

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report November 5, 2018

Auditor Information

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Company Name: Latham Corrections Consulting, LLC	
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Telephone: 205-746-1905	Date of Facility Visit: July 11-12, 2018

Agency Information

Name of Agency Louisiana Office of Juvenile Justice		Governing Authority or Parent Agency (If Applicable) not applicable	
Physical Address: 7919 Independence Blvd., State Police Headquarters, First Floor		City, State, Zip: Baton Rouge, Louisiana 70806	
Mailing Address: P.O. Box 66458, Audubon Station		City, State, Zip: Baton Rouge, Louisiana 70896	
Telephone: 504-436-4253		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Office of Juvenile Justice protects the public by providing safe and effective individualized services to youth, who will become productive law-abiding citizens.			
Agency Website with PREA Information: www.ojj.la.gov			

Agency Chief Executive Officer

Name: James Bueche	Title: Deputy Secretary
Email: James.Bueche@la.gov	Telephone: 225-287-7900

Agency-Wide PREA Coordinator

Name: Yezette White	Title: PREA Coordinator
Email: Yezette.White@la.gov	Telephone: 504-361-6379
PREA Coordinator Reports to: Ellyn Toney, Chief of Operations, CQIS	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility:	Bridge City Center for Youth		
Physical Address:	3225 River Road, Bridge City, Louisiana 70094		
Mailing Address (if different than above):	same as physical address		
Telephone Number:	504-436-4253		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission:	The Office of Juvenile Justice protects the public by providing safe and effective individualized services to youth, who will become productive law-abiding citizens.		
Facility Website with PREA Information:	www.ojj.la.gov		
Is this facility accredited by any other organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Facility Administrator/Superintendent

Name: Gwendolyn Gene	Title: Facility Director
Email: gwendolyn.gene@la.gov	Telephone: 504-437-3020

Facility PREA Compliance Manager

Name: Michael Marsh	Title: PREA Compliance Manager
Email: michael.marsh3@la.gov	Telephone: 504-437-3035

Facility Health Service Administrator

Name: Amisha Robillard	Title: Health Services Administrator
Email: arobillard@correctcaresolutions.com	Telephone: 504-436-4666

Facility Characteristics

Designated Facility Capacity: 94		Current Population of Facility: 94	
Number of residents admitted to facility during the past 12 months		69	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		58	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		62	
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	13-20		
Average length of stay or time under supervision:		106 days	
Facility Security Level:		Maximum	
Resident Custody Levels:		Minimum, Medium, Maximum	
Number of staff currently employed by the facility who may have contact with residents:		151	
Number of staff hired by the facility during the past 12 months who may have contact with residents:		164	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		3	
Physical Plant			
Number of Buildings: 29		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		8	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The camera system used is a digital system that was installed several years ago. Cameras are located in various areas throughout the facility (Dorms, Gym, Culinary, and Cafeteria) to view activity within these areas. There are no cameras installed inside any of the schools at BCCY and currently there are only cameras located at the front and rear gate to capture any activity on the outside grounds. Monitors are located in the BCCY Main Control area for staff to view during shifts, but monitoring is the only capability for this area. Staff in the Main Control can only view activity in "Real Time". The investigators have the capability to review activity in real time and in playback mode. Activity is recorded and managed on multiple DVRs, which can store up to 50 days of recordings. The camera system is scheduled to be updated this fiscal year. The agency was submitting requests for bids at the time of the onsite phase of the audit.</p>			
Medical			
Type of Medical Facility:		Correct Care Solutions	
Forensic sexual assault medical exams are conducted at:		Children's Hospital	

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: 12

Number of investigators the agency currently employs to investigate allegations of sexual abuse: 8

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Bridge City Center for Youth (BCCY) was conducted July 11-12, 2018. The parent agency for BCCY is the Louisiana Office of Juvenile Justice (OJJ). BCCY is located at 3225 River Road, Bridge City, Louisiana 70094. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed May 22, 2018. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited August 14, 2016 with 100% compliance with the PREA Juvenile Standards.

Audit Methodology Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notice was posted June 1, 2018, 6 weeks prior to the onsite audit. The audit notice was posted using a large font and easy-to-read language. The audit notices were placed throughout the facility, in places visible to all residents and staff, including visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on June 5, 2018 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

The Pre-Audit Questionnaire and supporting documentation was received June 19, 2018. The Pre-Audit Questionnaire was completed on May 30, 2018. The documentation was received on a flash drive. The documentation was well organized by standard. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be thorough with minimal identifiable missing information.

Requests of Facility Lists

BCCY provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
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Youthful inmates/detainees	N/A (BCCY does not accept youthful inmates/detainees.)
Residents with disabilities	None were identified.
Residents who are Limited English Proficient (LEP)	None were identified.
LGBTI residents	One (1) was identified.
Residents in segregated housing	N/A (BCCY does not have segregated housing.)
Residents in Isolation	N/A (BCCY does not use isolation.)
Residents who reported sexual abuse	One (1) was identified.
Residents who reported sexual victimization during risk screening	None were identified.
Complete staff roster	The roster was provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	The facility identified contractors who have contact with the residents. Medical staff are contracted through Correct Care Solutions.
All volunteers who have contact with the residents	The facility provided a list of volunteers.
All grievances/allegations made in the 12 months preceding the audit	The facility reported no allegations through grievances made in the 12 months preceding the audit.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	The facility reported thirteen (13) allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. There was one (1) additional allegation of sexual abuse reported during the week of the onsite phase of the audit.
All hotline calls made during the 12 months preceding the audit	The facility provided a list of hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	The facility provided a detailed list of thirteen (13) allegations of sexual abuse and sexual harassment in the 12 months preceding the audit.

External Contacts

The following external contacts were made:

Community Based Organizations (CBOs)	The Metropolitan Center for Women and Children confirmed a qualified victim advocate would be available for victims of sexual assault.
	The Sexual Trauma Awareness and Response (STAR) Center confirmed they provide support to victims on a 24/7 hotline and accompany victims during forensic exams.
SAFE/SANE Programs	Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center confirmed a SANE would be made available.
	The Jefferson Parish Coroner's Office confirmed forensic examinations would occur at the

	Children’s Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center (up to 17 y/o) and the Interim LSU Public Hospital (18y/o and older).
External Investigators	OJJ Investigators conduct administrative and criminal investigations.
Interpreter Services	The Deaf Action Center (DAC) of Catholic Charities Archdiocese of New Orleans provides professional sign language interpretation by certified interpreters and supportive services for people who are deaf, deaf-blind or hard of hearing. Catholic Charities also provides language interpreter services.
Department of Children’s Services	The Department of Children and Family Services provides a 24/7 hotline, 1-855-4LA-KIDS.

Research

- Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination.
- Louisiana's mandated reporters are required by Louisiana Children's Code Title VI, Article 603 to report suspected child abuse or neglect. Those who are considered mandated reporters are:
 - Health practitioners
 - Mental health/social service practitioners
 - Members of the clergy
 - Teaching or child care providers
 - Police officers and law enforcement officials
 - Commercial film and photographic print processors
 - Mediators
 - Court-appointed special advocates (CASA)
 - Organizational or youth activity providers and
 - Coaches

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the OJJ South East Regional Director, BCCY Facility Director, PREA Coordinator, BCCY PREA Compliance Manager, Swanson PREA Compliance Manger, and other BCCY administrative staff. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by the PREA Coordinator and the two PREA Compliance Managers.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the

facility. The facility has eight (8) open bay housing units with twelve (12) beds each. The facility has 29 buildings in total. In addition to the housing units, there is an administration building with offices for administrative and support staff, a chapel, a school, kitchen with dining facilities, training area, a secured building that houses the control center with additional offices, and a medical unit with an infirmary. The gymnasium and pavilion area is used for recreation, visitation, and special programs. One the first day of the onsite audit the population of the facility was ninety-four (94) juveniles.

Processes and areas observed

No residents were admitted during the onsite phase of the audit. The PREA Compliance Manager explained the intake, screening and resident PREA education processes. All resident records were neatly organized in large folders and secured in locked cabinets inside a locked file room. Grievance boxes are located at the entrance to each housing unit. Grievance forms and writing utensils are available. The boxes are checked daily.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available in each housing unit. The staff conducting the site review described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the housing areas and common areas.

Specific area observations

The auditor observed all of the housing areas. All units are open bay with twelve (12) beds. The residents are able to shower, use the restroom, and change clothing individually. Each housing unit has two (2) cameras in the open bay area and at the entrance. None of the toilets or showers are observable by camera. The auditor observed the school and witnessed two (2) officers and one (1) teacher supervising ten (10) residents. There were two (2) officers and one teacher supervising seven (7) residents in the computer lab. The auditor observed the culinary arts program. There were three (3) staff supervising five (5) residents making cookies. The auditor observed one (1) staff supervising two (2) residents in the infirmary. The auditor observed the dining hall. No residents were present. Residents are not allowed in the kitchen, but they do assist with deliveries. There are three cameras in the kitchen. Additional areas observed by the auditor include the gymnasium, pavilion, social services, administration, outdoor recreation area, and control center.

Wherever residents were present, the auditor observed officers actively supervising the residents. There are 101 working cameras. Staff supervision and the video surveillance system have mitigated blind spots. Additional cameras are scheduled to be installed. The pavilion (multipurpose area with pool tables and games) is one area that currently does not have cameras. It will be included in the scheduled upgrades.

Interviews

Interviews were held in a location that provided privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected based on their respective duties in the facility. Twelve (12) officers were randomly selected from every shift were interviewed using the random staff interview protocol. The resident population was ninety-four (94) on the first day of the audit. The auditor interviewed fourteen (14) randomly selected residents. There was one (1) resident who identified as gay and one (1) resident who reported a sexual abuse. No residents were identified as being disabled or limited English proficient. No residents were identified as transgendered or intersex. No residents were in isolation. No residents were identified as disclosing prior sexual victimization during risk screening. There were sixteen (16) resident interviews in total.

Interview Protocols	Number of Interviews
Agency Head	1
Facility Director	1
PREA Coordinator	1
Compliance Manager	1
Medical Staff (Contract)	1
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	N/A
Administrative (Human Resources) Staff	1
Agency Contract Administrator	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	Children's Hospital
Volunteers who have Contact with Residents	No current volunteers
Contractors who have Contact with Residents	2 (refer to medical and mental health)
Investigative Staff	2
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation	no isolation
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff from all Shifts	12
Random Sample of Residents from all Housing Units	14
Residents who Reported a Sexual Abuse	1
Disabled and Limited English Proficient Residents	N/A
Transgendered, Intersex, Gay, Lesbian, and Bisexual Residents	1
Residents in Isolation	N/A
Residents who Disclosed Prior Sexual Victimization During Risk Screening	N/A
Total Number of Staff Interviews	30
Total Number of Resident Interviews	16
Total Number of Interviews	46

Onsite Documentation Review

Description of process and numbers

The auditor received many examples of documentation from resident and staff files as part of the Pre-Onsite Audit Phase. During the Pre-Onsite Audit Phase and the Onsite Audit Phase the auditor reviewed ten (10) personnel files (including all background checks and training records); ten (10) resident files (including mental health records); and six (6) investigation files. There were no grievance files.

The auditor selected the staff files randomly and the resident files were randomly selected as well as by residents interviewed and target resident interviews.

Investigative Files

The auditor reviewed twelve (12) investigative files for the preceding 12 months. All of the investigations were administrative, and none were criminal in nature. One (1) additional allegation of a youth-on youth nonconsensual sexual act was reported during the week of the onsite phase of the audit and was in progress. The Lead Investigator reported the alleged perpetrator was arrested and the case would be referred for prosecution. All allegations were referred for investigation by OJJ investigators based at BCCY.

Sexual Victimization	Disposition
1. Youth-on Youth Nonconsensual Sexual Act	Unsubstantiated
2. Youth-on Youth Nonconsensual Sexual Act	In progress
3. Youth-on Youth Abusive Sexual Contact	Substantiated
4. Youth-on Youth Abusive Sexual Contact	Unsubstantiated
5. Youth-on Youth Abusive Sexual Contact	Unsubstantiated
6. Youth-on Youth Abusive Sexual Contact	Unsubstantiated
7. Youth-on Youth Abusive Sexual Contact	Unsubstantiated
8. Youth-on Youth Abusive Sexual Contact	Unfounded
9. Staff-on Youth Abusive Sexual Contact	Unfounded
10. Youth-on Youth Sexual Harassment	Substantiated
11. Youth-on Youth Sexual Harassment	Unsubstantiated
12. Youth-on Youth Sexual Harassment	Unsubstantiated
13. Staff-on Youth Sexual Harassment	Unsubstantiated

Exit Debriefing

An entrance briefing was held with the Chief of Operations, OJJ South East Regional Director, BCCY Facility Director, PREA Coordinator, BCCY PREA Compliance Manager, Swanson PREA Compliance Manger, and other BCCY administrative staff. The onsite audit was discussed. The facility agreed to add "Staff Only" signs to solid doors for areas that youth are prohibited from entering. Also, the facility and auditor agreed to a corrective action period of 90 days to begin July 15, 2018 and to continue after completion of the interim report. This time will allow for the agency to improve practice concerning fully completing the risk screening instrument. The agency will submit risk screenings to the auditor on a weekly basis for verification.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Bridge City Center for Youth (BCCY) located in Bridge City, Louisiana, The Louisiana Office of Juvenile Justice (OJJ) is the parent agency. The rated capacity for the facility is ninety-six (96) male youth. The facility has a maximum security level. The average daily population in the 12 months preceding the audit was eight-four (84). The population during the onsite audit was Ninety-four (94). Supervision of the residents is direct with video monitoring used to augment supervision and for reviewing allegations or incidents. There are one hundred fifty-one (151) staff currently employed at

who may have contact with residents. There are thirty-six (36) volunteers and contractors who have contact with the residents. This number includes twenty-four (24) CCS contract medical and mental health staff who have contact with the residents. The facility sits on a twenty-five (25) acre site and is comprised of eighteen (18) buildings. The program's physical plant has a number of buildings that are closed and off limits to the residents. The maintenance building, garages, and warehouse are located outside the secure areas of the facility. The fenced secure area has a main entrance controlled by security. There is an administration building with offices for administrative and support staff, a chapel, a school, kitchen with dining facilities, training area, a secured building that houses the control center with additional offices, and a medical unit with an infirmary. The gymnasium and pavilion area is used for recreation, visitation, and special programs. There is a separate family visitation room that is used for special visits or for family counseling. The ten open-bay (10) units have supervisor and social worker offices, multi-purpose/day rooms for the residents, bathrooms/shower areas, four (4) secured desks and chairs and twelve(12) bunk beds. Three (3) of the ten (10) units provide residents with sex offender treatment. Two (2) of the ten (10) units are closed.

BCCY uses a multi-disciplinary team approach to provide treatment to residents. Upon arrival to the facility the residents meet with the social services staff for assessment classification, evaluation and testing. These processes also occur at the Swanson Center for Youth (SCY) prior to the youth coming to BCCY. Resident housing assignments are made based on their risk assessment. Social services staff provide individual and group counseling utilizing Thinking for Change. Victim awareness, anger management, substance abuse, healthy masculinity, and pre-release preparation. The Louisiana Model (LaMOD) is used to create a therapeutic environment within the housing units. All youth participate in LaMOD (the Louisiana Model for Secure Care). LAMOD is an integral part of the juvenile justice reform movement. With assistance from the Missouri Youth Services Institute (MYSI), OJJ and the Casey Strategic Consulting Group (CSCG) designed LAMOD, an approach tailored to Louisiana's unique environment, dynamics, and needs. LAMOD provides a therapeutic environment that focuses on youth and staff interacting in small groups, involving family, and fostering positive peer culture. LAMOD prepares youth for re-entry into the community as productive citizens.

BCCY provides three (3) sex offender treatment units for residents requiring intensive sexual offender treatment program called Juveniles Understanding and Managing Problems (JUMP). Although housed separately, the residents interact with the general population in the school, recreation and other activities. The residents' treatment team is comprised of licensed staff who conduct individual, family and group therapy, social services staff who conduct case management services for residents and their families, a program manager who monitors the program to ensure the program commitment is maintained and security staff who ensure the safety of the residents, conduct LAMOD groups and reinforce skills the residents learn in treatment.

One of the vocational programs called "The Student Culinary Arts and Occupations of BCCY" provides the residents with the ability to become a professional cook. The class consists of six (6) to eight (8) residents at one time. The residents learn all aspects of working in the food services industry, not only in food preparation, but in cleanliness, supply ordering, ingredients for recipes, table setting, etc. The certified culinary educator, a retired chef is teaching the residents how to work in a healthy environment.

Medical and mental health services are provided by Correct Care Solutions (CCS). CCS is a national leader in the provision of day-to-day health care programs in the correctional healthcare field, and currently oversees care for over 56,500 individuals daily. CCS offers quality programs, strong employee training initiatives and an excellent history of resource management. CCS brings a solutions-based approach to care and depth of experience, with juvenile facility accreditation by the American

Correctional Association, making the company a well-qualified partner with the Louisiana Office of Juvenile Justice in the provision of health services to the juveniles housed in their secure care facilities. Through this partnership, CCS provides daily management of medical, dental, and mental health needs for the youth.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 2
Standard 115.331 Employee training
Standard 115.333 Resident education

Number of Standards Met: 41

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.312 Contracting with other entities for the confinement of residents
Standard 115.313 Supervision and monitoring
Standard 115.315 Limits to cross-gender viewing and searches
Standard 115.316 Residents with disabilities and residents who are limited English proficient
Standard 115.317 Hiring and promotion decisions
Standard 115.318 Upgrades to facilities and technologies
Standard 115.321 Evidence protocol and forensic medical examinations
Standard 115.322 Policies to ensure referrals of allegations for investigations
Standard 115.332 Volunteer and contractor training
Standard 115.334 Specialized training: Investigations
Standard 115.335 Specialized training: Medical and mental health care
Standard 115.341 Screening for risk of victimization and abusiveness
Standard 115.342 Use of screening information
Standard 115.351 Resident reporting
Standard 115.352 Exhaustion of administrative remedies
Standard 115.353 Resident access to outside confidential support services
Standard 115.354 Third-party reporting
Standard 115.361 Staff and agency reporting duties
Standard 115.362 Agency protection duties
Standard 115.363 Reporting to other confinement facilities
Standard 115.364 Staff first responder duties
Standard 115.365 Coordinated response

Standard 115.366 Preservation of ability to protect residents from contact with abusers
Standard 115.367 Agency protection against retaliation
Standard 115.368 Post-allegation protective custody
Standard 115.371 Criminal and administrative agency investigations
Standard 115.372 Evidentiary standard for administrative investigations
Standard 115.373 Reporting to residents
Standard 115.376 Disciplinary sanctions for staff
Standard 115.377 Corrective action for contractors and volunteers
Standard 115.378 Disciplinary sanctions for residents
Standard 115.381 Medical and mental health screenings; history of sexual abuse
Standard 115.382 Access to emergency medical and mental health services
Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
Standard 115.386 Sexual abuse incident reviews
Standard 115.387 Data collection
Standard 115.388 Data review for corrective action
Standard 115.389 Data storage, publication, and destruction
Standard 115.401 Frequency and scope of audits
Standard 115.403 Audit contents and findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.341 Screening for risk of victimization and abusiveness:

The screening instrument has not been fully completed during the 12 months preceding the audit. This was especially noticeable with regards to sexual orientation and sexual identity. The auditor found this information to be absent in all ten (10) of the youth files reviewed onsite and, in the examples, provided to the auditor during the pre-onsite phase of the audit. The facility and auditor agreed to a corrective action period of 90 days. This time allowed for the agency to improve this practice concerning fully completing the risk screening instrument. The agency submitted risk screenings to the auditor on a weekly basis for 12 weeks. The auditor reviewed the risk screenings and verified that all elements required by the standard were in compliance.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Organizational Chart
- BCCY Organizational Chart
- Interviews

- PREA Coordinator
- PREA Compliance Manager
- Observations during onsite review of facility

Provision (a):

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

OJJ has a comprehensive PREA Policy. This policy sets out the PREA Standards as adopted in 2012 by the U.S. DOJ in Section VI through Section XIX and incorporates and/or references more specific YS Policies. YS Policy C.2.11, Section V, Pages 3-4 states Youth Services is committed to a zero-tolerance standard for all forms of sexual abuse and sexual harassment.

The policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. OJJ policies address prevention of sexual abuse and sexual harassment through appropriate hiring and staffing of facilities, the designation of an agency PREA Coordinator, the designation of facility PREA Compliance Managers, staff supervision, identifying opportunities to separate and monitor sexually aggressive youth and potential victims, housing assignments, criminal background checks, staff training, resident education, PREA posters and educational materials and creating facility cultures that discourage sexual aggression, abuse and harassment. The policies address detection of sexual abuse and sexual harassment through resident education, providing specific treatment for youth with disabilities, providing protections for viewing and searches, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through increasing awareness of safe reporting mechanisms and available services to victims, continuing education of staff and youth, investigations, disciplinary sanctions for residents and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

YS Policy C.2.11, Section VI, A. 1, Page 4

YS shall employ a PREA coordinator who is responsible for developing, implementing and overseeing PREA compliance agency wide.

The evidence shows the agency has designated an upper-level, PREA coordinator as verified through the agency organizational chart, policy, review of the Pre-audit questionnaire, and the interview with the PREA Coordinator. The PREA Coordinator has demonstrated she has sufficient time and authority to accomplish her PREA-related responsibilities.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

YS Policy C.2.11, VI, A. 2, Page 4

Each facility shall designate a PREA compliance manager who shall be responsible for coordinating the facility's PREA compliance efforts.

The evidence shows the facility has designated a PREA Compliance Manager as verified through the facility organizational chart, policy, review of the Pre-audit questionnaire, and the interview with the PREA Compliance Manager. The PREA Compliance Manager has demonstrated he has sufficient time and to manage his PREA-related responsibilities.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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.) Yes No NA

115.312 (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".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- Contract Example (Harmony Center, Inc. December 15, 2015 to November 30, 2018)
- Interview
 - Agency Contract Administrator

Provision (a):

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

OJJ contracts for the confinement of its residents with private agencies or other entities include the following language, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 Et. Seq.), and with all applicable PREA Standards, YS Policies related to PREA, and Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within YS Facilities/Programs /Offices owned, operated or contracted."

Provision (b):

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

OJJ contracts for the confinement of its residents with private agencies or other entities include the following language, "Contractor acknowledges that, in addition to "self-monitoring requirements" YS will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and YS Policies may result in termination of the contract. Additionally, Contractor will work with the Office of Juvenile Justice PREA Coordinator in scheduling audits in accordance with the agency audit cycle established by OJJ. Failure to pass the audit after any corrective action period will/may result in the cancellation of the contract. Contractor is required to comply with all applicable provisions of the Louisiana Children's Code."

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 internal or external oversight bodies? Yes No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 No NA
- 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 No NA
- 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 No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- 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 No

- 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 No
- 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 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- 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 functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy A.1.14 Unusual Occurrence Reports
- YS Policy A.2.14 Secure Care Facility Staffing
- BCCY 2018 Annual Facility Staffing Assessment
- BCCY Staffing Plan
- BCCY Staffing Deviation Plan
- Supervisory Monitoring Logs (Unannounced Rounds)
- Unusual Occurrence Report (UOR) Form

- Interviews
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager
 - Intermediate or Higher-Level Facility Staff
- Observations during onsite review of facility

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

YS Policy C.2.11, Section II, B. 1, Page 4

Each facility shall develop, implement, maintain and document a staffing plan that provides adequate levels of staffing and, where appropriate, video monitoring to protect youths from sexual abuse, pursuant to YS Policy No. A.2.14.

YS Policy A.2.14, Section VI, A, Page 2

Each facility shall develop, implement, and document a staffing plan that provides for adequate level of staffing, and where applicable, video monitoring, to protect youth against all forms of abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration the following:

1. Generally accepted juvenile detention and correctional secure residential practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;

4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated);
6. The composition of the youth population;
7. The number and placement of supervisory staff;
8. Facility programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incident of sexual abuse; and
11. Any other relevant factors.

Interviews with the Facility Director and PREA Compliance Manager confirmed the facility considers all aspects of the standard provision when assessing adequate staffing levels and the need for video monitoring. The Facility Director receives emails each shift documenting staff- to-resident ratios to confirm compliance with the staffing plan. Based on the review of the Pre-audit questionnaire, Facility Staffing Plan, interviews with the Facility Director and PREA Compliance Manager, and reviewing the documented unannounced rounds, the evidence shows the facility follows this provision of the standard.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

YS Policy A.2.14, Section VI, B, Page 2

Each facility shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

Based on the Pre-Audit Questionnaire there were no reported no deviations from the staffing plan in the 12 months preceding the audit. The Facility Director confirmed the facility uses a call list and staff stayovers to comply with the staffing plan. The evidence shows that BCCY fully complies with the staffing plan and is prepared to document any deviations from the plan. Based on the review of the Pre-audit questionnaire, interview with the Facility Director and Staffing Deviation Plan, the evidence shows the facility follows this provision of the standard.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

YS Policy A.2.14, Section VI, C, Page 2

Each facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of U.S. DOJ PREA Standard 115:313, and is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017 to achieve compliance.

The population during the onsite phase of the audit was 94 and the staffing plan is based on a designed facility capacity of 94. During the onsite audit the auditor observed the staffing ratios to meet and exceed the PREA standard requirements. In addition to the teacher, two officers were observed in each classroom. In the school ratios were observed to be 1: 5 in classrooms. The Facility Director confirmed the facility maintains staffing ratios of 1:8 during waking hours and 1:12 during sleeping hours. She confirmed the facility uses a call list and staff stayovers to comply with the ratios. Based on the Pre-audit questionnaire, Facility Director interview, onsite observations, and related documents, the evidence shows the facility meets the requirements of this provision of the standard.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

YS Policy A.2.14, Section VI, D, Pages 2-3

Once each year, in consultation with the PREA Coordinator required by U.S. DOJ PREA Standard 115:311, YS shall assess, determine, and document whether adjustments are needed to the following:

1. The staffing plan established pursuant to Section VI. A;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring systems and other monitoring technologies; and
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

YS Policy C.2.11, Section VI, B. 3, Page 4

At least once per year, the agency in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are necessary to the staffing plans and deployment of video monitoring and other monitoring systems for its secure care facilities. Steps taken to address any identified necessary adjustment to staffing patterns and deployment of monitoring systems shall be documented by the PREA Coordinator and affected facility PREA Compliance Manager for review by the U.S. DOJ.

The PREA Coordinator confirmed she is part of the team that meets regarding assessments of, or adjustments to, the staffing plan for BCCY. She confirmed the plan is assessed at least annually and documented with the Annual Facility Staffing Assessment. Based on the review of the Pre-audit questionnaire, interview with the PREA Coordinator and reviewing the Annual Facility Staffing Assessment, the evidence shows the facility follows this provision of the standard.

Provision (e):

Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these

supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

YS Policy C.2.11, Section VI, C.1-2, Pages 4-5

YS Policy and facility Standard Operating Procedures (SOPs) shall implement practices requiring intermediate or higher-level supervisors to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment, pursuant to YS Policy No. C.2.19.

YS Policy and Facility SOPs shall prohibit staff from alerting other staff of the occurrence of supervisory rounds unless it is related to legitimate operational functions. Any unusual events or observations made during the performance of an unannounced round must be documented on an Unusual Occurrence Report as indicated in YS Policy No. A.1.14 "Unusual Occurrence Report".

Documentation of the unannounced rounds was provided as part of the Pre-onsite audit phase. The documentation demonstrated the rounds are conducted on all shifts. An interview with a Corrections Lt. Col. confirmed the rounds are conducted, documented, and staff are not alerted as to when they are occurring. Based on the review of the Pre-audit questionnaire, interview with the Corrections Lt. Col. and reviewing the documented unannounced rounds, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility 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? Yes No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.2.24 Staff Development and Training Plan
- YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth
- YS Policy C.2.3 Searches of Youth
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Training Curriculum: Guidance in Cross-gender and Transgender Pat Searches, The Moss Group, Inc.
- Staff Training Records –(Cross-gender and Transgender Pat Searches)
- Unusual Occurrence Report (UOR) Form
- Interviews
 - Random Sample of Staff
 - Random sample of Residents
 - Transgender or Intersex Residents - None present
- Observations during onsite review of facility

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

YS Policy C.2.11, Section VI, D. 1, Page 5

Cross-gender strip searches or visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners.

Based on the Pre-Audit Questionnaire there were no cross-gender strip or cross-gender visual body cavity searches of residents in the 12 months preceding the audit. Also, there were no cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy, the evidence shows the facility follows this provision of the standard.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

YS Policy C.2.11, Section VI, D. 2, Page 5

Cross-gender pat-down searches are prohibited unless exigent circumstances are present.

Based on the Pre-Audit Questionnaire there were no cross-gender pat-down searches of residents in the 12 months preceding the audit. Staff interviews confirmed they are aware of the prohibition of conducting cross-gender pat-down searches except in exigent circumstances. No residents interviewed reported a female staff member has conducted a pat-down search of their body. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff and resident interviews, and staff training logs, the evidence shows the facility follows this provision of the standard.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

YS Policy C.2.11, Section VI, D. 1, Page 5

Pursuant to YS Policy Nos. B.2.20 and C.2.3, when cross-gender searches occur they must be justified and documented on an Unusual Occurrence Report (UOR) by the employee conducting the search and a witness to the search.

YS Policy C.2.11, Section VI, D. 2, Page 5

Cross-gender pat-down searches shall be justified and documented on a UOR when they occur.

Based on the review of the Pre-audit questionnaire, policy, and reviewing the Unusual Occurrence Report (UOR) Form, the evidence shows the facility follows this provision of the standard.

Provision (d):

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

YS Policy C.2.11, Section VI, D. 3, Page 5

YS policies and secure care facility SOPs shall be implemented that enable youths to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing private body parts except in exigent circumstances or when such viewing is incidental to routine cell checks.

YS Policy C.2.11, Section VI, D. 4, Page 5

YS policies, facility SOPs and contract facility SOPs shall provide procedures for cross-gender staff announcing their entrance into housing areas

Onsite observations and formal and informal interviews with staff revealed residents are able to shower, change clothing and perform bodily functions without being seen by female staff. Staff interviews confirmed female staff would announce their presence if they were to enter one of the housing units. They also confirmed residents are able to shower, change clothing, and perform bodily functions without being seen by female staff. Resident interviews confirmed female staff announce their presence if they enter one of the housing units. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions. Based on the review of the Pre-audit questionnaire, policy, staff and resident interviews, and onsite observations, the evidence shows the facility follows this provision of the standard.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary,

by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

YS Policy C.2.11, Section VI, D. 5, Page

Searches, or physical exams of transgender or intersex youth shall not be utilized solely to determine genital status. Alternative methods of determining status if necessary shall be utilized.

Staff interviews confirmed they are aware policy prohibits them from conducting a physical examination or search of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the Pre-audit Questionnaire, no such searches have occurred in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and staff interviews, the evidence shows the facility follows this provision of the standard.

Provision (f):

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

YS Policy C.2.11, Section VI, D. 6, Page 5

Staff shall be appropriately trained on conducting cross-gender pat-down searches, and searches of transgender and intersex youth pursuant to YS Policy Nos. A.2.24 and B.2.20.

The facility uses a training curriculum developed by The Moss Group, Inc., "Guidance in Cross-gender and Transgender Pat Searches". Staff training records were provided as part of the pre-on-site audit materials. Training records indicate refresher training was conducted June 7-8, 2018. Staff interviewed confirmed they have received training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Based on the review of the Pre-audit questionnaire, staff training records, and staff interviews, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No

- 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 No

- 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 No
- 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 No
- 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 speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (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 No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Sign Language Agreement with The Deaf Action Center of Greater New Orleans
- Catholic Charities Interpreter Services
- Youth Safety Guide Pamphlet - English & Spanish
- Youth PREA Orientation - English & Spanish
- Special Education Teachers' Certificates
- Interviews
 - Agency Head or Designee
 - Random sample of Staff
 - Residents (with disabilities or who are limited English proficient) - None present
- Observations during onsite review of facility

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and

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

YS Policy C.2.11, Section VI, E, Page 5

Youth with disabilities shall have an equal opportunity to participate in and benefit from all aspects of YS's efforts to prevent, detect, and respond to injurious sexual conduct and sexual harassment. When necessary to ensure effective communication, youth with hearing deficits shall be provided an interpreter. Written materials shall be provided in a format which ensures effective communication with youth with disabilities. YS is not mandated to take steps which would result in a fundamental alteration in a service program or activity or in undue financial and administrative burdens in accordance with Title II of the American with Disabilities Act (ADA).

The Deputy Secretary confirmed contracts and services are in place to provide residents who are deaf or hard of hearing or residents with disabilities 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. BCCY has a contract with The Deaf Action Center of Greater New Orleans for sign language interpretation and special education teachers are available to assist as needed. Based on the review of the Pre-audit questionnaire, contract with The Deaf Action Center of Greater New Orleans, special education services, and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS Policy C.2.11, Section IX, A, Page 11

The agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient.

Catholic Charities provides interpreter services for limited English proficient residents. Based on the review of the Pre-Audit Questionnaire, review of related documents, and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (c):

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

Youth interpreters, readers or assistants shall not be relied upon except where an extended delay in obtaining an effective interpreter could compromise a youth's safety, the performance of first-responder duties under US DOJ PREA Standard 115.364, or the investigation of the youth's allegations.

There were no residents in need of an interpreter during the onsite phase of the audit. Staff interviews confirmed no resident interpreters, resident readers, or other types of resident assistants have been used in been used in relation to allegations of sexual abuse or sexual harassment in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, related documents, contract with The Deaf Action Center of Greater New Orleans, and staff interviews, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No

- 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 question immediately above? Yes No

115.317 (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 No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No

- 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 employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.2.18 Criminal Record Check
- YS Policy C.2.11 Prison Rape elimination Act (PREA)
- PREA Questionnaire (previous misconduct)
- Interview
 - Administrative (Human Resources) Staff
- Observations during onsite review of facility

Provision (a) & (f):

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) 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);

(2) 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

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this 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 employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

YS Policy C.2.11, Section VI, F. 2. a-c, Pages 5-6

Job applicants and contractors shall NOT be hired, or services contracted for if the applicant/contractor has:

- a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility or other institution as defined in federal law. (42 USC 1997)
- b. Been convicted of engaging or attempting to engage in sexual activity in the community using force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Been civilly or administratively adjudicated to have engaged in any activity described in subparagraph b. above.

YS Policy C.2.11, Section VI, F. 4, Page 6

Job applicants and employees shall be asked directly about previous misconduct described in Section VI. F.1 (a. - c.) in written applications, interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

The PREA Questionnaire Form asks the three questions required by this provision. Examples were provided to the auditor during the pre-onsite phase and post-onsite phase of the audit and the auditor reviewed examples in employee files during the onsite phase of the audit. These questions are asked during hiring, employee evaluations and promotions. The interview with the Administrative Program Director confirmed the facility ask all applicants and employees who may have contact with residents about previous misconduct described in this provision of the standard. Based on the review of the Pre-audit questionnaire, reviewing examples of the PREA Questionnaire Form, reviewing personnel records, and the interview with the Administrative Program Director, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS Policy C.2.11, Section VI, F. 6. 2, Page 6

Incidents of sexual harassment shall be considered when making decisions to hire, promote or enter into contracts.

The interview with the Administrative Program Director confirmed the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with residents. Based on the review of the Pre-audit questionnaire and the interview with the Administrative Program Director, the evidence shows the facility follows this provision of the standard.

Provisions (c) & (d):

(c) Before hiring new employees or **(d)** contractors who may have contact with residents, the agency shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and

(3) 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.

YS Policy C.2.11, Section VI, F. 6. 2, Page 6

The following checks shall occur:

- a. The Unit's HR Liaison shall perform a criminal background check pursuant to YS Policy No. A.2.18;
- b. PSS/HR shall consult the Department of Children and Family Services (DCFS) child abuse registry; and
- c. Consistent with law, PSS/HR shall additionally use their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of allegation of sexual abuse.

The facility provided examples of Criminal Record Clearances and DCFS State Central Registry Disclosures during the Pre-onsite phase of the audit. The auditor reviewed additional personnel files during the onsite audit phase. The interview with the Administrative Program Director confirmed the facility makes its best effort 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. Based on the review of the Pre-audit questionnaire, reviewing back ground and child abuse registry checks, reviewing employee records, and the interview with the Administrative Program Director, the evidence shows the facility follows this provision of the standard.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The Administrative Program Director confirmed OJJ has in place a system that alerts agency staff within 72 hours of an arrest. Based on the review of the Pre-audit questionnaire, reviewing employee records, and the interview with the Administrative Program Director, the evidence shows the facility follows this provision of the standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

YS Policy C.2.11, Section VI, F. 5, Page 6

Material omissions or providing materially false information shall be grounds for termination.

Based on the review of the Pre-audit questionnaire and the interview with the Administrative Program Director, the evidence shows the facility follows this provision of the standard.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

YS Policy C.2.11, Section VI, F. 6, Page 6

Employees designated to respond to requests from an institutional employer for whom a former employee has applied to work, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

The interview with the Administrative Assistant confirmed the facility would provide this information if requested to do so. Based on the review of the Pre-audit questionnaire and the interview with the Administrative assistant, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Interviews
 - Agency Head or Designee
 - Superintendent or Designee
- Observations during onsite review of facility

Provision (a):

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

YS Policy C.2.11, Section VI, G. 1, Page 6

All designing, acquiring, renovations, additions, and new construction shall be of a design that facilitates direct contact between youth and staff, while considering the agency's ability to protect youth from sexual abuse.

BCCY is not a new facility and there have been no substantial expansions or modifications since the last PREA audit. Interviews with the Deputy Secretary and Facility Director confirmed the agency would consider the effects of such changes on its ability to protect residents from sexual abuse. Based on the review of the Pre-audit questionnaire, review of the facility schematics, onsite observations, and interviews with the Deputy Secretary and Facility Director, the evidence shows the facility follows this provision of the standard.

Provision (b):

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

YS Policy C.2.11, Section VI, G. 2, Page 6

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect youth from sexual abuse.

Interviews with the Deputy Secretary and Facility Director confirmed enhancing the facility's ability to protect residents from sexual abuse was considered when previously updating the video monitoring system and is being considered for updates that are scheduled to be made. Based on the review of the Pre-audit questionnaire, onsite observation of camera placement and technology, and interviews with the Deputy Secretary and Facility Director, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.321 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy C.4.6 Securing Physical Evidence/Crime Scene
- Louisiana Foundation Against Sexual Assault (LaFASA) Sexual Assault Center Accreditation: <http://lafasa.org/main/accreditation>
- MOU with Metropolitan Center for Women and Children: <http://www.mccagno.org/> - LaFASA accredited sexual assault center with victim advocacy
- Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: <http://www.chnola.org/CAREcenter>
- Interim LSU Public Hospital: www.umcno.org/Forensic
- Jefferson Parish Coroner's Website: <http://jpcoroner.com/sexual-assault>
- Interviews
 - Agency Head or Designee
 - Random Sample of Staff
 - SAFEs/SANEs
 - PREA Compliance Manager
 - Resident who Reported a Sexual Abuse

Provisions (a) & (b):

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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

YS Policy C.2.11, Section VII, A, 1, Page 6

Investigative Services (IS) shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, pursuant to YS Policy Nos. A.1.4 and C.4.6.

OJJ conducts administrative and criminal investigations of sexual abuse. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. Based on the review of the Pre-audit questionnaire, policy, and staff interviews, evidence shows the facility follows this provision of the standard.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where 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. The agency shall document its efforts to provide SAFEs or SANEs.

YS Policy C.2.11, Section VII, B, Page 7

Youth who experience sexual abuse shall have access to forensic medical examinations, 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. The CHP shall document its efforts to provide SAFEs or SANEs and forward that documentation to the youth's Case Manager for entry into JETS.

BCCY offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. There were no forensic medical exams conducted in the 12 months preceding the audit. Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination.

Forensic examinations are performed by a SANE at the Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center for victims from birth to 17 years of age. The CARE Center is a comprehensive child abuse center providing state-of-the-art pediatric forensic

medicine evaluations in a home-like cottage near Audubon Park. Beyond providing clinical excellence in child abuse forensic medicine, the CARE Center is active in treatment, consultation, prevention, training, education and research.

Male adult sexual assault victims 18 and older are examined at University Hospital, now called the Interim LSU Public Hospital. The Interim LSU Public Hospital provides 24/7 Forensic Services including specially trained forensic nurses. A multi-disciplinary team approach is involved in the examination of physical trauma after a sexual assault. The forensic nurse will provide one-on-one patient care for forensic medical examinations which may include:

- Permission to participate in the examination
- Patient advocate
- Forensic evidence collection
- Forensic photography
- HIV/STD Testing & prevention medications
- Laboratory Testing
- Pregnancy Prevention Options
- Clothing & toiletries provided after a shower
- Referrals for follow-up services
- A safety plan

Based on the review of the Pre-audit questionnaire, internet research and interviews with the CARE Center and Jefferson Parish Coroner's office, the evidence shows the facility follows this provision of the standard.

Provisions (d) & (e):

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. 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 agency 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 agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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

YS Policy C.2.11, Section VII, C. 1, Page 7

Every attempt shall be made to make a victim advocate from a rape crisis center available to the victim. If a rape crisis center is not available to provide victim advocate services, a qualified staff member from a community-based organization or a qualified Agency staff member shall be made available to provide these services.

One resident was present who reported a sexual abuse. He stated he called LaFASA on July 8, 2018. He stated he talked with a counselor and an appointment was made with a specialist at the Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center. BCCY has a MOU

with the Metropolitan Center for Women and Children for qualified victim advocacy services. The Metropolitan Center for Women and Children is one of 11 Louisiana Foundation Against Sexual Assault (LaFASA) accredited sexual assault centers. LaFASA strives to ensure that survivors of sexual violence across Louisiana provide the highest quality care. To guarantee this, LaFASA provides training and assistance to their 11 partner sexual assault centers and other allied professionals (law enforcement, medical personnel, corrections staff, etc.) to make sure that they have the tools to treat survivors using trauma-informed best practices. An interview with the PREA Compliance Manager confirmed the facility would make available to the victim a victim advocate from the Metropolitan Center for Women and Children. Based on the review of the Pre-audit questionnaire, review of related documents, interview with the PREA Compliance Manager, and interview with the resident who reported a sexual abuse, the evidence shows the facility complies with these provisions of the standard.

Provisions (f) & (g):

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse. Based on review of the Pre-audit questionnaire and interviews with the OJJ Director of Investigations and BCCY Lead Investigator, the evidence shows the facility is in compliance with these provisions of the standard.

Provision (h):

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

BCCY has a MOU with the Metropolitan Center for Women and Children for qualified victim advocacy services. The Metropolitan Center for Women and Children is one of 11 LaFASA accredited sexual assault centers. Based on review of the Pre-audit questionnaire and contact with the Metropolitan Center for Women and Children, the evidence shows the facility is in compliance with this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Investigative Services Handbook
- Interviews
 - Agency Head or Designee
 - Investigative Staff
- Observations during onsite review of facility

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

YS Policy C.2.11, Section XIII, A. 1, Page 20

IS conducted investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports pursuant to YS Policy No. A.1.4.

Thirteen (13) allegations of sexual abuse and sexual harassment were received in the 12 months preceding the audit. All thirteen (13) of the allegations resulted in an administrative investigation. One (1) allegation was pending referral for criminal prosecution. The auditor reviewed twelve (12) reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. The one (1) allegation, pending referral for criminal prosecution, occurred during the week of the onsite phase of the audit and was currently under investigation. The interview with the Deputy Secretary confirmed OJJ ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Based on the review of the Pre-Audit Questionnaire, investigative files, and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (b):

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

YS Policy A.1.4 - Investigative Services is published on the OJJ website under the URL <https://ojj.la.gov/wp-content/uploads/2018/04/A.1.4.pdf>. The OJJ Department of Investigative Services has the legal authority to conduct criminal investigations. Interviews with the OJJ Director of Investigations and BCCY Lead Investigator confirmed OJJ has the legal authority to conduct criminal investigations. Based on review of the Pre-audit questionnaire, observing the published investigations

policy, and interviews with the OJJ Director of Investigations and BCCY Lead Investigator, the evidence shows the facility is in compliance with this provision of the standard.

Provision (c):

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

OJJ conducts criminal investigations.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

YS Policy A.4.1, Section V, Paragraph 4, Page 5

Investigations of sexual harassment and sexual abuse shall follow the protocol for conducting these investigations outlined in the "Investigative Services Handbook", following PREA Standards and best practices. Based on review of the Pre-audit questionnaire, policy, and interviews with the OJJ Director of Investigations and BCCY Lead Investigator, the evidence shows the facility is in compliance with this provision of the standard.

Provision (e):

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at BCCY.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.2.24 Staff Development and Training Plan
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Employee PREA Training Curriculum
- Staff Confirmation of Receipt of PREA Training (examples)
- 2018 Staff Training Rosters
- Training Records Entry Database (TREC)
- Interviews
 - Random Sample of Staff
- Observations during onsite review of facility

Provisions (a) and (c):

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

YS Policy C.2.11, Section VIII, A. 1-2, Pages 8-9

Prior to having contact with youth, all staff shall be trained on how to recognize the signs of injurious sexual conduct, and understand their responsibility in the detection, prevention, investigation, and reporting of sexual abuse and sexual harassment during new employee orientation and annual in-service training. Training topics shall consist of, but not be limited to, the following:

- a. The policy of zero-tolerance for sexual abuse and sexual harassment;
- b. Fulfilling their responsibilities regarding sexual abuse and sexual harassment prevention, detection and reporting, including relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- c. Youths' right to be free from sexual abuse and sexual harassment;
- d. Youths' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- f. Common reactions of juvenile victims of sexual abuse and sexual harassment, including isolation, depression, etc.;
- g. Detecting and responding to signs of threatened and actual sexual abuse; sexually aggressive

- behavior and how to distinguish between consensual sexual contact and sexual abuse between youth;
- h. Avoiding inappropriate relationships with youth;
 - i. Communicating effectively and professionally with youth, including those who are lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ), or gender nonconforming;
 - j. Relevant laws regarding the applicable age of consent; and
 - k. Awareness and enforcing of policies and procedures regarding sexual conduct of youth.

YS Policy C.2.11, Section VIII, B, Page 9

All current employees shall be provided with annual refresher training on current sexual abuse and sexual harassment policies and procedures pursuant to YS Policy No. A.2.24.

Training is conducted annually. The OJJ Employee PREA Training Curriculum includes all of the topics required by the standard. Staff interviews confirmed they have received annual training on the required topics. The facility provided the auditor the OJJ Employee PREA Training Curriculum, 2018 staff training rosters, and examples of Staff Confirmation of Receipt of PREA Training from 2017 and 2018. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials, reviewing staff training records, and staff interviews, the evidence shows the facility exceeds this provision of the standard.

Provision (b):

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

YS PREA Policy C.2.11 Section VIII, C, Page 9

Training shall be tailored to the unique needs and attributes of youth of juvenile facilities and to the gender of the youth at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male youths to a facility that houses only female youths, or vice versa.

Based on the review of the Pre-audit questionnaire, training curriculum, reviewing staff training records, and staff interviews, the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

YS PREA Policy C.2.11 Section VIII, D, Page 9

Employee attendance and understanding of the training provided shall be documented, through employee signature on the "Staff Confirmation of Receipt" [see Attachment C.2.11 (b)], as well as entry into the "Training Records Entry Database" (TREC) pursuant to YS Policy No. A.2.24. Signed receipts shall be forwarded to PSS/HR to be filed in the employee's personnel file.

Staff sign the Staff Confirmation of Receipt of PREA Training form confirming they have completed the required training. They also sign a training roster. The facility provided the auditor with records of training for verification. Based on the review of the Pre-audit questionnaire, reviewing staff training records, and staff interviews, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding employee training. Employees receive PREA training annually. No corrective action is required.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ PREA Volunteer and Contractor Training Curriculum
- Contract Provider/Volunteer Confirmation of Receipt of PREA Training Examples 2017 & 2018
- BCCY Annual Volunteer Training Agendas - December 2, 2017 & January 27, 2018
- Training Rosters - December 2, 2017 & January 27, 2018
- List of Contractors
- List of Volunteers
- Interviews
 - Volunteers or Contractors who have Contact with Residents

Provision (a):

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

YS PREA Policy C.2.11 Section VIII, H. 1, Page 9

Volunteers and contractors who have contact with youths shall be trained on their responsibilities under the Agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews with a contractor and volunteer confirmed they have been trained on their responsibilities under OJJ’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They both reported they would report to their supervisor and the Facility Director. The auditor reviewed training records of volunteers and contractors who have contact with residents. All twelve (12) have received the training. Based on the review of the Pre-audit questionnaire, reviewing contractor and volunteer training records, and contractor and volunteer interviews, the evidence shows the facility follows this provision of the standard.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

YS PREA Policy C.2.11 Section VIII, H. 1, Page 9

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 youth, but all volunteers and contractors who have contact with youth shall be notified of the Agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was verified by reviewing training records and interviews. Based on the review of the Pre-audit questionnaire, reviewing contractor and volunteer training records, and contractor and volunteer interviews, the evidence shows the facility follows this provision of the standard.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

YS PREA Policy C.2.11 Section VIII, H. 2, Page 9

Documentation confirming that volunteers and contractors understand the training received in (A) (2), shall be confirmed through their signature on the "Contract Provider/Volunteer Confirmation of Receipt" [see Attachment C.2.11 (c)]. For contractors providing a service which does not require direct contact/involvement with youth (electrician, vending machine, pest control, etc.), the Agency shall utilize the "Contract Provider Confirmation Receipt for Contractors without Direct Contact with Youth".

Volunteers and contractors sign the Contract Provider/Volunteer Confirmation of Receipt of PREA Training form and sign training roster. Based on the review of the Pre-audit questionnaire and reviewing contractor and volunteer training records, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received such education? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy B.2.3 Secure Care Intake
- YS Policy B.8.12 Secure Care Youth Orientation
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Contract with Catholic Charities/The Deaf Action Center of Greater New Orleans- Sign Language and Language Interpreter Services
- Special Education Teachers' Certificates
- OJJ PREA PowerPoint
- OJJ Youth Safety Guide PREA Youth Education Video
- PREA Education Material – English & Spanish
- Resident PREA Poster
 - OJJ “Break the Silence, Make the Call”
- OJJ Youth Handbook - PREA section
- Youth Confirmation of Receipt of PREA - signed examples
- Administrative Remedy Procedure (ARP) - signed examples
- Youth Receipt of the Code of Conduct- signed examples
- Interviews
 - Intake Staff
 - Random Sample of Residents
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section IX, A. 1, Page 10

Upon admission to a YS secure care or contracted facility, youth shall receive: Information in an age appropriate fashion explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The residents are provided information regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment on their first day at the facility. The residents also receive all of topics required for resident PREA education during intake. The intake staff confirmed she provides the residents with complete PREA education during intake. She confirmed all residents receive the information. Residents transferred from other facilities are educated in the same manner as all residents. Residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. Residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment. Based on the review of the Pre-audit questionnaire, intake staff interview and interviews with a random

sample of residents, the evidence shows the facility exceeds this provision of the standard. The residents receive all PREA topics at intake.

Provision (b):

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

YS PREA Policy C.2.11 Section IX, A. 2, Pages 10-11

Within two (2) days, but no more than ten (10) days of direct admission, comprehensive age-appropriate education shall be provided to youth by showing the OJJ designed PowerPoint presentation regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Agency policies and procedures for responding to such incidents pursuant to YS Policy No. B.2.3. The PowerPoint presentation shall include information to teach youth how to:

- a. Avoid risky situations related to sexual assault;
- b. Safely report rape or sexually inappropriate behavior;
- c. Obtain counseling services and/or medical assistance if victimized; and
- d. Evaluate the risks and potential consequences for engaging in any type of sexual contact while in the facility.

The intake staff reported she ensures residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The residents review a PowerPoint presentation and watch a video. They are given a copy of the PowerPoint and the Youth Safety Guide regarding sexual abuse and harassment. Residents also read their rights and responsibilities, which include the right to be free from abuse and neglect. The residents sign the Youth Confirmation of Receipt of PREA, Administrative Remedy Procedures (ARP), and Youth Receipt of the Code of Conduct regarding the facility's rules and regulations and acknowledging that they have been informed about the facility's policies and procedures regarding reporting of sexual abuse and sexual harassment. Based on the review of the Pre-audit questionnaire, related documents, and interview with the intake staff, the evidence shows the facility exceeds this provision of the standard.

Provision (c):

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Based on the evidence shown in provisions (a) and (b), all residents receive complete PREA education two times within 10 days of intake. The evidence shows the facility is in compliance with this provision of the standard.

Provision (d):

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

YS PREA Policy C.2.11 Section IX, A. 5, Page 11

The agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to youths who have limited reading skills.

OJJ has a contract with Catholic Charities/The Deaf Action Center of Greater New Orleans for American Sign Language interpreter services and language interpreter services. Special education teachers are available to assist youth who are visually impaired or otherwise disabled, as well as youths who have limited reading skills. PREA education materials are available in English and Spanish. Based on the review of the Pre-audit questionnaire, contract with Catholic Charities for language interpreters for youth who are limited English proficient, contract with The Deaf Action Center of Greater New Orleans, and resident Spanish language PREA education and orientation materials, the evidence shows the facility follows this provision of the standard.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

YS PREA Policy C.2.11 Section IX, A. 2, Pages 10-11

The agency shall maintain documentation of a youth's participation in these education sessions. Secure care staff shall ensure the youth signs a "Youth Confirmation of Receipt" during the orientation/admission process, and files it in the youth's hard copy Master Record under Clip VIII. Secure care staff shall ensure youth signs a "Youth Confirmation of Receipt" form again upon transfer to a different facility as indicated in Section IX (A) (4).

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA which is then placed in their file. Examples were provided to the auditor for verification. Based on the review of the Pre-audit questionnaire and reviewing signed examples of the Youth Confirmation of Receipt of, the evidence shows the facility follows this provision of the standard.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

YS PREA Policy C.2.11 Section IX, A. 7, Page 11

In addition to providing such education, the Agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks or other written formats.

Resident PREA Posters are located throughout the facility. They include the OJJ "Break the Silence, Make the Call" Poster with reporting instructions & contact information. The resident handbook includes important PREA information including contact information for reporting. The auditor observed the placement of the posters during the facility site review. The resident handbook and Youth Safety Guide reinforce the availability of PREA education for the juveniles. They include important PREA information, including contact information for reporting. Based on the review of the Pre-audit questionnaire, observing posters, and reviewing related educational materials, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident education. Based on the evidence shown in provisions (a)

and (b), residents receive complete PREA education two times within 10 days of intake. Additionally, OJJ provides Resident PREA Education before the youth enters a secure or non-secure placement. PPOs provide resident education at initial custody and it is provided again when a youth are actually assigned to a facility. No corrective action is required.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- IS 4.1 Procedural Orders: Training for Investigators
- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy C.4.6 Securing Physical Evidence/Crime Scene
- Interviews
 - Investigative Staff
 - OJJ Director of Investigative Services
 - BCCY Lead Investigator

Provision (a):

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

YS PREA Policy C.2.11 Section VIII, I. 1-2, Pages 9-10

Members of the SART shall receive special training in regard to victim response as necessary, from the Director of Treatment and Rehabilitation and/or other resources as available. Investigators shall have received training in conducting sex abuse investigations in confinement settings.

Investigative staff receive the general training provided to all employees pursuant to §115.331 on an annual basis. Training is documented on the OJJ Annual Training Transcripts. This training also includes training in conducting such investigations in confinement settings. Interviews with interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator confirmed they have received training in conducting sexual abuse and sexual harassment investigations in confinement settings. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and reviewing training records, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS PREA Policy C.2.11 Section VIII, I. 2, Page 10

Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, pursuant to YS Policy No. A.1.4.

Investigative staff completed a 9-module training curriculum titled, "Specialized Training: Investigating Sexual Abuse in Confinement Settings". The training is inclusive of all of the specialized training topics. Interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator confirmed they have received the specialized training topics. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and reviewing training records, the evidence shows the facility follows this provision of the standard.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

YS PREA Policy C.2.11 Section VIII, I. 2, Page 10

Required training shall be documented in TREC.

OJJ has eight (8) investigators. Three (3) investigators are assigned to BCCY. Training is documented on the OJJ Annual Training Transcripts documented in TREC. Based on the review of the Pre-audit questionnaire and reviewing training records, the evidence shows the facility follows this provision of the standard.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Based on the Pre-Audit Questionnaire and interviews with the OJJ Director of Investigative Services And BCCY Lead Investigator, OJJ conducts all administrative and criminal investigations. Based on the review of the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services And BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.335 (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.) Yes No NA

115.335 (c)

- 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- A.2.24 Staff Development and Training Plan
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Staff Confirmation of Receipt of PREA Training (examples)
- "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates
- "Medical Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates
- Interviews
 - Contract Medical Staff
 - Contract Mental Health Staff

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

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

YS PREA Policy C.2.11 Section VIII, J. 1, Page 10

All full- and part-time medical and mental health care practitioners who work regularly in its facilities shall be trained in the methods of and procedures to:

- a. Detecting and assessing signs of sexual abuse and sexual harassment;
- b. Preserving physical evidence of sexual abuse;
- c. Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- d. Reporting allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health care practitioners complete National Institute of Corrections' Prison Rape Elimination Act (PREA) Training Courses for the specialized training topics. Medical staff complete "Medical Health Care for Sexual Assault Victims in a Confinement Setting". Mental health care practitioners complete "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Correct Care Solutions (CCS) provides all of the medical and mental health care staff and requires their staff to complete all specialized PREA training required by OJJ and CCS. The auditor reviewed the NIC certificates for all of the twenty-four (24) CCS contracted staff. Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they have received the required specialized training. Based on the review of the Pre-audit questionnaire, NIC certificates, and interviews with the

Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Based on the Pre-Audit Questionnaire and interview with the Health Services Administrator, the evidence shows the medical staff employed by the agency do not conduct forensic examinations.

Provision (c):

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

YS PREA Policy C.2.11 Section VIII, J. 2, Page 10

Documentation that medical and mental health practitioners have received the training referenced in J. 1 from the Agency shall be documented through signature on the "Staff Confirmation of Receipt", pursuant to YS Policy No. A.2.24. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

The facility maintains copies of the NIC certificates for the required specialized training topics. Copies were provided to the auditor for verification. Based on the review of the Pre-audit questionnaire and reviewing NIC certificates, the evidence shows the facility follows this provision of the standard.

Provision (d):

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

YS PREA Policy C.2.11 Section VIII, J. 3, Page 10

Medical and mental health care practitioners shall also receive the training mandated for employees under Section VIII. A, or for contractors and volunteers under Section VIII. H, depending upon the practitioner's status at the Agency. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

The CCS medical and mental health care practitioners complete the PREA training mandated for employees under § 115.331 annually. This training is documented with the Staff Confirmation of Receipt of PREA Training. The facility provided the auditor with copies of the receipts of training for 2017 and 2018. Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they have received the required training. Based on the review of the Pre-audit questionnaire, review of Staff Confirmation of Receipts of PREA Training, and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy B.2.2 Youth Classification System and Treatment Procedures
- YS Policy B.2.3 Secure Care Intake
- YS Policy B.3.1 Secure Care Youth Records; Composition and Maintenance
- YS Policy B.3.2 Access to and Release of Active and Inactive Youth Records
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Intake Screening and Housing Assignment Form -examples
- Sample of Residents' Records
- Interviews
 - PREA Coordinator
 - PREA Compliance Manager
 - Staff Responsible for Risk Screening
 - Random Sample of Residents
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section X, A. 1a, Page 11

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

OJJ uses the Intake Screening and Housing Assignment Form within 72 hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The screening usually occurs in less than 24 hours. Risk levels are reassessed periodically. The facility provided the auditor with examples of the screening tool and the auditor observed additional examples when reviewing resident files. The Social Worker responsible for risk screening confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs with 72 hours of intake, but usually in less than 24 hours. She stated risk levels are reassessed periodically. The residents interviewed who entered the facility within the past twelve months confirmed they were asked questions like the following examples at intake:

- (1) Have you have ever been sexually abused?
- (2) Do you have any disabilities?
- (3) Do you think you might be in danger of sexual abuse at the facility?

Residents were not previously asked if they identify with being gay, bisexual or transgender. The auditor confirmed this by reviewing Intake Screening and Housing Assignment Forms. Questions about sexual orientation and gender identity were consistently left blank.

Based on the review of the Pre-audit questionnaire, review of resident records, interview with the social Worker responsible for risk screening, and resident interviews, the evidence shows that resident's risk

levels are assessed during intake, but no later than 72 hours of their arrival at the facility. Additionally, risk levels are reassessed every 6 months. The facility did not previously fully follow this provision of the standard. The facility agreed to a 90-day corrective action period to put into practice fully completing the Intake Screening and Housing Assignment Forms and asking residents about their sexual orientation and gender. The agency quickly addressed this issue during a 90 day corrective action period.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

YS PREA Policy C.2.11 Section X, A. 1b, Page 11

Such assessments shall be conducted using the “Intake Screening and Housing Assessment” objective screening instrument.

The auditor reviewed the OJJ Intake Screening and Housing Assignment Form and found it to be inclusive of the criteria required by the standard. Based on the resident’s responses they are assigned a risk level for potentially being at risk of being sexually aggressive, sexually vulnerable, both, or neither. Based on the review of the Pre-audit questionnaire and reviewing the screening instrument, the evidence shows the facility follows this provision of the standard.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) 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;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident’s own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

YS PREA Policy C.2.11 Section X, A. 1c, Page 11

At a minimum, the Agency shall attempt to ascertain information about: 1) Prior sexual victimization or abusiveness; 2) Any gender nonconforming appearance or manner or identification as LGBTIQ, and whether the youths may therefore be vulnerable to sexual abuse; 3) Current charges and offense

history; 4) Age; 5) Level of emotional and cognitive development; 6) Physical size and stature; 7) Mental illness or mental disabilities; 8) Intellectual, physical or developmental disabilities; 9) Youth's own perception of vulnerability; and 10) Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youths.

The auditor reviewed the OJJ Intake Screening and Housing Assignment Form and determined all factors required by this provision of the standard are included. However, questions about sexual orientation and gender identity are consistently left blank. The interview with the Social Worker responsible for risk screening confirmed she is aware of the elements of the risk screening instrument. Based on the review of the Pre-audit questionnaire, interview with the Social Worker, and review of OJJ Intake Screening and Housing Assignment Forms, the evidence shows the facility did not fully follow this provision of the standard. The facility agreed to a 90-day corrective action period to put into practice fully completing the Intake Screening and Housing Assignment Forms and asking residents about their sexual orientation and gender. The agency quickly addressed this issue during a 90 day corrective action period. The agency quickly addressed this issue during a 90 day corrective action period.

Provision (d):

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

YS PREA Policy C.2.11 Section X, A. 1d, Pages 11-12

The information outlined in (A) (1) (c) shall be ascertained through conversations with the youth during the direct admission process; medical and mental health screenings; classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files.

The interview with the Social worker responsible for risk screening confirmed the information is ascertained through conversations with the residents using the OJJ Intake Screening and Housing Assignment Form. Other assessments and records are referred to as needed. Based on the review of the Pre-audit questionnaire and interview with the Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (e):

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

YS PREA Policy C.2.11 Section X, A. 1e, Page 12

Each facility through procedures established in its Standard Operating Procedures (SOPs) shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the youth's detriment by staff or other youths.

The auditor observed the facility's file room. The files are secured in locked cabinets behind a locked door. Interviews with the Social Worker, PREA Coordinator, and PREA Compliance Manager confirmed the information is limited to only certain facility staff and is available on a "need to know basis". Based

on the review of the Pre-audit questionnaire, interviews with the Social Worker, PREA Coordinator and Compliance Manager, and observing the file room, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

Corrective action was required. The facility and auditor agreed to a corrective action period of 90 days. This time will allowed for the agency to improve practice concerning fully completing the risk screening instrument, including asking youth about their sexual orientation and gender identity. The agency submitted risk screenings to the auditor on a weekly basis for twelve weeks for verification.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (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 No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No 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?) Yes No NA

115.342 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy B.2.2 Youth Classification System and Treatment Procedures
- YS Policy B.2.3 Secure Care Intake

- YS Policy B.2.8 Behavioral Health Treatment Unit (BHTU)
- YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Intake Screening and Housing Assignment Form -examples
- Interviews
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager
 - Staff Responsible for Risk Screening
 - Staff who Supervise Residents in Isolation – No isolation
 - Contract Medical Staff
 - Contract Mental Health Staff
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - No isolation
 - Transgendered/Intersex/Gay/Lesbian/Bisexual Residents
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section X, D. 1-2, Page 13

Facility Directors and Contract providers shall use all information initially obtained in Section X. and subsequently obtained to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse. Youth shall be reevaluated by their assigned Case Manager during the “Monthly Assessment of IIP Progress” pursuant to YS Policy No. B.2.2, to determine if the housing area assignment continues to meet their needs.

The facility uses the OJJ Intake Screening and Housing Assignment Form to assign an initial housing rating based on risk and to document housing and bed assignments. Housing placements are then assessed monthly. Examples of Intake Screening and Housing Assignments were provided to the auditor for verification. Additionally, the auditor reviewed resident files to confirm this practice. Interviews with the Social Worker and PREA Compliance Manager confirmed the facility uses the information from the risk screening during intake to make housing and room assignments with the goal of keeping all residents safe and free from sexual abuse. Based on the review of the Pre-audit questionnaire, review of Intake Screening and Housing Assignment Forms, review of resident files, and interviews with the Social Worker and PREA Compliance Manager, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS PREA Policy C.2.11 Section X, D. 3-4, Page 13

Youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep all youth safe, and then only until an alternative means of keeping all youth safe can be arranged, pursuant to YS Policy No. B.2.8. During any period of isolation youth shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Youth shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible. (Refer to YS Policy No. B.2.8)

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Director and Social Worker confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. Based on the review of the Pre-audit questionnaire, related documents and interviews with the Facility Director and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (c):

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

YS PREA Policy C.2.11 Section X, D. 6, Page 13

LGBTIQ youth shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall LGBTIQ identification or status be considered as an indicator of likelihood of being sexually abusive.

One resident identified as gay during the onsite audit. The PREA Coordinator and PREA Compliance Manager confirmed LGBTI residents would not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor would the facility consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. The resident who identified as gay reported not being placed in a special housing unit and he reported he feeling safe at the facility. Based on the review of the Pre-audit questionnaire, interviews with the PREA Coordinator and PREA Compliance Manager, and interview with the youth who identified as gay, the evidence shows the facility follows this provision of the standard.

Provision (d):

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

YS PREA Policy C.2.11 Section X, D. 7, Page 13

In assigning a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, the Agency shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Compliance Manager confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether

the placement would present management or security problems. Based on the review of the Pre-audit questionnaire and interview with the PREA Compliance Manger, the evidence shows the facility follows this provision of the standard.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

YS PREA Policy C.2.11 Section X, D. 8, Page 13

Placement and programming assignments for each transgender or intersex youth shall be reassessed at least twice each year to review any threats to safety experienced by the youth.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Compliance Manager and Social Worker confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. They both stated the reassessments would be done within six months and the PREA Compliance Manager stated they would be conducted during quarterly review meetings. Based on the review of the Pre-audit questionnaire and interviews with the PREA Compliance Manager and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (f):

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

YS PREA Policy C.2.11 Section X, D. 9, Page 13

A transgender or intersex youth's views with respect to his/her safety shall be given serious consideration.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Compliance Manager and Social Worker confirmed a transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration. Based on the review of the Pre-audit questionnaire and interviews with the PREA Compliance Manager and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

YS PREA Policy C.2.11 Section X, D. 10, Page 13

Transgender or intersex residents shall be given the opportunity to shower separately from other residents.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Compliance Manager and Social Worker confirmed a transgender or intersex resident would be given the opportunity to shower separately from other residents. Observations made during the site review revealed resident are able to shower separately. Based on the review of the Pre-audit questionnaire, site review observations, and interviews with the

PREA Compliance Manager and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility’s concern for the resident’s safety; and
- (2) The reason why no alternative means of separation can be arranged.

YS PREA Policy C.2.11 Section X, D. 5, Page 13

If a youth is placed pursuant to (D) (3), the facility shall clearly document the basis for the facility’s concern for the youth’s safety and why no alternative means of separation can be arranged.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Director and Social Worker confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. Based on the review of the Pre-audit questionnaire, site review observations of no isolation areas, and interviews with the Facility Director and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

YS PREA Policy C.2.11 Section X, D. 5, Page 13

The facility shall afford each such youth a review to determine whether there is a continuing need for separation from the general population, pursuant to YS Policy No. B.2.8.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Director and Social Worker confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. Based on the review of the Pre-audit questionnaire, site review observations of no isolation areas, and interviews with the Facility Director and Social Worker, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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 No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.4 Investigative Services
- YS Policy A.2.1 Employee Manual
- YS Policy B.5.1 Youth Code of Conduct-Secure Care
- YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Youth Confirmation of Receipt of PREA Education
- Administrative Remedy Procedure (ARP) Form
- OJJ Youth Handbook
- OJJ Youth Safety Poster: Break the Silence-Make the Call
- OJJ Youth Safety Guide - English & Spanish
- Youth Confirmation of Receipt of PREA
- The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273
http://www.lafasa.org/main/sexual_assault_centers
- Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333
<http://www.mccagno.org/> - LaFASA accredited sexual assault center
- Sexual Trauma Awareness and Response (STAR) Center: 24-hour Crisis Line 1-855-435-STAR
<https://www.star.ngo/>
- Interviews
 - PREA Compliance Manager
 - Random Sample of Staff
 - Random Sample of Residents
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

YS PREA Policy C.2.11 Section XI, A. 3, Page 14

There shall be multiple internal methods provided for youth to privately report sexual abuse and sexual harassment, retaliation by other youths or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The residents can use the direct dial phones to internally
+ report to sexual abuse and sexual harassment.

- ① Investigative Services: *999
- ① Family Liaison: *800

The residents are provided with numerous methods for reporting both internally and externally. Internal methods include: IS hotline, verbally, administrative remedy procedure (ARP), anonymously, or by third party. Information for reporting, including hotline numbers, is posted throughout the facility, and is included in the resident handbooks and PREA pamphlets. Resident interviews confirmed they were knowledgeable of different ways to report. Responses included: verbal reports, ARP's, third-party reports, and reporting by telephone. Staff interviews confirmed residents are able to privately report. The most common answer was the IS hotline. Based on the review of the Pre-audit questionnaire, observations of posters with hotline numbers, observation of the ARP boxes, reviewing resident handbooks and PREA pamphlets, and interviews with the residents and staff, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS PREA Policy C.2.11 Section XI, A. 4, Page 14

The youth shall be provided at least one method to report abuse or harassment to a public or private entity or office that is not part of OJJ and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to Agency officials, allowing the youth to remain anonymous upon request.

Contact information for public or private entities or offices that are not part of the agency includes:

- ① The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273
or by direct dial phones: Press 1 for English, or 2 for Spanish and then press 1-555 and enter your PIN#.
- ① Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333
- ① Sexual Trauma Awareness and Response (STAR): 24-hour Crisis Line 1-855-435-STAR

The auditor observed the contact information listed on PREA posters, PREA pamphlets, next to direct dial phones and in the resident handbook. Resident interviews confirmed the youth were knowledgeable of their ability to make an anonymous report. The PREA Compliance Manager confirmed there are several ways for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. Based on the review of the Pre-audit questionnaire, observations of posters and pamphlets with hotline numbers, review of the resident handbook, and interviews with the PREA Compliance Manager and residents, the evidence shows the facility follows this provision of the standard.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

YS PREA Policy C.2.11 Section XI, A. 5, Page 14

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. All 12 staff interviewed stated they would document verbal reports immediately. Reports would be made to the Facility Director and Investigative Services. Residents interviewed acknowledged they could report verbally or in writing. If they wanted to make a report without having to give their name a relative or friend could make the report for them. Based on the review of the Pre-audit questionnaire, and interviews with staff and residents, the evidence shows the facility follows this provision of the standard.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

YS PREA Policy C.2.11 Section XI, A. 6, Page 14

The facility shall provide youth with access to tools necessary to make a written report.

The PREA Compliance Manager confirmed residents have access to pens and pencils to write an ARP. The auditor observed the availability of writing utensils and ARP forms.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

YS PREA Policy C.2.11 Section XI, A. 7, Page 14

Staff shall be able to privately report sexual abuse and sexual harassment of youth by calling the IS Hotline at 1-800-626-1430, and reporting an allegation directly to IS.

Staff interviews confirmed they were knowledgeable they could privately report sexual abuse and sexual harassment of residents. Most staff named the Investigative Services hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 No NA

115.352 (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.) Yes No 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.) Yes No NA

115.352 (c)

- 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.) Yes No 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.) Yes No NA

115.352 (d)

- 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.) Yes No 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.) Yes No 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.) Yes No NA

115.352 (e)

- 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.)
 Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.352 (f)

- 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.352 (g)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.4 Investigative Services
- YS Policy B.5.1 Youth Code of Conduct - Secure Care
- YS Policy B.5.3 Administrative Remedy Procedure
- YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls
- YS Policy C.1.4 Attorney Visits
- YS Policy C.2.8 Youth Visitation in Secure Facilities
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Administrative Remedy Procedure (ARP): How to Complain About Your Problem
- Youth/Parent Handbook - PREA
- Administrative Remedy Procedure (ARP) Form
- Youth Confirmation of Receipt of PREA Education
- OJJ Youth Safety Poster: Break the Silence-Make the Call
- Youth Safety Guide – English & Spanish
- Interviews
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

OJJ has administrative procedures to address resident grievances regarding sexual abuse.

Provision (b):

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

YS PREA Policy C.2.11 Section XI, B. 1-3, Page 14

Pursuant to YS Policy No. B.5.3, the Administrative Remedy Procedure (ARP) shall not contain a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. The Agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. A youth shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The provisions of subparagraphs (1) and (2) do not restrict the Agency's ability to defend against a law suit filed by a youth on the ground that the applicable statute of limitations has expired.

Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process. Based on the review of the Pre-audit questionnaire, review of the resident handbook, and review of the ARP Handout, evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

Provision (c):

The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

YS PREA Policy C.2.11 Section XI, B. 4, Page 14

The Agency shall ensure that a youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process. Based on the review of the Pre-audit questionnaire, review of the resident handbook, observation of the locked grievance/ARP boxes, review of policy, and review of the ARP Handout, evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

Provision (d):

(1) The agency shall 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.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

YS PREA Policy C.2.11 Section XI, B. 5-7, Page 15

The ARP shall require a final Agency decision on the merits of any portion of a grievance alleging sexual abuse be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by the youth in preparing any administrative appeal.

Pursuant to B.5.3, the ARP may provide for a request for an extension of time by the Facility Director to respond in Step One with the approval of the Deputy Secretary, if the normal time period for response is insufficient to make an appropriate decision. The Facility Director shall notify the youth in writing of any such extension and provide a date by which a decision will be made.

At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.

There were three (3) grievances/ARP's that were filed that alleged sexual abuse or sexual harassment in the preceding 12 months. All three (3) reached a final decision within 90 days after being filed. There was one resident present during the onsite audit who reported a sexual abuse allegation. The allegation was not reported through the grievance process. Based on the review of the Pre-audit questionnaire, policy review and resident interview, the evidence shows the facility follows this provision of the standard.

Provision (e):

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

(2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

YS PREA Policy C.2.11 Section XI, B. 8-11, Page 15

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

If a third party, other than a parent or legal guardian, files such a request on behalf of a youth, the ARP 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 ARP. If the youth declines to have the request processed on his or her behalf, the Agency shall document the youth's decision.

If an attorney files an ARP on behalf of the youth, a letter of representation shall be required.

A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

There were no grievances alleging sexual abuse filed by residents in the preceding 12 months in which the resident declined third-party assistance. Based on the review of the Pre-audit questionnaire, evidence shows the facility follows this provision of the standard.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

YS PREA Policy C.2.11 Section XI, B. 12, Page 15

The ARP shall contain procedures for the filing of an emergency grievance alleging that a youth is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, the Agency shall require the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) be immediately forwarded to the appropriate Regional Director for immediate corrective action, an initial response within 48 hours, and a final Agency decision within five (5) calendar days.

The initial response and final Agency decision shall document the Agency's findings as to whether the youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

There were no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

There were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith filed in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Resident PREA Poster
 - OJJ "Break the Silence, Make the Call"
- OJJ Youth Safety Guide – English & Spanish
- OJJ Youth Confirmation of Receipt of PREA
- MOU – Metropolitan Center for Women and Children (Victim Advocacy Services)
- Interviews
 - Superintendent of Designee
 - PREA Compliance Manager
 - Random Sample of Residents
 - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

YS PREA Policy C.2.11 Section XI, C. 1, Pages 15-16

Each facility shall provide youth 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. The facility shall enable reasonable communication between youths and these organizations and agencies, in as confidential a manner as possible.

Contact information for outside victim advocate services for emotional support related to sexual abuse includes:

- ① The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273 or by direct dial phones: Press 1 for English, or 2 for Spanish and then press 1-555 and enter your PIN#.
- ① Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333
- ① Sexual Trauma Awareness and Response (STAR): 24-hour Crisis Line 1-855-435-STAR

The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Most stated counseling or therapy would be available. Residents interviewed knew contact information for outside services was posted on the walls, next to the direct dial phones, and provided in their handbooks. Residents interviewed knew calling outside support services would be a free and private call. The PREA Compliance Manager stated information about immigrant services agencies would be provided for residents detained solely for civil immigration purposes. Based on the review of the Pre-audit questionnaire, review of the MOU with Metropolitan Center for Women and Children (Victim Advocacy Services), observations of posters and pamphlets with contact information, review of the resident handbook, interview with the PREA Compliance Manager, and interviews with a random sample of residents, the evidence shows the facility follows this provision of the standard.

Provision (b):

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

YS PREA Policy C.2.11 Section XI, C. 2, Page 16

The facility shall inform youths, 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.

Resident interviews confirmed they were knowledgeable of mandatory reporting laws. The auditor observed direct dial phones located in each unit. The residents are able to make a private call. Based on interviews with a random sample of residents, observations made during the site review and

informal questions with the PREA Coordinator, PREA Compliance Manager and Corrections Lt. Col., the evidence shows the facility follows this provision of the standard.

Provision (c):

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

YS PREA Policy C.2.11 Section XI, C. 3, Page 16 states the Agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youths with confidential emotional support services related to sexual abuse. The Agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the MOU with the Metropolitan Center for Women and Children and contacted the organization by telephone to confirm they would provide residents with confidential emotional support services related to sexual abuse. The auditor observed the contact information posted on walls, in PREA pamphlets and in resident handbooks. Based on the review of the Pre-audit questionnaire, review of the MOU with the Metropolitan Center for Women and Children, and onsite observations, the evidence shows the facility follows this provision of the standard.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

YS PREA Policy C.2.11 Section XI, C. 4, Page 16

The facility shall also provide youth with reasonable and confidential access to their attorneys or other legal representative and reasonable access to parents or legal guardians.

Residents interviewed confirmed the facility would allow them to see or talk with their lawyer or another lawyer privately. Residents interviewed confirmed the facility would allow them to see or talk with their parents or someone else, such as a legal guardian. The PREA Compliance Manager confirmed the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. He stated residents can call attorneys or they can have confidential meetings in the conference room. He stated residents have phone calls and visitation with their parents or legal guardians. Based on interviews with a random sample of residents, and the interview with the PREA Compliance Manager, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Third-party Reporting at <https://ojj.la.gov/reporting-a-prea-incident/>
- Observations during onsite review of facility

§115.354

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

YS PREA Policy C.2.11 Section XI, C. 4, Page 16

Third parties shall have the ability to file reports of sexual abuse and sexual harassment. Policies containing information on the methods by which a third party can report sexual abuse and sexual harassment on behalf of a youth shall be available on the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

There were no third-party reports received during the 12 months preceding the audit. OJJ provides a hotline number (1-800-626-1430) for reporting sexual abuse or sexual harassment. OJJ has a link to the hotline number on its website. The page has the following information, "All reports of sexual abuse or sexual harassment will be investigated and addressed. Youth, employees, and third parties can report incidents of sexual abuse or sexual harassment in verbal or written formats. All parties can file a report with the Office of Juvenile Justice by calling the Investigative Services hotline at 1-800-626-1430.

Reporters can remain anonymous or provide contact information in the event more information is needed.” Based on review of the Pre-audit questionnaire and observing the OJJ webpage for reporting sexual abuse and sexual harassment, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No
- 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 No
- 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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy C.4.3 Mandatory Reporting of Abuse and Neglect of Youth
- YS Policy C.5.2 Regional Office Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents
- OJJ Website - Investigative Services Hotline Number
- Staff Confirmation of Receipt of PREA Education
- Interviews
 - Agency Head or Designee
 - Superintendent or Designee
 - PREA Compliance Manager
 - Random Sample of Staff
 - Mental Health Staff
 - Medical Staff – OJJ does not employ medical staff.
- Observations during onsite review of facility

Provision (a):

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

YS PREA Policy C.2.11 Section XII, A. 1,2 & 8, Pages 16-17

All staff shall report immediately 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 a part of the Agency pursuant to YS Policy No. C.4.3. Staff receiving reports of sexual assault or sexual harassment shall immediately contact his/her supervisor/manager and in the case of a contract program, the supervising PPO/J. Staff may also use the IS Hotline by calling 1-800-626-1430 to report the incident. Staff shall report retaliation against youth or staff who reported such an incident of sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Based on the review of the Pre-audit questionnaire and interviews with staff, the evidence shows the facility follows this provision of the standard.

Provision (b):

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

YS PREA Policy C.2.11 Section XII, A. 9, Page 17

All staff shall comply with mandatory child abuse reporting laws pursuant to YS Policy No. C.4.3, and Federal and State Law.

All staff are mandatory reporters. Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to their supervisor and the IS hotline. Based on the review of the Pre-audit questionnaire, mandatory reporting laws, and interviews with staff, the evidence shows the facility follows this provision of the standard.

Provision (c):

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

YS PREA Policy C.2.11 Section XII, A. 11, Page 17

Except for reporting to supervisors/ Facility Directors / Central Office management and designated State or local services agencies as provided for in YS Policy No. C.4.3, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Interviews with staff confirmed they are knowledgeable they are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Based on the review of the Pre-audit questionnaire and interviews with staff, the evidence shows the facility follows this provision of the standard.

Provision (d):

(1) 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 agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

YS PREA Policy C.2.11 Section XII, A. 11, Page 17

Medical and mental health practitioners shall report sexual abuse in accordance with contract provisions and mandatory child abuse reporting laws. Such practitioners shall be required to inform youths at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are mandated by law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor, the Facility Director, and the IS hotline. The Health Services Administrator reported having been aware of such incidents and reporting them. The Mental Health Coordinator reported not having been aware of such incidents, but he stated he would them. Based on the review of the Pre-audit questionnaire and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) 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.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

YS PREA Policy C.2.11 Section XII, A. 14-15, Page 17

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. The Facility Director shall also report the allegation to the appropriate juvenile judge, the juvenile's attorney, or other legal representative of record within 14 days of receiving the allegation.

The Facility Director stated she would report allegations of sexual abuse to the Assistant Deputy Secretary and to IS. If the victim is under the guardianship of the Louisiana Department of Children and Family Services (DCFS), she stated she would report the allegation to DCFS within 24 hours. She confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted within 24 hours. The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse he reports the allegation to IS. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated the allegation would be reported to DCFS. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's court appointed attorney. He stated this has not occurred but they would be notified immediately. Based on the review of the Pre-audit questionnaire and interviews with the PREA Compliance Manager and Facility Administrator, the evidence shows the facility follows this provision of the standard.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

YS PREA Policy C.2.11 Section XII, A. 4, Page 16 states upon receiving any allegation of sexual abuse or sexual harassment, including third-party and anonymous complaints, the Facility Director/Regional Manager shall promptly report the allegation to the appropriate Regional Director and the Director of IS. The Regional Director shall notify the Assistant Secretary, Chief of Operations, PREA Coordinator and the Deputy Secretary pursuant to YS Policy No. C.5.2. The Facility Director and/or the Regional Manager shall also notify the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly IS. Based on the review of the Pre-audit questionnaire, and interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Interviews
 - Agency Head or Designee
 - Superintendent or Designee
 - Random Sample of Staff
- Observations during onsite review of facility

§115.362

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

YS PREA Policy C.2.11 Section XII, B. 1-2, Page 17 states immediate action shall be taken to protect a youth when the Agency learns that a youth is subject to a substantial risk of imminent sexual abuse. Upon receiving staff reports of sexual abuse or sexual harassment, the supervisor/manager or supervising PPO/J shall immediately notify the Facility Director/Regional Manager and initiate action to

reduce or eliminate immediate harm to the victim or reporter, and damage to any potential crime scenes and evidence.

In the 12 months preceding the audit, there have been no occurrences of the facility determining that a resident was subject to a substantial risk of imminent sexual abuse. The Deputy Secretary confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. The Facility director also confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include taking the resident to the infirmary, contacting the director, and possible housing changes to remove the potential victim from harm. Staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor and housing changes. Based on the review of the Pre-audit questionnaire and interviews with the Deputy Secretary, Facility Director, and staff, the evidence shows the facility follows this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Investigative Services Formal Report
- Memo: BCCY has not had any allegations that a resident was sexually abused while confined at another confinement facility.
- Interviews
 - Agency Head or Designee
 - Superintendent or Designee

Provisions (a), (b), (c), and (d):

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation

(c)

The agency shall document that it has provided such notification.

(d)

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

YS PREA Policy C.2.11 Section XII, C. 1-3, Page 18

Upon receiving an allegation that a youth was sexually abused while confined at another YS secure care facility or another Agency facility, the Facility Director who received the allegation shall notify the Facility Director or appropriate office of the Agency where the alleged abuse occurred, and shall also notify the appropriate Regional Director and IS office located on the facility grounds, and Central Office IS where appropriate. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and the notification documented. The Facility Director/ IS

investigator who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

The facility received no allegations that a resident was abused while confined at another facility in the 12 months preceding the audit. Interviews with the Deputy Secretary and the Facility Administrator confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility where the alleged abuse occurred would be notified within 72 hours and the allegation would be reported to IS. Based on the review of the Pre-audit questionnaire and interviews with the Deputy Secretary and Facility Administrator, the evidence shows the facility follows the requirements of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- First Responder Training Curriculum
- Staff First Responder Cards
- Interviews
 - Security Staff First Responders
 - Non-Security Staff First Responders
 - Random Sample of Staff
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) 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; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence,

including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

YS PREA Policy C.2.11 Section XII, D. 1, Page 18

Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall be required to:

- a. Separate the alleged victim and alleged abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. 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; and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

There was one resident who reported a sexual abuse allegation. The resident was interviewed and confirmed staff were not notified within a time period that still allowed for the collection of physical evidence. Based on the Pre-audit questionnaire, in the 12 months preceding the audit, there were no allegations received that a resident was sexually abused where the first security staff member to respond to the report separated the alleged victim and abuser. Of these allegations, there were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Each staff member has a Staff First Responder Card that outlines their first responder duties. Interviews with a security first responder confirmed the staff was knowledgeable of his duties when responding to allegations of sexual abuse. Based on the review of the Pre-audit questionnaire, interview with security first responder, and review of the Staff First Responder Cards, the evidence shows the facility follows this provision of the standard.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

YS PREA Policy C.2.11 Section XII, D. 2, Page 18

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

An interview with a non-security staff member confirmed she was knowledgeable of her first responder duties when responding to allegations of sexual abuse. She stated she would request that an alleged victim not take any actions that could destroy physical evidence. Based on the review of the Pre-audit questionnaire and interview with a non-security staff member, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ PREA Coordinated Response to Sexual Abuse Incidents
- Response and Reporting of Sexual Abuse and Sexual Harassment Training Curriculum
- PREA Pocket Cards
- PREA Juvenile Standards Binders
- Interview
 - Superintendent or Designee
- Observations during onsite review of facility

§115.365

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

YS PREA Policy C.2.11 Section XII, E, Page 18 states the Agency, in concert with the YS secure care facilities, shall develop a written facility plan referred to as the "OJJ PREA Coordinated Response to

Sexual Abuse Incidents” 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.

The Facility director confirmed the facility would follow the OJJ PREA Coordinated Response to Sexual Abuse Incidents 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. Staff carry PREA Pocket Cards and PREA Juvenile Standards Binders as a convenient reference of their duties if there were to be an allegation of sexual abuse. Based on the review of the Pre-audit questionnaire, review of the Sexual Assault Response Team (SART) Protocol and PREA Protocol Checklist, interviews with the Facility Administrator and PREA Coordinator, and “mock drills”, the evidence shows the facility exceeds this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Statement: BCCY does not have any collective bargaining agreements or any form of employee unions.
- Interview
 - Agency Head or Designee
- Observations during onsite review of facility

Provision (a):

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

YS PREA Policy C.2.11 Section XII, F. 1, Page 18

No collective bargaining agreement or other agreement can be entered into that would limit the Agency's ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The Deputy Secretary confirmed OJJ does not have a collective bargaining agreement or any form of employee union that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Based on the review of the Pre-audit questionnaire and interview with the Deputy Secretary, the evidence shows BCCY follows this provision of the standard.

Provision (b):

Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

YS PREA Policy C.2.11 Section XII, F. 2, Page 18

Nothing in this section shall restrict the entering into or renewal of agreements that govern:

- a. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of this policy regarding evidentiary standards for administrative proceeding.
- b. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The Deputy Secretary confirmed OJJ does not have a collective bargaining agreement or any form of employee union that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Based on the review of the Pre-audit questionnaire and interview with the Deputy Secretary, the evidence shows BCCY follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (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 No

115.367 (c)

- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS A.1.4 Investigative Services
- YS B.2.2 Youth Classification System and Treatment Procedures
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Investigative Services Protection Against Retaliation Form for Reporters of Sexual Abuse
- SART Meeting Minutes
- Interviews
 - Agency Head or Designee
 - Superintendent or Designee
 - Designated Staff Member Charged with Monitoring Retaliation
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - no isolation
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section XII, G. 1, Page 19

Youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other youth or staff.

The interview with the BCCY Lead Investigator confirmed Investigative Services is charged with monitoring for retaliation. Based on the review of the Pre-audit questionnaire and interview with the BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (b):

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

YS PREA Policy C.2.11 Section XII, G. 2, Page 19

Multiple protection measures shall be employed, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support

services for youth or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Deputy Secretary confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, and separating staff from contact residents. Based on the review of the Pre-audit questionnaire and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (c):

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

YS PREA Policy C.2.11 Section XII, G. 3, Page 19

For at least 90 days following a report of sexual abuse, the Agency shall monitor the conduct or treatment of youth or staff who reported the sexual abuse, and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation. Monitoring by IS shall include:

- a. Review of UORs;
- b. Youth violation reports;
- c. Housing or Program changes of relevant youth;
- d. Negative performance reviews or reassignments of pertinent staff;
- e. Periodic status checks of youth; and
- f. Follow up discussions with youth reports and victims of sexual assault, staff reporters, housing unit and treatment staff.

Monitoring shall be documented in the IS case file by completing the Protection Against Retaliation Form for the appropriate staff/youth for each PREA related incident, pursuant to established procedures in YS Policy No. A.1.4, Investigative Services Handbook.

The Agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

There have been no incidents of retaliation during the 12 months preceding the audit. The Investigator stated some of the things he would look for in detecting possible retaliation are changes in resident behaviors and any relevant factors. He confirmed he would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the retaliation ends and the individual reports feeling safe. The Facility Director stated if retaliation is suspected close observation, transfers, and housing unit changes are examples of measures that may be taken. Based on the review of the Pre-audit questionnaire and interviews with the PREA Compliance Manager and Facility Director, the evidence shows the facility follows this provision of the standard.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

YS PREA Policy C.2.11 Section XII, G. 3 e., Page 19
Monitoring by IS shall include periodic status checks of youth.

The Investigator confirmed he would use the PREA Protection Against Retaliation form. The form is designed for weekly status checks. Based on the review of the Pre-audit questionnaire, interview with the Investigator, and review of the PREA Protection Against Retaliation form, the evidence shows the facility follows this provision of the standard.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

YS PREA Policy C.2.11 Section XII, G. 4, Page 19

If any other individual who cooperates with an investigation expresses a fear of retaliation, the Agency shall take appropriate measures to protect that individual against retaliation.

The Deputy Secretary stated protective measures would include no contact status and transfers if needed. Staff would be monitored, placed on leave, or terminated. Based on the review of the Pre-audit questionnaire and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

YS PREA Policy C.2.11 Section XII, G. 5, Page 19

The Agency's obligation to monitor shall terminate if IS determines that the allegation is unfounded.

The auditor reviewed OJJ policy and confirmed the facility follows this standard provision.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Interviews
 - Superintendent or Designee
 - Staff who Supervise Residents in Isolation – No isolation
 - Medical Staff
 - Mental Health Staff
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – No isolation
- Observations during onsite review of facility

§115.368

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.

YS PREA Policy C.2.11 Section XII, H, Page 19

Any use of segregated housing to protect a youth who is alleged to have suffered sexual abuse shall be subject to the requirements of Section X.

BCCY does not have or use segregated housing, but is fully prepared to follow the requirements of §115.342 if the need were to arise.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy A.1.4 Investigative Services
- BCCY Investigative Services Formal Reports
- Interviews
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager
 - Investigative Staff
 - OJJ Director of Investigative Services
 - BCCY Lead Investigator
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section XII, H, Page 19

IS conducted investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports pursuant to YS Policy No. A.1.4.

OJJ Investigative Services conducts administrative and criminal investigations of sexual abuse and sexual harassment. The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed allegations of sexual abuse and sexual harassment are initiated upon learning of an allegation, but no

later than 48 hours. All investigations are thorough, and objective for all allegations, including third-party and anonymous reports. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, policy review, and observations, the evidence shows the facility follows this provision of the standard.

Provision (b):

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

YS PREA Policy C.2.11 Section XIII, A. 3, Page 20

Where sexual abuse is alleged, the Agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to Section VIII. I.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed they have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334. The auditor reviewed training records for BCCY investigators and the OJJ Director of Investigative Services. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and training documents, the evidence shows the facility follows this provision of the standard.

Provision (c):

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

YS PREA Policy C.2.11 Section XIII, A. 4, Page 20

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

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed they gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses. They review prior complaints and reports of sexual abuse involving the suspected perpetrator. Video evidence and Hotline calls are recorded and rape kits would be secured for prosecution. The auditor reviewed Investigative Services Formal Reports. Based on the review of the Pre-audit questionnaire, related documents, and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

YS PREA Policy C.2.11 Section XIII, A. 5, Page 20

The Agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed an investigation would not be terminated solely because the source of the allegation recants the allegation. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

YS PREA Policy C.2.11 Section XIII, A. 6, Page 20

When the quality of evidence appears to support criminal prosecution, the Agency shall conduct compelled interviews, only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution as appropriate.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed they normally would not conduct compelled, but would only do so after consulting with prosecutors. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

YS PREA Policy C.2.11 Section XIII, A. 7, Page 20

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 youth or staff. A youth who alleges sexual abuse shall not be compelled to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed credibility is based on the evidence and polygraph examinations or other truth-telling devices are not used. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (g):

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) 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.

YS PREA Policy C.2.11 Section XIII, A. 8, Page 20

Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the

physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed administrative investigations include an effort to determine whether staff actions or failures to act contribute to the abuse. The investigations would consider if staff followed Standard Operating Procedure (SOP). This information is documented in the Formal Investigative Report. Based on the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and review of investigative files, the evidence shows the facility follows this provision of the standard.

Provision (h):

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

YS PREA Policy C.2.11 Section XIII, A. 9, Page 20

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed criminal investigations would be forwarded to the District Attorney in a written report that contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence are attached when feasible. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

YS PREA Policy C.2.11 Section XIII, A. 10, Page 20

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Based on the Pre-audit questionnaire, there were no substantiated allegations of conduct were referred for prosecution in the since the 2016 PREA audit. The allegation reported during week of the onsite audit was pending referral for prosecution. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

YS PREA Policy C.2.11 Section XIII, A. 11, Page 20

The Agency shall retain all written reports referenced in subparagraphs 7 and 8 of this section for as long as the alleged abuser is incarcerated or employed by the Agency, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention.

Based on the Pre-audit questionnaire and review of policy, the evidence shows the facility follows this provision of the standard.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

YS PREA Policy C.2.11 Section XIII, A. 12, Page 20

The departure of the alleged abuser or victim from the employment or control of the facility or Agency shall not provide a basis for terminating an investigation.

The OJJ Director of Investigative services and BCCY Lead Investigator confirmed departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Based on the Pre-audit questionnaire and interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

OJJ Investigative Services conducts all administrative and criminal investigations.

Provision (m):

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.

YS PREA Policy C.2.11 Section XIII, A. 13, Page 21

When local law enforcement investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

The OJJ Director of Investigative Services, BCCY Lead Investigator, Facility Director, PREA Coordinator, and PREA Compliance Manager, confirmed BCCY would cooperate with outside investigators and would remain informed about the progress of the investigation. The OJJ Director of Investigative Services and BCCY Lead Investigator did state that almost all investigations are in-house. Based on the Pre-audit questionnaire and interviews, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Interviews
 - OJJ Director of Investigative Services
 - BCCY Lead Investigator
- Observations during onsite review of facility

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.

YS PREA Policy C.2.11 Section XIII, B, Page 21

In determining whether allegations of sexual abuse or sexual harassment are substantiated, IS shall not use a standard higher than a preponderance of the evidence.

Interviews with the Louisiana Office of Juvenile Justice Director of Investigative Services and BCCY Lead Investigator confirmed compliance with this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (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 No NA

115.373 (c)

- 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 No
- 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 employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation Form
- Interviews
 - Superintendent or Designee
 - Investigative Staff
 - OJJ Director of Investigative Services
 - BCCY Lead Investigator
 - Residents who Reported a Sexual Abuse
- Observations during onsite review of facility

Provision (a):

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

YS PREA Policy C.2.11 Section XIII, C. 1, Page 21

Following an investigation into a youth's allegation of sexual abuse in a secure facility, IS shall inform the youth as to whether the allegation has been substantiated, unsubstantiated or unfounded. IS shall

generate a “Youth Letter” through the Central Registry Database and distribute the letter to the appropriate Program Manager of the youth’s assigned facility. The Program Manager shall ensure that the youth obtains a copy of the letter and that a copy of the letter is placed in the youth’s file. The assigned investigator shall place a copy of the “Youth Letter” in the investigative case file, along with receipts that this distribution took place.

The auditor observed signed “Youth Letters” in investigative files. Examples also were provided as part of the pre-on-site audit documentation. The OJJ Director of Investigative Services, BCCY Lead Investigator, and Facility Director confirmed youth are informed in writing as to whether an allegation has been substantiated, unsubstantiated or unfounded. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services, BCCY Lead Investigator, and Facility Director, and reviewing Youth Letters signed by residents, the evidence shows the facility follows this provision of the standard.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

YS PREA Policy C.2.11 Section XIII, C. 2, Page 21

If the Agency did not conduct the investigation, it shall request the relevant information from the investigative Agency in order to inform the youth.

The OJJ Director of Investigative Services and BCCY Lead Investigator both confirmed they would request relevant information from an outside investigative agency in order to inform a resident of the outcome of investigation. There were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and policy review, the evidence shows the facility follows this provision of the standard.

Provision (c):

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident’s unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

YS PREA Policy C.2.11 Section XIII, C. 3, Page 21

Following a youth’s allegation that a staff member has sexually abused the youth, IS shall inform the youth (except where IS has found the allegation to be unfounded) whenever:

- a. The staff member is no longer posted within the youth’s unit;

- b. The staff member is no longer employed at the facility;
- c. The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There was one (1) unsubstantiated complaint of sexual abuse committed by a staff member against a resident at BCCY in the 12 months preceding the audit. There were no residents present during the onsite audit that reported an allegation of a staff member sexually abusing them. Based on the review of the Pre-audit questionnaire and review of investigative files, the evidence shows the facility follows this provision of the standard.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

YS PREA Policy C.2.11 Section XIII, C. 4, Page 21

Following a youth's allegation that he or she has been sexually abused by another youth, IS shall inform the alleged victim whenever:

- a. The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- c. The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There was one (1) substantiated allegation of youth-on-youth sexual abuse and one (1) allegation of youth-on-youth sexual abuse currently under investigation. No alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility in the 12 months preceding the audit. The auditor reviewed the investigative files and interviewed BCCY Lead investigator. Based on the review of the Pre-audit questionnaire, review of investigative files, and interview with the BCCY Lead Investigator, the evidence shows the facility follows this provision of the standard.

Provision (e):

All such notifications or attempted notifications shall be documented.

YS PREA Policy C.2.11 Section XIII, C. 5, Page 21

All such notifications or attempted notifications shall be documented.

There were seven (7) documented notifications to residents that were made pursuant to this standard in the 12 months preceding the audit. The auditor reviewed the investigative files and observed the documented, signed Youth Letters. Based on the review of the Pre-audit questionnaire, review of investigative files, and observation of Youth Letters, the evidence shows the facility follows this provision of the standard.

Provision (f):

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

YS PREA Policy C.2.11 Section XIII, C. 6, Page 21

The obligation to report under this paragraph shall terminate when the youth is released from the Agency's custody.

The OJJ Director of Investigative Services and BCCY Lead Investigator confirmed this policy. Based on the review of the Pre-audit questionnaire, interviews with the OJJ Director of Investigative Services and BCCY Lead Investigator, and policy review, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- A.2.1 - Employee Manual
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Observations during onsite review of facility

Provision (a):

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

YS PREA Policy C.2.11 Section XV, A. 1, Page 22

Staff shall be subject to disciplinary sanctions up to and including termination for violating Agency sexual abuse or sexual harassment policies pursuant to YS Policy No. A.2.1.

The auditor reviewed the agency policy. The evidence shows the facility follows this provision of the standard.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

YS PREA Policy C.2.11 Section XV, A. 2, Page 22

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

The agency policy is inclusive of this standard provision. No staff from the facility have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

YS PREA Policy C.2.11 Section XV, A. 3, Page 23

Disciplinary sanctions for violations of Agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The agency policy is inclusive of this standard provision. No staff from the facility have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

YS PREA Policy C.2.11 Section XV, A. 4, Page 23

All terminations for violations of Agency sexual abuse or sexual harassment policies, or resignations by staff who resigned to avoid termination in accordance with Civil Service Rules, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The agency policy is inclusive of this standard provision. No staff from the facility have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Volunteer/Contractor Confirmation of Receipt of PREA
- Volunteer/Contractor Notice of Zero-Tolerance Policy
- Interview
 - Superintendent or Designee
- Observations during onsite review of facility

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

YS PREA Policy C.2.11 Section XV, B. 1, Page 23

Any contractor or volunteer who engages in sexual abuse at a minimum shall be prohibited from contact with youths and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The agency policy is inclusive of this standard provision. No contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

Provision (b):

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

YS PREA Policy C.2.11 Section XV, B. 2, Page 23

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youths, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The agency policy is inclusive of this standard provision. The Facility Director confirmed volunteers or contractors would not be allowed access to the facility pending an investigation of any violation of agency sexual abuse or sexual harassment policies. Based on the review of the Pre-audit questionnaire and interview with the Facility Director, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (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 No
- 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 No

- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy B.5.1 - Youth Code of Conduct - Secure Care
- Interviews
 - Superintendent or Designee
 - Medical Staff
 - Mental Health Staff
- Observations during onsite review of facility

Provision (a):

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

YS PREA Policy C.2.11 Section XV, C. 1, Page 23

Pursuant to YS Policy No. B.5.1, a youth may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the youth engaged in youth-on-youth sexual abuse, or following a criminal finding of guilt for youth-on-youth sexual abuse.

Provision (b):

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

YS PREA Policy C.2.11 Section XV, C. 2, Page 23

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.

The Agency does not use isolation as a disciplinary sanction.

Provision (c):

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

YS PREA Policy C.2.11 Section XV, C. 4, Page 23

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

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

YS PREA Policy C.2.11 Section XV, C. 5, Page 23

The facility shall consider whether to offer the offending youth participation in such therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required 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.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

YS PREA Policy C.2.11 Section XV, C. 6, Page 23

The Agency may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (f):

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.

YS PREA Policy C.2.11 Section XV, C. 7, Page 23

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.

Provision (g):

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

YS PREA Policy C.2.11 Section XV, C. 8, Page 24

All sexual activity between youths is prohibited. The Agency may, at its discretion, discipline youths for such activity. However, such activity shall not be deemed to constitute sexual abuse if it determines that the activity is not coerced.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Intake Screening and Housing Assignment Form -examples
- Sample of Residents' Records
- Interviews
 - Staff Responsible for Risk Screening
 - Medical Staff - OJJ does not employ medical staff
 - Mental Health Staff
 - Residents who Disclose Sexual Victimization at Risk Screening
- Observations during onsite review of facility

Provision (a):

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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

YS PREA Policy C.2.11 Section XVI, A. 1, Page 24

If the screening outlined in Section X above indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the direct admission screening.

If screening indicates a youth has a history of being sexually victimized or perpetrating sexual abuse a PREA alert is placed in the Juvenile Electronic Tracking System (JETS) to ensure proper placement, monitoring and services are provided as needed. No residents disclosed prior victimization during screening. The Social Worker responsible for performing screening for risk of victimization and abusiveness confirmed if a screening indicates a resident has experienced prior sexual victimization they are offered a follow-up meeting with a medical or mental health practitioner within 14 days. Based on the review of the Pre-audit questionnaire and interviews with the Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (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, staff shall ensure that the

resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

YS PREA Policy C.2.11 Section XVI, A. 2, Page 24 states if the screening pursuant to Section X indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the direct admission screening.

If screening indicates a youth has a history of being sexually victimized or perpetrating sexual abuse a PREA alert is placed in the Juvenile Electronic Tracking System (JETS) to ensure proper placement, monitoring and services are provided as needed. No residents disclosed previously perpetrated sexual abuse during screening. Residents are court ordered to complete the sex offender program. Their history of previously perpetrated sexual abuse is known before screening and often times they are already participating in therapy and counseling prior to coming to BCCY. The Social Worker responsible for performing screening for risk of victimization and abusiveness confirmed if a screening indicates a resident has perpetrated sexual abuse they are offered a follow-up meeting with a mental health practitioner within 14 days. Based on the Pre-Audit Questionnaire no residents disclosed previously perpetrated sexual abuse. Based on the review of the Pre-audit questionnaire, the evidence shows the facility follows this provision of the standard.

Provision (c):

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.

YS PREA Policy C.2.11 Section XVI, A. 3, Page 24

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.

The auditor observed the facility's file room. The files are secured in locked cabinets behind a locked door. Interviews with the Social Worker and PREA Compliance Manager confirmed the information is limited to only certain facility staff on a need to know basis. Based on the review of the Pre-audit questionnaire, observations of the controlled access to the files, and interviews with the PREA Compliance Manager and Social Worker, the evidence shows the facility follows this provision of the standard.

Provision (d):

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

YS PREA Policy C.2.11 Section XVI, A. 4, Page 24

Medical and mental health practitioners shall obtain an informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18.

Health Services Administrator and Mental Health Coordinator confirmed they would obtain an informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18. Based on the review of the Pre-audit questionnaire and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services 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? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- ACT No. 229 - Louisiana Law
- MOU with Metropolitan Center for Women and Children: <http://www.mccagno.org/> - LaFASA accredited sexual assault center with victim advocacy
- Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: <http://www.chnola.org/CAREcenter>
- Interim LSU Public Hospital: www.uncno.org/Forensic
- Jefferson Parish Coroner's Website: <http://jpcoroner.com/sexual-assault>
- Interviews
 - Medical Staff
 - Mental Health Staff
 - Residents who Reported a Sexual Abuse
 - Security Staff First Responders
 - Non-Security Staff First Responders
- Observations during onsite review of facility

Provision (a):

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

YS PREA Policy C.2.11 Section XVI, B. 1, Page 24

Youth who are 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.

The Jefferson Parish Coroner's Office specifies Children's CARE Center and the Interim LSU Public Hospital as the locations for emergency medical treatment. The facility also has a MOU with Metropolitan Center for Women and Children for crisis intervention services. One resident who reported a sexual abuse stated he was seen by the facility nurse on the day of the allegation. He reports he told the nurse nothing no abuse occurred. Four days afterward he confirmed the abuse occurred and immediately went to the Children's CARE Center. The interviews with the Health Services Administrator and Mental Health Coordinator confirmed the nature and scope of medical and mental health services

are determined according to their professional judgement. Based on the review of the Pre-audit questionnaire, review of MOU's for medical and crisis intervention services, interviewed with the resident who reported a sexual abuse, and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (b):

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.

YS PREA Policy C.2.11 Section XVI, B. 2, Page 24

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 Section XII, and shall immediately notify the appropriate medical and mental health practitioners.

Security Staff and Non-Security Staff First Responders would follow the OJJ PREA Coordinated Response to Sexual Abuse Incidents when responding to a report of recent sexual abuse. Interviews with Security Staff and Non-Security Staff First Responders confirmed they are knowledgeable of the established protocol. Additionally, they carry PREA Pocket Cards for reference. Based on the review of the Pre-audit questionnaire, reviewing the PREA Coordinated Response to Sexual Abuse Incidents, and interviews with the Security Staff and Non-Security Staff First Responders, the evidence shows the facility follows this provision of the standard.

Provision (c):

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

YS PREA Policy C.2.11 Section XVI, B. 3, Page 24 states if Youth victims of sexual abuse while incarcerated shall be offered timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The Jefferson Parish Coroner's Office specifies Children's CARE Center and the Interim LSU Public Hospital as the locations for emergency medical treatment. Sexually transmitted infections prophylaxis would be offered through one of these two hospitals. The one resident who reported sexual abuse stated he was tested for STD's and an appointment was made for a meeting with a specialist at the Children's CARE Center. Based on the review of the Pre-audit questionnaire, contact with the Jefferson Parish Coroner's Office, contact with the Audrey Hepburn Children at Risk Evaluation (CARE) Center, reviewing the websites for the two hospitals, and interview with the resident who reported a sexual abuse, the evidence shows the facility follows this provision of the standard.

Provision (d):

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.

YS PREA Policy C.2.11 Section XVI, B. 4, Page 24

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.

Louisiana law, Act No. 229 decrees that treatment services shall be provided to the victim without financial cost. Based on the review of the Pre-audit questionnaire and review of Louisiana law, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- 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 No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services 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?
 Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- MOU – Metropolitan Center for Women and Children: <http://www.mccagno.org/>
- Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: <http://www.chnola.org/CAREcenter>
- Interim LSU Public Hospital: www.umcno.org/Forensic
- Jefferson Parish Coroner's Website: <http://jpcoroner.com/sexual-assault>
- Interviews
 - Medical Staff – OJJ does not employ medical staff
 - Mental Health Staff
 - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

YS PREA Policy C.2.11 Section XVI, C. 1, Page 24

The facility shall offer medical and mental health evaluations and, as appropriate, treatment to all youth who have been victimized by sexual abuse regardless of where it occurred (any prison, jail, lockup or juvenile facility).

Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they would offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Based on the review of the Pre-audit questionnaire and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (b):

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

YS PREA Policy C.2.11 Section XVI, C. 2, Page 25

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody.

The Health Services Administrator and Mental Health Coordinator confirmed evaluation and treatment of victims would 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. Based on the review of the Pre-audit questionnaire, , policy review, and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

YS PREA Policy C.2.11 Section XVI, C. 3, Page 25

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The Health Services Administrator and Mental Health Coordinator stated they feel the medical and mental health services are consistent with the community level of care. Based on the review of the Pre-audit questionnaire, policy review, and interviews with the Health Services Administrator and Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

BCCY does not house female residents.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

BCCY does not house female residents.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

YS PREA Policy C.2.11 Section XVI, C. 6, Page 25

Youth victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Audrey Hepburn Children at Risk Evaluation (CARE) Center confirmed tests for sexually transmitted infections would be offered. The resident who reported a sexual abuse stated he was offered STD testing. Based on the review of the Pre-audit questionnaire, policy review, telephone contact with the Audrey Hepburn Children at Risk Evaluation (CARE) Center, interview with the resident who reported sexual abuse, and website review, the evidence shows the facility follows this provision of the standard.

Provision (g):

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.

YS PREA Policy C.2.11 Section XVI, C. 7, Page 25

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.

Louisiana law, Act No. 229 provides that any medical treatment services provided to a resident will be at no cost to him or his family. The resident who reported sexual abuse reported he received treatment at no cost to him or his family. Based on the review of the Pre-audit questionnaire, interview with the resident who reported sexual abuse, policy review, and reviewing Louisiana law, the evidence shows the facility follows this provision of the standard.

Provision (h):

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

YS PREA Policy C.2.11 Section XVI, C. 8, Page 25

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

The Mental Health Coordinator confirmed he would 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. Based on the review of the Pre-audit questionnaire, and interview with the Mental Health Coordinator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Sexual Assault Response Team (SART) Meeting Minutes - Incident Reviews
- Interviews
 - Superintendent or Designee
 - PREA Compliance Manager
 - Incident Review Team
- Observations during onsite review of facility

Provision (a):

The facility shall 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.

YS PREA Policy C.2.11 Section XVII, B. 1, Page 25

The facility shall 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 pursuant to YS Policy No. A.1.4.

BCCY had six (6) substantiated and unsubstantiated allegations of sexual abuse within the 12 months preceding the audit. Sexual abuse incident reviews are documented with Sexual Assault Response Team (SART) Meeting Minutes. Based on the review of the Pre-audit questionnaire and review of SART Meeting Minutes, the evidence shows the facility follows this provision of the standard.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

YS PREA Policy C.2.11 Section XVII, B. 2, Page 25

Such review shall occur within 30 days of the conclusion of the investigation.

Six (6) substantiated and unsubstantiated allegations of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident in the 12 months preceding the audit. The PREA Coordinator confirmed incident reviews would occur within 30 days of the conclusion of an investigation. Based on the review of the Pre-audit questionnaire, review of SART Meeting Minutes, interview with the PREA Coordinator, and review of policy, the evidence shows the facility follows this provision of the standard.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

YS PREA Policy C.2.11 Section XVII, B. 3, Page 25

The review team shall include appropriate Regional Director, PREA Compliance Manager, and upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The interview with the Facility Director confirmed the incident review team would include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Based on the review of the Pre-audit questionnaire, interview with the Facility Administrator, and review of policy, the evidence shows the facility follows this provision of the standard.

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

YS PREA Policy C.2.11 Section XVII, B. 4, Pages 25-26

The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTIQ identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to subparagraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the Facility Director, PREA Compliance Manager, and PREA Coordinator;
- g. An Action Plan with appropriate timelines shall accompany any recommendations for improvement; and

The interview with the PREA Compliance Manager/Incident Review Team Member confirmed the facility prepares a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard. The PREA Coordinator is working toward implementing a form that noticeably includes all factors included in this provision of the standard. All factors are discussed during the SART Team meetings, but they are not clearly identified in the meeting minutes. Based on the review of the Pre-audit questionnaire, interview with the PREA Compliance Manager/Incident Review Team Member, and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

YS PREA Policy C.2.11 Section XVII, B. 4h, Page 26

The facility shall implement any recommendations for improvement, or shall document its reasons for not doing so.

Recommendations for improvement are indicated in the SART Team meeting minutes. The PREA Compliance Manager confirmed the incident review team makes recommendations for improvement and any reasons for not implementing the recommendations are documented. Based on the review of the Pre-audit questionnaire, review of SART Team meeting minutes, and interview with the PREA Compliance Manager/Incident Review Team Member, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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 the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.4.2 Standard Operating Procedures for Contract Providers
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- Unusual Occurrence Reports (UOR's)
- Investigative Services Formal Reports
- Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile)
- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Observations during onsite review of facility

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

YS PREA Policy C.2.11 Section XVII, C. 1a & c., Page 26

The Agency shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities. The Agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the "Survey of Sexual Violence" conducted by the U.S. DOJ.

The agency uses UOR's, Investigative Services Formal Reports, and the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile). This information includes the data necessary to answer all questions from the Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form. Based on the review of the Pre-audit questionnaire and related documents, the evidence shows the facility follows these provisions of the standard.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

YS PREA Policy C.2.11 Section XVII, C. 1b., Page 26

The Agency shall aggregate the incident-based sexual abuse data at least annually.

The auditor reviewed incident-based data included in the 2015, 2016, and 2017 Annual PREA Reports. Based on the review of the Pre-audit questionnaire and review of annual reports, the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

YS PREA Policy C.2.11 Section XVII, C. 1d., Page 26

The Agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor observed investigation files, sexual abuse incident reviews, and reports. Based on the review of the Pre-audit questionnaire and observations of related documents, the evidence shows the facility follows this provision of the standard.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

YS PREA Policy C.2.11 Section XVII, C. 1e., Page 26

The Agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its youths pursuant to YS Policy Nos. A.4.2 and A.4.3.

The agency includes incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data is reported in the OJJ Annual PREA Reports. Based on the review of the Pre-audit questionnaire and review of the OJJ Annual PREA Reports, the evidence shows the facility follows this provision of the standard.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

YS PREA Policy C.2.11 Section XVII, C. 1f., Page 26

Upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th.

The U.S. Department of Justice Bureau of Justice Statistics requested OJJ to complete the Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form. The auditor reviewed the completed summary form. Based on the review of the Pre-audit questionnaire and review of the data summary form, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (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 No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ Annual PREA Data Reports
- OJJ Critical Incident Debriefing Form
- OJJ PREA Critical Incident Review Form
- Interviews
 - Agency Head or Designee
 - PREA Coordinator
 - PREA Compliance Manager
- Observations during onsite review of facility

Provision (a):

The agency shall 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:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

YS PREA Policy C.2.11 Section XVII, C. 1, Page 27

The Agency shall review data collected and aggregated pursuant to (B)(1)-(B)(6) of this Section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

a. Identifying problem areas;

b. Taking corrective action on an ongoing basis; and

c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Agency as a whole.

The auditor reviewed the OJJ Annual PREA Reports. The annual reports include the requirements of this provision. The Deputy Secretary confirmed the facility would use incident-based sexual abuse data to take corrective actions on an ongoing basis. The PREA Coordinator confirmed the facility reviews 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, and training. The agency takes corrective action on an ongoing basis based on the data. The PREA Compliance Manager confirmed that he also reviews the data. Based on the review of the Pre-audit questionnaire, review of the OJJ Annual PREA Reports, and interviews with the Deputy Secretary, PREA Coordinator and PREA Compliance Manager, the evidence shows the facility follows this provision of the standard.

Provision (b):

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

YS PREA Policy C.2.11 Section XVII, C. 2, Page 27 states such report shall include a comparison of the current year's data and corrective actions with those from prior years, and shall provide an assessment of the Agency's progress in addressing sexual abuse.

The auditor reviewed the OJJ Annual PREA Reports. The reports included a comparison of the 2017 data and corrective actions with those from 2015 and 2016 and provide an assessment of the agency's progress in addressing sexual abuse. Based on the review of the Pre-audit questionnaire and review of the OJJ Annual PREA Reports, the evidence shows the facility follows this provision of the standard.

Provision (c):

The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

YS PREA Policy C.2.11 Section XVII, C. 3, Page 27 states the Agency's report shall be approved by the Deputy Secretary and made readily available to the public through the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

The Deputy Secretary confirmed he approves the OJJ Annual PREA Reports and the reports are published at <https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourcesreports/>. Based on the review of the Pre-audit questionnaire, review of the OJJ Annual PREA Reports, observation of the OJJ website, and interview with the Deputy Secretary, the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

YS PREA Policy C.2.11 Section XVII, C. 4, Page 27 states the Agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The PREA Coordinator confirmed the agency redacts names or any identifying information. Based on the review of the Pre-audit questionnaire, policy review, and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- YS Policy A.1.9 Records Management and Retention
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- OJJ PREA Annual Data Reports
- Observations of OJJ Website

Provision (a):

The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

YS PREA Policy C.2.11 Section XVII, D. 1, Page 27

The Agency shall ensure that data collected pursuant to §115.387 is securely retained.

The PREA Coordinator confirmed OJJ reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. She confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (b):

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

YS PREA Policy C.2.11 Section XVII, D. 2, Page 27

After removal of personal identifiers, the Agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its OJJ website.

All aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts are available at <https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourcesreports/>. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.

Provision (c):

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

YS PREA Policy C.2.11 Section XVII, D. 2, Page 27

After removal of personal identifiers, the Agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its OJJ website.

The auditor observed the publicly available sexual abuse data to confirm that personal identifiers have been removed. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency 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.

YS PREA Policy C.2.11 Section XVII, D. 3, Page 28

The Agency shall maintain sexual abuse data collected pursuant to Paragraph B of this Section for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The review of the policy confirmed OJJ maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection. Based on the review of the Pre-audit questionnaire and review of the data retention policy, the evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- Interviews
- Research
- Policy Review
- Document Review
- Observations during onsite review of facility

Provision (a):

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

OJJ operates Bridge City Center for Youth and Swanson Center for Youth. Both facilities were audited in 2016.

<https://ojj.la.gov/wp-content/uploads/2017/07/BCCY-PREA-Audit-Report-2016.pdf>

<https://ojj.la.gov/wp-content/uploads/2017/07/SCY-PREA-Audit-Report-2016.pdf>

2016 Audit Reports - OJJ Contract Facilities

- AMIkids Acadiana
- Christian Acres Youth Center
- Johnny Robinson's Boys Home
- Rutherford House

- Ware Youth Center (Residential)
- Ware Youth Center (Shelter)
- Renaissance PREA Final Report

2017 Audit Reports - OJJ Contract Facilities

- Johnny Gray Jones
- Ware Youth Center (Intensive Residential)

2018 Audit Reports - OJJ Contract Facilities

- Johnny Robinson's Boys Home

Provision (b):

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

OJJ operates Bridge City Center for Youth and Swanson Center for Youth. Both facilities were audited in 2016.

<https://ojj.la.gov/wp-content/uploads/2017/07/BCCY-PREA-Audit-Report-2016.pdf>

<https://ojj.la.gov/wp-content/uploads/2017/07/SCY-PREA-Audit-Report-2016.pdf>

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- AMIkids Acadiana
- Christian Acres Youth Center
- Johnny Robinson's Boys Home
- Rutherford House
- Ware Youth Center (Residential)
- Ware Youth Center (Shelter)
- Renaissance PREA Final Report

2017 Audit Reports - OJJ Contract Facilities

- Johnny Gray Jones
- Ware Youth Center (Intensive Residential)

2018 Audit Reports - OJJ Contract Facilities

- Johnny Robinson's Boys Home

Provision (c):

The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

OJJ did not report the Department of Justice recommending an expedited audit.

Provision (d):

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The auditor used the Auditor Compliance Tool for guidance on the conduct and contents of the audit.

Provision (e):

The agency shall bear the burden of demonstrating compliance with the standards.

OJJ demonstrated compliance with the standards. A corrective action plan is in place for §115.341.

Provision (f):

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for BCCY.

Provision (g):

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

The auditor reviewed a sampling of relevant documents and other records and information for 12 the months preceding the audit.

Provision (h):

The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor had access to, and observed, all areas of the audited facility.

Provision (i):

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor received all requested documents relevant to the audit.

Provision (j):

The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor has retained all documentation relied upon in making audit determinations. The documentation shall be provided to the Department of Justice upon request.

Provision (k):

The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

The auditor interviewed a representative sample of residents, staff, supervisors, and administrators. Refer to the Interviews section of the Onsite Audit Phase of the Audit Narrative.

Provision (l):

The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

The auditor shall review a sampling of any available videotapes and hotline call logs for the 12 months preceding the audit.

Provision (m):

The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

The auditor conducted private interviews with residents.

Provision (n):

Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.

Provision (o):

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor communicated with the Metropolitan Center for Women and Children, Audrey Hepburn Children at Risk Evaluation (CARE) Center, Jefferson Parish Coroner's Office, Sexual Trauma Awareness and Response (STAR) Center, and Louisiana Foundation against Sexual Assault (LaFASA).

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- BCCY Pre-Audit Questionnaire
- Policy Review
- Interviews
- Observations during onsite review of facility

Provision (a):

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

The auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of BCCY.

Provision (b):

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

The audit report states whether agency-wide policies and procedures comply with relevant PREA standards.

Provision (c):

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

For each PREA standard, the auditor determined whether BCCY Exceeds Standard, Meets Standard, or Does Not Meet Standard. The audit summary indicates the number of provisions the facility has achieved at each grade level.

Provision (d):

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

The audit report describes the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for the facility. No corrective actions were required.

Provision (e):

Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

The auditor redacted any identifiable resident or staff information from the report.

Provision (f):

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

2016 BCCY Report

<https://oij.la.gov/wp-content/uploads/2017/07/BCCY-PREA-Audit-Report-2016.pdf>

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

August 19, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.