data-bbox="280 685 459 721"><b>Interviews:</b></p> <ul data-bbox="354 788 772 945" style="list-style-type: none"> <li>• 12 Coach Counselors (CCs)</li> <li>• Registered Nurse (RN)</li> <li>• PCM/PD</li> <li>• Contracted Therapist</li> </ul> <p data-bbox="280 985 699 1021"><b>Site Review Observations:</b></p> <p data-bbox="280 1061 1477 1299">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. The auditor verified during the onsite that each of the 20 student rooms are "dry rooms," with no water or toilet in the rooms. Therefore, the facility is unable to secure youth in a room for a disciplinary matter or as a means of protective isolation.</p> <p data-bbox="280 1339 762 1375"><b>Explanation of Determination:</b></p> <p data-bbox="280 1415 475 1451"><b>115.368 (a):</b></p> <p data-bbox="280 1491 1477 1639">According to the agency's PREA Policy on pages 39 and 40, "Rite of Passage programs shall use all information obtained pursuant to {PREA Standard} §115.341 and subsequently to make housing, bed, program, education, and work assignments for student with the goal of keeping all student safe and free from sexual abuse.</p> <p data-bbox="280 1653 1426 1809">Furthermore, "any student who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342." In addition, the following procedures that correspond with the requirements of this PREA standard are included on pages 39 and 40:</p> <ul data-bbox="354 1877 1468 2078" style="list-style-type: none"> <li>• Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other student safe, and then only until an alternative means of keeping all students safe can be arranged. During any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational</li> </ul>

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

- Lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students.
- A transgender or intersex student's own views with respect to his or her own safety shall be given serious consideration.
- Transgender and intersex students shall be given the opportunity to shower separately from other students.
- If a student is isolated pursuant to paragraph (b) of this section, the program shall clearly document:
  - The basis for the program's concern for the student's safety; and
  - The reason why no alternative means of separation can be arranged.
- Post-allegation decisions regarding student housing will be reviewed by the MDT members.
- Every 30 days, the MDT shall afford each student described in this section a review to determine whether there is a continuing need for separation from the general population.

Note: The PCM provided the auditor with a signed memorandum confirming that the facility has not placed any resident in isolation, either as a protective measure or disciplinary action due to a PREA-related situation during this audit review period. Furthermore, the PCM also provided the auditor with several documents that outlined how The Monarch Academy accepted one youth who later in his stay at the program identified as transgender. As per the PCM, this is the only youth who identified as transgender during the audit review period, and the PCM provided the auditor with a memo and supplemental documents that outlined the following pertinent information for how the facility managed this student stay at the facility:

- In the last year, we {Monarch Academy} had one student identify as transgendered while in programming. It should be noted that the student did not state he was transgender upon intake. Nor did any collateral information specify that the student had specific needs.



- As requested by the youth, specific pronouns were used.
- Staff education and additional consulting with clinician assisted staff members. As a program, we {Monarch Academy} wanted to ensure that the youth as well as staff felt comfortable in the milieu setting.
- Utilized mediations with youth as well as individual education in order to ensure that the student as well as peers truly understood one another.
- Specialized grooming and haircuts and youth was given women and male underwear as the student was fluid.
- Student referred to be in his own shower group.
- Student was able to advocate for self, and even assisted clinician with educational pieces for staff and peers.
- Availability to talk to Admin staff to ensure that he felt safe and heard.
- All students have their own room.
- Seating chart identified that assisted youth with feeling comfortable as she had some initial complaints about peers.
- (Other Name) Request Form
- Case Manager Emails
- Therapist Emails

As per the PCM, this youth was never secured or placed in a room as a means of protective custody or isolation.

All the staff interviewed, including the PD, contracted therapist, RN, and 12 CCs, confirmed that the facility does not utilize isolation as a means of keeping students safe. Additionally, the contracted therapist and RN verified that they have never restricted from meeting with a student at the facility and would be able to visit a student even if they were in their room or removed out of the program due to a PREA related situation.

The PD detailed the protocols and procedures in place to address safety concerns and mitigate risks related to student behavior within the facility. The PD explained that if it is determined that a student needs to be removed from the program to ensure the safety of others, the student would be provided with a one-on-one type program in the administrative area. All of the student's rights would be upheld, and no other changes would be made except for separating the student from potential harm or causing harm to others. This approach allows for individualized supervision and support while maintaining a focus on safety and well-being. In cases where a student is not permitted to interact with other students due to being identified as a perpetrator of sexual abuse, the PD indicated that the individual would likely be arrested and transferred to juvenile detention or discharged from the program if necessary. The PD also highlighted that all student rooms at the facility are configured as "dry rooms," meaning they do not have toilets or sinks. As a result, the facility is unable to isolate students in their rooms for disciplinary or protective purposes. Instead, the options available for managing behavior include time-outs and resident-initiated separations, with a maximum seclusion time of 90 minutes. It is mandated by the state that at the end of the 90-minute period, the youth must be able to freely exit the room, ensuring their ability to break the egress and enter the

	<p>program.</p> <p>The PD also provided the auditor with a signed memo that states: Although The Monarch Academy is considered secure, the facility does not use any form of isolation for either seclusion or disciplinary use. If a safety situation arises, facility assess risk factors and concerns and respond accordingly.</p> <p>Furthermore, each of the 12 CCs interviewed confirmed that they could not recall a situation that involved a student being separated from the general population and secured in an isolation room due to a PREA related matter.</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 Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Investigative File Review</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM/PD</li> <li>• PC</li> <li>• 12 Coach Counselors (CCs)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite the auditor had the opportunity to observe the physical storage area designated for information and documentation collected and maintained in accordance with the PREA standards. The storage areas were located within the secure facility and were under surveillance camera view, ensuring an additional layer of security and oversight for the stored data. The auditor also noted the electronic safeguards in place to protect this sensitive information from unauthorized access or breaches.</p>

Following the assessment of these 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.

**Explanation of Determination:**

**115.371 (a-k):**

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

- POLICY:
  - Rite of Passage facilities do not conduct criminal investigations. When a Program Director (or designee) conducts his/her own administrative investigation into allegations of sexual abuse and sexual harassment, s/he shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- PROCEDURE:
  - When sexual abuse is alleged, Rite of Passage shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.
  - Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
  - Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
  - Rite of Passage shall not terminate an investigation solely because the source of the allegation recants the allegation.
  - The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Rite of Passage shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
  - Administrative investigations:
    - Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
    - Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
  - Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

- Rite of Passage shall retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is incarcerated or employed by the Rite of Passage, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or Rite of Passage shall not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

To further confirm allegations of sexual abuse and sexual harassment are referred to the proper authorities, the auditor confirmed that the local law enforcement agency who would be contacted to conduct a criminal investigation is the Grayson County Sheriff's Department.

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

According to TAC 358.200 & 358.300:

- Departments, programs, and facilities must have written policies and procedures that require, in accordance with this chapter:
  - reporting allegations of abuse {which include allegations of sexual abuse and sexual harassment of a juvenile}, neglect, or exploitation or the death of a juvenile to local law enforcement, TJJD, and other appropriate governmental units; and
  - reporting serious incidents to TJJD.
- An employee, volunteer, or other individual working under the auspices of a facility or program must report the death of a juvenile or an allegation of abuse, neglect, or exploitation to TJJD and local law enforcement if he/she:
  - witnesses, learns of, or receives an oral or written statement from an alleged victim or other person with knowledge of the death of a

- juvenile or an allegation of abuse, neglect, or exploitation; or
- has a reasonable belief that the death of a juvenile or abuse, neglect, or exploitation has occurred.

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

For the TAC required internal investigation procedures for The Monarch Academy, TAC 358.400 states the following requirements:

- In every case in which an allegation of abuse, neglect, or exploitation or the death of a juvenile has occurred, an internal investigation must be conducted. The investigation must be conducted by a person qualified by experience or training to conduct a comprehensive investigation.
- The internal investigation must be initiated immediately upon the chief administrative officer or the private facility administrator or their respective designees gaining knowledge of an allegation of abuse, neglect, or exploitation or the death of a juvenile. However, the initiation of the internal investigation will be postponed if:
  - directed by law enforcement;
  - requested by TJJJ; or
  - the integrity of potential evidence could be compromised.

- Departments, programs, and facilities must have written policies and procedures for conducting internal investigations of allegations of abuse, neglect, or exploitation or the death of a juvenile. The internal investigation must be conducted in accordance with the policies and procedures of the department, program, or facility.
- The internal investigation must be completed within 30 business days after the initial report to TJJJ. TJJJ may extend this time frame upon request. TJJJ may require submission of all information compiled to date or a statement of the status of the investigation when determining whether or not to grant an extension or after granting an extension.

The PD, who is the internal PREA investigator, provided the auditor with the agency's Coordinated Response Plan document, which outlines the steps to be taken in response to a sexual abuse or harassment allegation or incident at the facility. This comprehensive document includes sections to be completed by the administrator responsible for overseeing the response process. The Coordinated Response Plan document includes fields to document the names of individuals involved, critical dates and times, the nature of the allegation, confidential notifications made, procedures for physically separating the alleged suspect and victim, transportation details for medical assessment, instructions for medical staff regarding initial assessments and offering outside victim advocate services, providing information on sexually transmitted infection prophylaxis, and explaining the need for forensic examinations. Additionally, the form includes sections for initiating a victim safety trauma plan, reassessing vulnerabilities, securing the area where the allegation occurred, preventing actions that could compromise evidence, and arranging transportation to the hospital for Sexual Assault Nurse Examiners (SANE) assistance and law enforcement involvement. Furthermore, the Coordinated Response Plan document covers the process for monitoring and preventing retaliation, conducting sexual abuse incident reviews, and fulfilling post-investigation notification requirements.

During the onsite audit, the auditor interviewed a representative sample of 12 CCs, and each CC confirmed that they are mandatory child abuse reporters- required by law to immediately report any knowledge or suspicion of sexual abuse or sexual harassment involving a juvenile to the proper authorities and facility administration. The staff explained how they are obligated to report such allegations or incidents of sexual abuse directly to the Grayson County Sheriff's Department, TJJJ, and their immediate supervisor and/or the PD. The CCs described their role as first responders to a sexual abuse situation at the facility, detailing response actions to aid criminal investigators in collecting physical evidence for administrative proceedings and criminal prosecutions. For example, the staff sufficiently described how they would respond to a hypothetical worst-case scenario presented by the auditor during interviews. In this scenario, two students are observed in the same room, with one student sexually assaulting the other. The staff detailed their immediate response actions, which involved ensuring the safety of the victim by immediately calling for assistance and stopping the assault by separating the victim and perpetrator. Additionally, the CCs shared how they are required to instruct the

victim and perpetrator to not take any action that could destroy or contaminate usable evidence and ensure the scene is preserved and protected in order to allow for law enforcement to collect the evidence. In addition, the CCs reported receiving this training during pre-service and on a continual basis during annual PREA refreshers trainings.

During the onsite, the PD confirmed that she had contacted the Grayson County Sheriff's Department to request this local law enforcement agency to follow the requirements of PREA standard 115.321 (f) (a-e). The PD stated that she had sent a letter and signed Memorandum of Understanding (MOU) to the Grayson County Sheriff, outlining the agreement between the parties to comply with the relevant provisions the PREA standards. The auditor reviewed these letters and signed MOUs, which demonstrated the PD's efforts to ensure compliance with requesting the Grayson County Sheriff's Department to conduct a criminal investigation in accordance with the PREA standards.

In addition, due to the PD/PCM and agency-wide PC being designated as PREA internal administrative investigators at The Monarch Academy, each administrative staff were questioned about their specialized PREA investigator training. The PC stated that she had completed specialized PREA investigator training conducted by the Director of the Texas Juvenile Justice Department's Office of the Inspector General (TJJD OIG). This training covered crucial topics such as 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 needed to substantiate a case for administrative action or prosecution referral.

Additionally, the PD confirmed that she had also completed this level of specialized investigator training for conducting internal PREA investigations within the facility. Both administrators provided comprehensive explanations of how they conduct internal administrative investigations into allegations of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. They emphasized their close collaboration with investigators from the TJJD OIG and the Grayson County Sheriff's Office when these external agencies are involved in investigating allegations originating from the facility. The PD and PCM also clarified that as internal PREA administrative investigators, their role does not include collecting physical or DNA evidence, which is carried out by criminal investigators from the Sheriff's Department or TJJD OIG. Instead, they focus on preserving and protecting the scene and promptly notifying the Grayson County Sheriff's Department to dispatch a law enforcement official for evidence collection. They affirmed their commitment to assisting the criminal and TJJD OIG investigators by serving as the primary point of contact on-site, providing camera footage, and coordinating interview logistics.

Furthermore, both administrators agreed that investigations should not be terminated solely based on a recantation of the allegation, compelled interviews or truth-telling devices should not be used, and credibility assessments should not be conducted. They stressed that the investigation process must include efforts to determine any staff contributions to the abuse, with findings documented in written

reports that outline evidence, credibility assessments, and investigative facts. They explained that criminal investigators determine appropriate charges in consultation with prosecutors based on their findings. Additionally, they highlighted the retention requirements for PREA sexual abuse written reports and affirmed their commitment to cooperating fully with outside agencies conducting investigations at the facility.

**PREA Investigation Review:**

Throughout the entire audit process, the PD at The Monarch Academy stated that there have been no instances of sexual abuse at the facility since the previous PREA audit, where a youth reported being abused while at the facility. This information was confirmed by the auditor through documentary evidence review and onsite interviews. However, the PD did mention one incident that occurred since the last audit, involving a Monarch student alleging a previous sexual relationship with a staff member from the youth's previous facility. It is important to note that this allegation did not involve any abuse at The Monarch Academy but rather a student at Monarch sharing details of a fabricated relationship she claimed to have had while at her previous detention center.

The auditor was provided with investigative documents related to this report, including a signed memo summarizing the allegation, a Student Concern Form documenting the initial third-party report, written statements, a Texas Juvenile Justice Department (TJJD) Incident Report Form, and email communications from TJJD OIG and the leadership of the agency where the alleged abuse occurred. The investigation concluded that the allegation was unfounded, as the alleged victim admitted to fabricating the story to impress other students at Monarch.

Furthermore, TJJD OIG investigator recommended handling the matter internally, with no further action taken by TJJD OIG.

Additionally, it is important to add that the PD provided the auditor with a signed memo that outlines the following reporting dynamics the facility experiences:

- Texas Monarch Academy for Girls work with youth who have been adjudicated. Most of our youth have a history of sexual abuse or child exploitation. It is common for our youth to report prior victimization and exploitation. As a facility, we will report to all appropriate agencies (CPS, TJJD, Law Enforcement, other correctional facilities if deemed appropriate).
- Upon assessment of initial student report, Law Enforcement would be contacted. The allegation will be screened and if it falls under Sexual Abuse, the Grayson County Sheriffs' office will immediately refer to the Children's Advocacy Center. The Children's Advocacy Center will proceed to set up the Forensic and SANE exams, and will coordinate with the facility to ensure that the investigation is not impeded in any way.
- All youth that fall under this standard would receive on going medical and mental health care.
- All youth at Monarch have access to a Clinician, Case Manager, Physiatriests,



and advocates if deemed necessary. All above referenced professionals can assist with coordination of care, and meet with youth in order to support with their perspective skills.

**Conclusion:**

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

115.372	Evidentiary standard for administrative investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>• Agency's PREA Policy</li><li>• Pre-Audit Questionnaire (PAQ)</li><li>• PREA Investigative File Review</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>• PD/PCM</li><li>• PC</li></ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372 (a):</b></p> <p>As per the Agency's PREA Policy on page 43: the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The program shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>Additionally, the PC and PCM informed the auditor during their individual interviews that they have received specialized training on conducting PREA internal administrative investigations at the facility. They highlighted that they are required to apply a standard of proof known as a preponderance of the evidence, or a lower standard, to determine whether allegations of sexual abuse or harassment are substantiated. Each investigator elaborated on their understanding of the preponderance of evidence burden of proof, which involves finding sufficient factual evidence to support that an allegation more likely than not occurred.</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 Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Safe Environment Standards Student Services Offered Acknowledgement</li> <li>• Internal Notice of Potential SES Incident</li> <li>• ROP SES/PREA Post Investigation Student Notification Form (SES 115.373)</li> <li>• ROP SES Coordinated Response Plan</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM/PD</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.373 (a-e):</b></p> <p>The auditor analyzed the Agency's PREA Policy and verified the inclusion of all mandated elements of this PREA standard on page 44. Additionally, in accordance with the agency's policy statement on page 44, 'Rite of Passage will report the outcomes of internal and external investigations to the student victim.' The following delineates the agency's prescribed procedures to adhere to per PREA standard 115.373:</p> <ul style="list-style-type: none"> <li>• Following an investigation into a student's allegation of sexual abuse suffered in a program, the program shall inform the student as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</li> <li>• If the program did not conduct the investigation, it shall request the relevant information from any applicable law enforcement agency in order to inform the student.</li> </ul>

- Following a student’s allegation that a staff member has committed sexual abuse against the student, the program shall subsequently inform the student (unless the program has determined that the allegation is unfounded) whenever:
  - The staff member is no longer posted within the student’s unit;
  - The staff member is no longer employed at the program;
  - The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or
  - The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.
- Following a student’s allegation that he or she has been sexually abused by another student, the program shall subsequently inform the alleged victim whenever:
  - The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or
  - The program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program.
- All such notifications or attempted notifications shall be provided to the student in writing on a “Post Allegation Student Notification Response Form” by the Program Director (or designee), and kept in the student file. (see Form in Appendix of Safe Environmental Standards Binder)
- Note: Obligation to report outcomes to the student shall terminate if the student is released from the program.

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

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

During interviews with the facility's PCM/PD and PC as designated internal investigators for allegations of sexual abuse or harassment, the auditor confirmed that they understood the notification requirements outlined in this PREA standard. The internal investigators were also knowledgeable about the ROP documents available for documenting the necessary notifications as per the standard. However, no documentation had been completed as the facility had not encountered a situation involving student sexual abuse since the previous PREA audit.

	<p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Staff, Contractor, and Volunteer Personnel File Review</li> <li>• Memo Signed by PCM/PD</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• HR Specialist</li> <li>• PCM/PD</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.376 (a-d):</b></p> <p>Upon the auditor's thorough review of the Agency's PREA Policy, it was confirmed that the required elements of this PREA standard are included therein on page 45, as noted below:</p> <ul style="list-style-type: none"> <li>• Staff shall be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</li> <li>• Disciplinary sanctions for violations of program policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li>• All terminations for violations of program sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and social services</li> </ul>

agencies.

The auditor interviewed the facility's HR Specialist and PCM/PD, who confirmed the procedures outlined above and stated that there have been no instances of a staff member, contractor, or volunteer found to have violated sexual abuse or harassment policies since the last PREA audit. This information was further confirmed in a memorandum signed by the Program Director. Additionally, the auditor reviewed a sample of staff, contractor, and volunteer personnel files and found no evidence suggesting any violations of the agency's PREA policy. Lastly, it is essential to note that the PCM and HR Specialist both confirmed in their individual interviews that if such a situation were to occur, the individual would be immediately terminated from employment/service.

**Conclusion:**

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

115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"><li>• Agency's PREA Policy</li><li>• ROP Policy 600.600 (PREA Policy Statement)</li><li>• Pre-Audit Questionnaire (PAQ)</li><li>• Staff, Contractor, and Volunteer Personnel File Review</li></ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"><li>• HR Specialist</li><li>• PCM/PD</li></ul> <p><b>Explanation of Determination:</b></p> <p><b>115.377 (a-b):</b></p> <p>As per the Agency's PREA Policy on page 46:</p> <ul style="list-style-type: none"><li>• Volunteers and contractors found to have participated in activity in this policy will be reported to law enforcement and social services agencies.</li></ul>

Volunteers and contractor will also be prohibited from any further contact with any student and be denied access to any program. The program shall take appropriate remedial measures and prohibit further contact with students and be denied access to any program.

The auditor interviewed the facility's HR Specialist and PCM/PD, who confirmed the procedures outlined above and stated that there have been no instances of a staff member, contractor, or volunteer found to have violated sexual abuse or harassment policies since the last PREA audit. This information was further confirmed in a memorandum signed by the Program Director. Additionally, the auditor reviewed a sample of staff, contractor, and volunteer personnel files and found no evidence suggesting any violations of the agency's PREA policy. Lastly, it is essential to note that the PCM and HR Specialist both confirmed in their individual interviews that if such a situation were to occur, the individual would be immediately terminated from employment/service.

**Conclusion:**

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

115.378	Interventions and disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• ROP Policy 600.600 (PREA Policy Statement)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM/PD</li> <li>• Contracted Therapist</li> <li>• Part-time Registered Nurse (RN)</li> <li>• 12 Couch Counselors (CCs)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor verified during the onsite that each of the 20 student rooms are "dry rooms," with no water or toilet in the rooms. Therefore, the facility is</p>

unable to secure youth in a room for a disciplinary matter or as a means of protective isolation.

**Explanation of Determination:**

**115.378 (a-g):**

The auditor analyzed the Agency's PREA Policy and successfully verified that all the required elements set forth by this PREA standard are included therein on page 47, as shown below:

- Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be addressed through a consistent and fair process. (See ROP Policy 600.121- Code of Conduct).
- A student will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse.
- Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the student's disciplinary history, and the sanctions imposed for comparable offenses by other students with similar histories. In the event a disciplinary sanction results in the isolation of a student, programs shall not deny the student daily large- muscle exercise or access to any legally required educational programming or special education services. Students in isolation shall receive daily visits from a medical or mental health care clinician. Students shall also have access to other programs and work opportunities to the extent possible.
- The disciplinary process shall consider whether a student's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- If the program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the program shall conduct an MDT meeting to consider whether to offer the offending student participation in such interventions. The program may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.
- The program will discipline a student for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The PCM clarified that the facility refrains from utilizing disciplinary seclusions or isolations for disciplinary or protective purposes, a protocol verified by the auditor during onsite inspections and interviews with staff and students. Additionally, the PCM noted in the PAQ that during the 12-month audit review period, The Monarch Academy had zero instances of administrative findings of student-on-student sexual abuse occurring at the facility.

All the staff interviewed, including the PD, contracted therapist, RN, and 12 CCs, confirmed that the facility does not utilize isolation as a means of keeping students safe. Additionally, the contracted therapist and RN verified that they have never restricted from meeting with a student at the facility and would be able to visit a student even if they were in their room or removed out of the program due to a PREA related situation.

The PD detailed the protocols and procedures in place to address safety concerns and mitigate risks related to student behavior within the facility. The PD explained that if it is determined that a student needs to be removed from the program to ensure the safety of others, the student would be provided with a one-on-one type program in the administrative area. All of the student's rights would be upheld, and no other changes would be made except for separating the student from potential harm or causing harm to others. This approach allows for individualized supervision and support while maintaining a focus on safety and well-being. In cases where a student is not permitted to interact with other students due to being identified as a perpetrator of sexual abuse, the PD indicated that the individual would likely be arrested and transferred to juvenile detention or discharged from the program if necessary. The PD also highlighted that all student rooms at the facility are configured as "dry rooms," meaning they do not have toilets or sinks. As a result, the facility is unable to isolate students in their rooms for disciplinary or protective purposes. Instead, the options available for managing behavior include time-outs and resident-initiated separations, with a maximum seclusion time of 90 minutes. It is mandated by the state that at the end of the 90-minute period, the youth must be able to freely exit the room, ensuring their ability to break the egress and enter the program.

The PD also provided the auditor with a signed memo that states: Although The Monarch Academy is considered secure, the facility does not use any form of isolation for either seclusion or disciplinary use. If a safety situation arises, facility assess risk factors and concerns and respond accordingly.

Furthermore, each of the 12 CCs interviewed confirmed that they could not recall a situation that involved a student being separated from the general population and secured in an isolation room due to a PREA related matter.

**Conclusion:**

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



<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="280 188 1015 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1318 376"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="354 443 1390 685" style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk</li> <li>• Samples of Completed Vulnerability Assessments</li> <li>• Mental Health Follow-up Documentation</li> </ul> <p data-bbox="280 725 459 761"><b>Interviews:</b></p> <ul data-bbox="354 828 1406 1070" style="list-style-type: none"> <li>• 10 Students</li> <li>• 2 Targeted Students who Disclosed Sexual Victimization on Vulnerability Assessments (VA)</li> <li>• 2 Case Managers</li> <li>• Contracted Therapist</li> <li>• Part-time Registered Nurse (RN)</li> </ul> <p data-bbox="280 1111 699 1146"><b>Site Review Observations:</b></p> <p data-bbox="280 1182 1474 1509">During the onsite, the auditor verified that the facility's Case Managers (CMs) conduct the agency's Vulnerability Assessment (VA) risk screening tool on all youth admitted into the facility within a few hours of the youth's arrival. Although no new intakes were scheduled during the visit, the PD demonstrated how the VA is conducted in one of the CM's offices to showcase the procedures in place. The CM's offices, located in the administrative area of the facility, were designed to ensure privacy and confidentiality while providing safety measures such as video monitoring systems with cameras in each office.</p> <p data-bbox="280 1550 1474 1912">The auditor confirmed that the CM's offices provided an appropriate level of privacy for conducting the VA, which involves sensitive information that may be discussed during the assessment intake process. Furthermore, during the onsite the auditor had the opportunity to observe the physical storage area designated for information and documentation collected and maintained in accordance with the PREA standards. The storage areas were located within the secure facility and were under surveillance camera view, ensuring an additional layer of security and oversight for the stored data. The auditor also noted the electronic safeguards in place to protect this sensitive information from unauthorized access or breaches.</p> <p data-bbox="280 1953 1474 2069">Following the assessment of these 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</p>

standard.

The auditor also observed the counseling offices, which were confirmed to provide a confidential environment for the contracted therapist to meet with youth at the facility. In addition, the medical unit was another area observed by the auditor to be a confidential and safe location for medical professionals to meet with youth.

**Explanation of Determination:**

**115.381 (a-d):**

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

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

In order to assess compliance with the requirements of this standard at the facility, the auditor conducted interviews with various individuals to verify if all youth met with a therapist and medical professional within 14 days of arriving at the facility. The contracted therapist, part-time RN, and 10 students all confirmed that every youth met with the nurse on their first day at the facility and with a contracted therapist within approximately a week or two after arrival. Additionally, two targeted students identified as having experienced prior sexual victimization before admission to The Monarch Academy (as noted on their Vulnerability Assessments)

were interviewed and verified meeting with the nurse on the same day they arrived and a therapist within a week of being at the facility. All the students interviewed also reported weekly meetings with their assigned therapists. This was also verified by the Case Managers (CM), PCM, therapist, and RN.

Furthermore, interviews with the two CMs revealed that they refer students who indicate prior sexual victimization during the intake process to a counselor. The CMs explained that counselors and medical staff receive a copy of the completed Vulnerability Assessment for every admitted youth, and the nurse meets with all newly admitted youth on their first day. Each youth also meets with their assigned therapist within approximately a week of arriving at the facility and then on a weekly basis going forth.

To further evaluate compliance in practice, the auditor selected Vulnerability Assessments for the last ten students admitted to the facility before the onsite visit, as well as a sample of periodic reassessments. Reviewing these assessments confirmed that all initial Vulnerability Assessments were promptly conducted during the intake process and aligned with all elements specified in PREA standard 115.341. The auditor also found that periodic reassessments were conducted through weekly check-ins with the juveniles' Case Managers and the weekly counseling sessions with their therapists. Additionally, Vulnerability Reassessments were conducted every six months, as verified by the auditor post-onsite visit. Upon reviewing the ten Vulnerability Assessments, six included documentation of prior sexual victimization. For these six youth, the PCM provided the auditor with mental health supplemental verification documents confirming that each of these six youth met with a mental health professional within 14 days of arrival at the facility.

Due to the facility's commitment to ensuring that all youth, regardless of their past history, meet with medical and mental health professionals within 14 days of arrival, as well as providing weekly counseling sessions to all youth, the auditor concluded that the facility substantially exceeds the minimum requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls substantially exceeds the elements of this PREA standard and no corrective action is required.**

<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>
	<b>The following is a list of evidence used to determine compliance:</b>

- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Memo Signed by the PCM/PD
- First Responder Training Curriculum & Verifications
- Texoma Medical Center Website
- Grayson County CAC Website
- Letter and MOU Sent to Grayson County CAC

**Interviews:**

- Contracted Therapist
- Part-time RN
- 12 Couch Counselors (CCs)
- PD/PCM

**Explanation of Determination:**

**115.382 (a-d):**

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

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

The auditor discussed with the facility's Registered Nurse (RN) how a student victim of sexual abuse could be provided a forensic medical examination. The RN verified that she does not recall a sexual abuse situation that involved a student being a

victim of sexual abuse at the facility; however, if such a situation were to occur, the student victim would be transported to the local hospital (Texoma Medical Center) to be provided all the required and necessary medical and mental health services. The RN advised that the Texoma Medical Center has SANE nurses on staff 24/7, and she would assist in the transport. Additionally, victim services from the Grayson County CAC and local law enforcement would also be made immediately available to provide specialized assistance.

The auditor also found on the Texoma Medical Center website the following victim services available at the hospital:

- Texoma Medical Center has provided care for adolescents and adult sexual assault victims of all races and populations since January 2014. The program is staffed by registered nurses who have advanced education and instruction in medical forensic examination and in psychological and emotional trauma.
- Physical examination and medical clearance
- Collection of medical-forensic evidence for 120 hours (5 days) from the time of assault for patients 14 years and older
- Assistance with sexually transmitted infection, pregnancy and post assault medication administration including HIV prophylaxis
- Assistance with safety planning
- Assistance with counseling, CVC and more through our advocacy center

The auditor also made a call the local children's advocacy center (CAC), Grayson County CAC, while at the facility. The Grayson County CAC representative explained in detail the victim service available to juvenile victims of sexual abuse. These services include, but are not limited to:

- Provide a safe, child-friendly environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child.
- Forensic Interviews designed to provide children the opportunity to disclose abuse to a neutral party in a child-friendly setting. Forensic interviewers are specially trained in the areas of child development, linguistics, civil and criminal offenses, child protection concerns, memory, suggestibility and disclosure.
- Victim support and advocacy services are available to all CAC clients and their non-offending caregivers and family members. The focus of family advocacy and victim support is to help reduce additional trauma for the child and non-offending caregivers and family members and to improve outcomes.
- The Grayson County Children's Advocacy Center offers trauma-focused therapy services to child victims and their non-offending caregivers. Therapy enables children who have been abused to develop a healthy self-image, learn to trust again, and identify ways to protect themselves from further

victimization. Specially trained and licensed therapists work with child victims on complex issues stemming from their abuse such as trauma, shame, embarrassment, safety, and self-esteem.

- A multidisciplinary team (MDT) is the foundation of a Children's Advocacy Center (CAC). An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the CAC. The CAC is responsible for facilitating coordination between partner agencies as well as facilitating case review on an on going basis.
- Prevention and Education is a critical component of the work of the CAC. Education is vital in the prevention of child abuse. We approach education through two main portals: childhood education and adult education. Childhood education is pivotal to preventing child abuse. 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18. Children need the tools to handle this terrifying reality if we ever hope to change it.

During the onsite, the PD confirmed that she had contacted the Grayson County Children's Advocacy Center (CAC) and the Grayson County Sheriff's Department to discuss the victim services required by this PREA Standard. The PD stated that she had sent a letter and signed Memorandum of Understanding (MOU) to each agency, outlining the agreement between the parties to comply with the relevant provisions of this PREA standard. The auditor reviewed these letters and signed MOUs, which demonstrated the PD's efforts to ensure compliance with the requirements of the PREA Standard.

The PD also provided the auditor with the agency's Coordinated Response Plan document, which outlines the steps to be taken in response to a sexual abuse or harassment allegation or incident at the facility. This comprehensive document includes sections to be completed by the administrator responsible for overseeing the response process. The Coordinated Response Plan document includes fields to document the names of individuals involved, critical dates and times, the nature of the allegation, confidential notifications made, procedures for physically separating the alleged suspect and victim, transportation details for medical assessment, instructions for medical staff regarding initial assessments and offering outside victim advocate services, providing information on sexually transmitted infection prophylaxis, and explaining the need for forensic examinations. Additionally, the form includes sections for initiating a victim safety trauma plan, reassessing vulnerabilities, securing the area where the allegation occurred, preventing actions that could compromise evidence, and arranging transportation to the hospital for Sexual Assault Nurse Examiners (SANE) assistance and law enforcement involvement. Furthermore, the Coordinated Response Plan document covers the process for monitoring and preventing retaliation, conducting sexual abuse incident reviews, and fulfilling post-investigation notification requirements.

Moreover, as all staff members are trained as first responders, the auditor noted the inclusion of first responder PREA training within the PREA employee training curriculum on pages 95-97. Additionally, various documents, such as the PREA

Incident Response Flowchart and Checklist and the Coordinated Response Plan, were provided. These documents further demonstrate the facility's use of structured protocols to ensure the appropriate first responder steps are executed in alignment with agency policies and procedures and according to the applicable PREA standards.

Additionally, the auditor interviewed a representative sample of 12 Coach Counselors (CCs), each of whom confirmed that they are mandatory child abuse reporters and legally required to immediately report any knowledge or suspicion of sexual abuse or harassment involving juveniles to the proper authorities and facility administration. The CCs explained that they have an obligation to report such allegations directly to the Grayson County Sheriff's Department, TJJJ, their immediate supervisor, and the Program Director (who is also the facility's PCM).

The staff described their role as first responders in a sexual abuse situation at the facility, outlining response actions to support criminal investigators in collecting physical evidence for administrative and criminal proceedings. They detailed their immediate responses in a hypothetical worst-case scenario presented by the auditor, where one student was observed sexually assaulting another while in a room at the facility. The CCs explained how they would ensure the victim's safety by calling for assistance, immediately intervening to stop the assault, and instructing both the victim and perpetrator not to take any actions that could compromise evidence (no shower, changing, restroom, eating, drinking, etc.). They emphasized the importance of preserving and protecting the scene for law enforcement evidence collection and to contact emergency medical services to assist as medically appropriate. Furthermore, the CCs reported receiving training on responding to such incidents during pre-service and through annual PREA refresher training sessions. Although they had not been made aware of any sexual abuse incidents or allegations involving students at the facility, the CCs acknowledged their roles as first responders and understood their responsibilities in the event of such occurrences at The Monarch Academy- as outlined above.

The contracted therapist and Registered Nurse (RN) interviewed at the facility also discussed their training as first responders to incidents or allegations of sexual abuse. They provided details on the training they received, which included immediate separation of the victim from the perpetrator, preserving and protecting the scene, advising against actions that could compromise evidence, reporting to supervisors and the PCM promptly, and contacting emergency services if necessary.

The RN mentioned that she had previously been certified as a Sexual Assault Nurse Examiner (SANE/SAFE) but allowed the certification to lapse. Both professionals stated that they had not been informed or had any knowledge of any youth at the facility reporting or being involved in a sexual abuse situation, but they understood their roles as first responders and the process of ensuring the victim's safety, reporting up the chain of command at the facility, and contacting law enforcement and TJJJ in order for a criminal investigation to commence. Furthermore, they were knowledgeable about the Grayson County Child Advocacy Center (CAC), which provides support to victims of sexual abuse during the examination and investigative process. The professionals confirmed that a student victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment

and crisis intervention services at the local hospital and 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. The RN and contracted therapist also confirmed that treatment services would 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 PD/PCM also provided the auditor with a signed memo explaining the victimization dynamics of the youth who are admitted into the facility, as outlined below:

- Texas Monarch Academy for Girls work with youth who have been adjudicated. Most of our youth have a history of sexual abuse or child exploitation. It is common for our youth to report prior victimization and exploitation. As a facility, we will report to all appropriate agencies (CPS, TJJD, Law Enforcement, other correctional facilities if deemed appropriate).
- Upon assessment of initial student report, Law Enforcement would be contacted. The allegation will be screened and if it falls under Sexual Abuse, the Grayson County Sheriffs' office will immediately refer to the Children's Advocacy Center. The Children's Advocacy Center will proceed to set up the Forensic and SANE exams, and will coordinate with the facility to ensure that the investigation is not impeded in any way.
- All youth that fall under this standard would receive on going medical and mental health care.
- All youth at Monarch have access to a Clinician, Case Manager, Physiatriests, and advocates if deemed necessary. All above referenced professionals can assist with coordination of care, and meet with youth in order to support with their perspective skills.

**Conclusion:**

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

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following is a list of evidence used to determine compliance:</b>



- Agency's PREA Policy
- Pre-Audit Questionnaire (PAQ)
- Texoma Medical Center Website
- Grayson County CAC Website

**Interviews:**

- Contracted Therapist
- Part-time RN
- PCM/PD

**Explanation of Determination:**

**115.383 (a-h):**

As expressed in the Agency's PREA Policy on page 50:

- POLICY: Rite of Passage programs offer medical and mental health evaluations for students who have been sexually abused.
- PROCEDURE:
  - Ongoing medical and mental health care will be available for sexual abuse victims and abusers.
  - The program shall offer medical and mental health evaluation and, as appropriate, treatment to all students who have been victimized by sexual abuse.
  - The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the program.
  - The program shall provide such victims with medical and mental health services consistent with the community level of care.
  - Student victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.
  - If pregnancy results from conduct specified in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services. Program Director will notify parent/guardian of test results in accordance with state and local laws.
  - Student victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. Program Director will notify parent/guardian of test results in accordance with state and local laws.
  - Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
  - The program shall attempt to conduct a mental health evaluation of

all known student-on- student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The contracted therapist and Registered Nurse (RN) interviewed at the facility confirmed that the ongoing medical and mental health care required by this PREA standard would be provided to any juvenile victim and abuser of sexual abuse. The RN mentioned that she had previously been certified as a Sexual Assault Nurse Examiner (SANE/SAFE) but allowed the certification to lapse. Both professionals stated that they had not been informed or had any knowledge of any youth at the facility reporting or being involved in a sexual abuse situation, but they understood their roles as first responders and the process of ensuring the victim's safety, reporting up the chain of command at the facility, contacting law enforcement and TJJJ in order for a criminal investigation to commence, and contacting emergency services to ensure the appropriate medical and mental health services and treatment are provided. Furthermore, they were knowledgeable about the Grayson County Child Advocacy Center (CAC), which provides support to victims of sexual abuse during the examination and investigative process. The professionals confirmed that a student victim of sexual abuse would be offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse, with the evaluation and treatment of such victims including, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the facility. They confirmed that the level of services provided would be consistent with the community level of care and victims of sexually abusive vaginal penetration while in the facility would be offered pregnancy tests at Texoma Medical Center. Additionally, they each verified that if pregnancy results from the sexual assault at the facility, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services and offered tests for sexually transmitted infections as medically appropriate at Texoma Medical Center. Such treatment services would 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. They confirmed that the facility would make an attempt to conduct a mental health evaluation of all known student-on-student abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The PD/PCM also provided the auditor with a signed memo explaining the victimization dynamics of the youth who are admitted into the facility, as outlined below:

- Texas Monarch Academy for Girls work with youth who have been adjudicated. Most of our youth have a history of sexual abuse or child exploitation. It is common for our youth to report prior victimization and exploitation. As a facility, we will report to all appropriate agencies (CPS,

TJJD, Law Enforcement, other correctional facilities if deemed appropriate).

- Upon assessment of initial student report, Law Enforcement would be contacted. The allegation will be screened and if it falls under Sexual Abuse, the Grayson County Sheriffs' office will immediately refer to the Children's Advocacy Center. The Children's Advocacy Center will proceed to set up the Forensic and SANE exams, and will coordinate with the facility to ensure that the investigation is not impeded in any way.
- All youth that fall under this standard would receive on going medical and mental health care.
- All youth at Monarch have access to a Clinician, Case Manager, Psychiatrists, and advocates if deemed necessary. All above referenced professionals can assist with coordination of care, and meet with youth in order to support with their perspective skills.

The auditor also found on the Texoma Medical Center website the following victim services available at the hospital:

- Texoma Medical Center has provided care for adolescents and adult sexual assault victims of all races and populations since January 2014. The program is staffed by registered nurses who have advanced education and instruction in medical forensic examination and in psychological and emotional trauma.
- Physical examination and medical clearance
- Collection of medical-forensic evidence for 120 hours (5 days) from the time of assault for patients 14 years and older
- Assistance with sexually transmitted infection, pregnancy and post assault medication administration including HIV prophylaxis
- Assistance with safety planning
- Assistance with counseling, CVC and more through our advocacy center

The auditor also made a call the local children's advocacy center (CAC), Grayson County CAC, while at the facility. The Grayson County CAC representative explained in detail the victim service available to juvenile victims of sexual abuse. These services include, but are not limited to:

- Provide a safe, child-friendly environment where law enforcement, child protective services, prosecution, medical and mental health professionals may share information and develop effective, coordinated strategies sensitive to the needs of each unique case and child.
- Forensic Interviews designed to provide children the opportunity to disclose abuse to a neutral party in a child-friendly setting. Forensic interviewers are specially trained in the areas of child development, linguistics, civil and criminal offenses, child protection concerns, memory, suggestibility and disclosure.
- Victim support and advocacy services are available to all CAC clients and their non-offending caregivers and family members. The focus of family advocacy and victim support is to help reduce additional trauma for the

child and non-offending caregivers and family members and to improve outcomes.

- The Grayson County Children’s Advocacy Center offers trauma-focused therapy services to child victims and their non-offending caregivers. Therapy enables children who have been abused to develop a healthy self-image, learn to trust again, and identify ways to protect themselves from further victimization. Specially trained and licensed therapists work with child victims on complex issues stemming from their abuse such as trauma, shame, embarrassment, safety, and self-esteem.
- A multidisciplinary team (MDT) is the foundation of a Children’s Advocacy Center (CAC). An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family’s involvement with the CAC. The CAC is responsible for facilitating coordination between partner agencies as well as facilitating case review on an on going basis.
- Prevention and Education is a critical component of the work of the CAC. Education is vital in the prevention of child abuse. We approach education through two main portals: childhood education and adult education. Childhood education is pivotal to preventing child abuse. 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18. Children need the tools to handle this terrifying reality if we ever hope to change it.

**Conclusion:**

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

115.386	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• ROP SES/PREA Administrative &amp; Response Review (SES 115.386)</li> <li>• ROP SES/PREA Investigation Recommendation &amp; Implementation (SES 115.386)</li> </ul> <p><b>Interviews:</b></p>

- PCM/PD
- Director of Group Living

**Explanation of Determination:**

**115.386 (a-e):**

The auditor reviewed the Agency's PREA Policy and confirmed that the required elements of this standard are included therein. According to the Agency's PREA Policy on page 51:

- A Rite of Passage RIIP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.
- Complete ROP Form- Safe Environment Standards Administrative and Response Review
  - Such review shall be completed within 30 days of the conclusion of the investigation.
  - The RIIP shall report findings to site upper-level management.
  - The RIIP will submit completed SES Administrative and Response Review to the Executive Director and the CEO within 30 days of the conclusion of the investigation.
- The site management team and RIIP shall:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the program;
  - Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (b)(1)-(b)(5) of this section, and any recommendations for improvement and submit such report to Executive Director.

Throughout the pre-onsite and post-onsite phases of the auditor's review process, it was confirmed that The Monarch Academy had not faced any allegations of sexual abuse since the previous PREA audit, resulting in not having any documentary evidence to demonstrate the facility's response to such incidents in actual practice. However, to showcase how the facility would conduct a sexual abuse incident

review in accordance with established procedures, the auditor was provided with the agency's "Administrative & Response Review" document, which was verified by the auditor to adequately meet the requirements outlined by this PREA standard. Additionally, the facility is obligated by the agency to implement a "recommendations & improvement plan," documented on a designated Reporting form by ROP called "ROP Post-SES/PREA Investigation Recommendation and Implementation (SES 115.386)." These internal processes enabled the auditor to effectively assess compliance with the requirements of this PREA standard.

Moreover, the Program Director (PD) and Director of Student Living, as administrative staff, would be included as part of the sexual abuse incident review (SAIR) team. Both administrators demonstrated their understanding of the requirements of this PREA standard and sufficiently explained in their individual interviews how a SAIR would be conducted within 30 days following the completion of a PREA investigation into an allegation of sexual abuse, unless the disposition is unfounded. They further described how the SAIR team would include upper-level management officials and allow input from line supervisors, investigators, and medical or mental health practitioners. The team would convene to consider policy or practice changes to enhance prevention, detection, or response to sexual abuse; evaluate the motive behind the incident or allegation; assess the area of the facility where the incident occurred; review staffing levels and staff placement adequacy; and consider the deployment or enhancement of monitoring technology to supplement staff supervision. Ultimately, a report of the team's findings would be prepared and shared with the PC and upper-level leadership within the agency.

**Conclusion:**

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

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Annual Reports (2023)</li> <li>• The Monarch Academy Website (SES - Monarch Academy for Girls)</li> </ul> <p><b>Interviews:</b></p>

- PCM/PD
- PC

**Explanation of Determination:**

**115.387 (a-f):**

The auditor examined the Agency's PREA Policy and determined that the necessary elements required by this PREA standard are contained within it on page 52, as detailed below:

- It is the Policy of ROP to collect accurate, uniform data for every allegation of sexual abuse at programs under its direct control.
- Each site PREA Compliance Manger shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- Data collected by site PREA Compliance Managers shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- Each RIIP shall aggregate the incident-based sexual abuse data at least annually.
- Upon request, the Business Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Additionally, the auditor found The Monarch Academy's 2023 PREA Annual Report on the facility's website. The report was assessed and determined to include the necessary information relevant to the data collection requirements specified in this PREA standard, demonstrating full compliance with the required elements of the standard. Furthermore, as per this publicly available report:

- The Monarch Academy for Girls is committed to providing a safe environment and has a Zero Tolerance Policy regarding sexual abuse, sexual assault or sexual misconduct for the students in our care. To this end, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years. In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website.
- In 2022, there was one (1) unfounded allegation of staff-to-student sexual harassment.
- In 2023, there were zero (0) allegations.
- 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.

The PCM/PD confirmed that The Monarch Academy collects and consolidates PREA data in an annual PREA report, which is then shared with the agency-wide PC and ROP leadership. A standard set of definitions from the Agency's PREA policy is utilized, aligning with the PREA definitions for sexual abuse and sexual harassment. The PCM explained the facility and agency's processes for maintaining, reviewing, and collecting data from incident-based documents, reports, investigation files, and sexual abuse incident reviews. Additionally, the PCM stated that the facility does not contract for the confinement of its residents, a fact evident during the onsite audit phase.

Furthermore, the agency-wide PC was interviewed and informed the auditor that PREA data from The Monarch Academy is shared whenever an allegation or incident related to PREA occurs at the facility. The PC also mentioned having monthly meetings with the Monarch PD to discuss any pertinent information related to PREA.

**Conclusion:**

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

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• 2023 PREA Annual Report</li> <li>• The Monarch Academy Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD), who is also the PCM</li> <li>• PC</li> </ul>



**Explanation of Determination:**

**115.388 (a-d):**

According to the Agency's PREA Policy on page 53, it is the Policy of the agency to review data collected and aggregated pursuant to PREA Standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Furthermore, as indicated in this Policy, the following data review procedures are included on page 53:

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

Additionally, the auditor found The Monarch Academy's 2023 PREA Annual Report on the facility's website. The report was assessed and determined to include the necessary information relevant to the data collection requirements specified in this PREA standard, demonstrating full compliance with the required elements of the standard. As per this publicly available report:

- The Monarch Academy for Girls is committed to providing a safe environment and has a Zero Tolerance Policy regarding sexual abuse, sexual assault or sexual misconduct for the students in our care. To this end, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years.
- In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website.
- In 2022, there was one (1) unfounded allegation of staff-to-student sexual harassment.
- In 2023, there were zero (0) allegations.
- 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.

The PD/PCM and PC were interviewed onsite and confirmed the procedures outlined regarding the review of the aggregated PREA data at least once per year to generate a formal PREA report. This report is provided to the PC and ROP leadership for posting on the facility's website. The administrators explained that the PREA data is continuously reviewed by the administrative team to assess and enhance the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training. This process includes identifying areas for improvement, assessing for patterns of concern, implementing corrective actions as necessary, and preparing an annual PREA report detailing findings and corrective measures. They also confirmed that the administrative team ensures that specific material is redacted from the report that may present a clear and specific threat to the safety and security of the facility, such as personal identifiers.

**Conclusion:**

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

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• 2023 PREA Annual Report</li> <li>• The Monarch Academy Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PCM/PD</li> <li>• PC</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite the auditor had the opportunity to observe the physical storage</p>

area designated for information and documentation collected and maintained in accordance with the PREA standards. The storage areas were located within the secure facility and were under surveillance camera view, ensuring an additional layer of security and oversight for the stored data. The auditor also noted the electronic safeguards in place to protect this sensitive information from unauthorized access or breaches.

Following the assessment of these 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.

**Explanation of Determination:**

**115.389 (a-d):**

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

- Hard copies of data are secured at the facility level in either the Human Resources office or the Site PREA Compliance Manager's office.
- The electronic data is securely retained with access limited to the RIIPs, the Director of Development, the Agency PREA Coordinator and Executive Directors.
- The organization shall make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website.
- Before making aggregated sexual abuse data publicly available, the organization shall remove all personal identifiers.
- The organization shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Additionally, the auditor found The Monarch Academy's 2023 PREA Annual Report on the facility's website. The report was assessed and determined to include the necessary information relevant to the data collection requirements specified in this PREA standard, demonstrating full compliance with the required elements of the standard. As per this publicly available report:

- The Monarch Academy for Girls is committed to providing a safe environment and has a Zero Tolerance Policy regarding sexual abuse, sexual assault or sexual misconduct for the students in our care. To this end, our agency has developed Safe Environmental Standards in accordance with PREA, which have been in place for over 30 years.

- In 2023, this facility continued the implementation of these standards and initiated further staff training, interactive supervision and quality assurance reviews with the involvement of PREA Compliance Managers.
- Pursuant to §115.387, this report shall be considered our Annual Report and is readily available through the applicable website.
- In 2022, there was one (1) unfounded allegation of staff-to-student sexual harassment.
- In 2023, there were zero (0) allegations.
- 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.

The PD/PCM and PC were interviewed onsite and confirmed the procedures as required by this PREA standard. The administrators explained that the PREA data is continuously reviewed by the administrative team to assess and enhance the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training. This process includes identifying areas for improvement, implementing corrective actions as necessary, and preparing an annual PREA report detailing findings and corrective measures. They also confirmed that the administrative team ensures that specific material is redacted from the report that may present a clear and specific threat to the safety and security of the facility, such as personal identifiers. The administrators explained and showed the auditor how the PREA data is collected and securely retained in the PD's office and on her computer, and this sexual abuse data is retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

**Conclusion:**

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

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Explanation of Determination:</b>  <b>115.401:</b>

	<p>This audit report has been completed within the fourth PREA audit cycle. Additionally, the auditor was provided full access to all areas of the facility during the onsite, was able to privately interview all individuals selected, and was provided all the proof documentation requested. There are no issues of non-compliance to document for the requirements associated with this PREA Standard. The auditor was provided pictures of the PREA Auditor Notices that were posted on bright paper throughout all frequently visited areas of the facility, both inside and outside- in the public lobby. The pictures were posted at least six (6) weeks prior to the scheduled onsite, and the auditor did not receive any correspondence from the facility. During the onsite, the auditor confirmed that all the postings were still posted throughout the facility and all residents interviewed confirmed being aware of the notices.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Explanation of Determination:</b></p> <p><b>115.403:</b></p> <p>The auditor advised the PCM and PC that the Final Report needs to be posted on the agency's website within 30 days of receipt. This was understood, and the auditor was advised that the report will be posted as soon as possible.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that The Monarch Academy for Girls meets all elements of this PREA standard and no corrective action is required.</b></p>

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

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

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



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

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

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

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

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

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

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

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes



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

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

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

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

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

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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes



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

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

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

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

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

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<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.)	yes
<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.)	yes
<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.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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