

PREA Facility Audit Report: Final

Name of Facility: Transitional Living Program

Facility Type: Juvenile

Date Interim Report Submitted: 08/15/2021

Date Final Report Submitted: 12/28/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Derek Henderson	Date of Signature: 12/28/2021

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	07/12/2021
End Date of On-Site Audit:	07/14/2021

FACILITY INFORMATION	
Facility name:	Transitional Living Program
Facility physical address:	2400 Merganser Street, Lake Charles, Louisiana - 70615
Facility Phone	
Facility mailing address:	P.O. Box 864, Lake Charles, Louisiana - 70602

Primary Contact	
Name:	Kimberly Tremblay
Email Address:	kimberly@etc-youth.org
Telephone Number:	3186803554

Superintendent/Director/Administrator	
Name:	Amy Dunn
Email Address:	amy@etc-youth.org
Telephone Number:	3374331062

Facility PREA Compliance Manager	
Name:	Dana Wilson
Email Address:	dana@etc-youth.org
Telephone Number:	O. (337) 433-1062

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	3
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	16-21
Facility security levels/resident custody levels:	Non Secure
Number of staff currently employed at the facility who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Educational and Treatment Council, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	P.O. Box 864, Lake Charles, Louisiana - 70602
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Kimberly Tremblay	Email Address:	kimberly@etc-youth.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.313 - Supervision and monitoring • 115.315 - Limits to cross-gender viewing and searches
Number of standards met:	
39	
Number of standards not met:	
1	<ul style="list-style-type: none"> • 115.401 - Frequency and scope of audits

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-12
2. End date of the onsite portion of the audit:	2021-07-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor interviewed a State of Louisiana Office of Juvenile Justice (OJJ) PREA investigator, SANE/SAFE Program Coordinator, and an individual from the OASIS advocacy group. The SANE/SAFE Nurse and OASIS advocate both were interviewed over the phone, and the OJJ investigator was interviewed in-person during the onsite. The PC advised the auditor how the agency does not utilize contractors or volunteers onsite, and this was verified by the auditor during the onsite phase of the audit.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	4
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0

39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	9
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The PC advised the auditor how the agency does not utilize contractors or volunteers on-site, and this was verified by the auditor during the on-site phase of the audit. All the resident's medical needs are taken care of off-site, and the agency employs one MHP who provides mental health services to the residents in the TLP program. If further mental health services are needed, the agency transports the residents off-site.</p>
<h2 style="text-align: center;">INTERVIEWS</h2>	
<h3 style="text-align: center;">Inmate/Resident/Detainee Interviews</h3>	
<h4 style="text-align: center;">Random Inmate/Resident/Detainee Interviews</h4>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p style="text-align: center;">4</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident and the PC that the agency did not have any targeted residents at the time of the on-site.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.</p>

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population at the time of the on-site was four (4) residents (all males), and the auditor interviewed all four. All residents were asked the PREA Random Resident Interview Protocols, and the auditor determined through conversations with each resident that the agency did not have any targeted residents at the time of the on-site.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	8

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>At the time of the on-site, the facility employed a total of nine (9) YCWs, with one of the nine staff out of town on a scheduled vacation during this time. The auditor interviewed the eight (8) available YCWs, and the eight YCWs interviewed all worked different shifts, including the 7-3, 3-11, and 11-7.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>No text provided.</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor conducted a total of twenty-four (24) specialized interviews on seventeen (17) staff members. The auditor interviewed not only agency staff, but also a State of Louisiana OJJ PREA investigator, SANE/SAFE Program Coordinator, and an individual from the OASIS advocacy group. The SANE/SAFE Nurse and OASIS advocate both were interviewed over the phone, and the OJJ investigator was interviewed in-person during the on-site.</p> <p>The PC advised the auditor how the agency does not utilize contractors or volunteers on-site, and this was verified by the auditor while on-site. All the resident's medical needs are taken care of off-site, and the agency employs one MHP who provides mental health services to the residents in the TLP program. If further mental health services are needed, the agency transports the residents off-site.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>After the conclusion of the initial meeting on-site, the PC escorted the auditor throughout the apartment complex for the facility-wide inspection. The auditor observed the following during the inspection:</p> <p>The PC advised the auditor the program manages 13 operating cameras, and each camera was identified by the auditor during the inspection. The auditor also took notice of the lighting around the apartment complex, with security lighting in the stairwells (2 stairwells on either side) and lighting illuminating each hallway</p>

(three hallways). The program utilizes two open stairwells at each end of the apartment building, with the parking lot to the left of the building front. The auditor observed a small drive that runs just behind the bushes from the street to the parking lot. The laundry room is located on the third floor on east end of the building. Next to each door, there is a large window. The door and the large window make up the front wall of each apartment. Per the PC, the building was built to be efficiency apartments, despite the fact that it looks similar to a three story motel.

The TLP program can serve up to sixteen (16) youth who are in the custody of the OJJ, with a maximum of two youth assigned to one apartment. The agency utilizes the apartment units on the third floor for the TLP program, which consists of eight (8) apartments for residents, one laundry room, and two apartments designated as an office and a communal space that do not house residents. The staff office apartment serves as a workspace for YCWs, computer access station for youth, and secured storage for medication and supplies. The auditor took notice of the agency's secure grievance/suggestion box, which is located in this staff office. The PC advised any resident or staff can drop anything they wish in this box, and an administrator checks the box daily. The communal apartment serves as an area for groups, meetings, or youth social activities and is located next door to the staff office. The bedroom of the communal apartment remains locked and is used as a storage room. Keys to the storage room are limited to supervisory personnel and one YCW team leader who is assigned to keep inventory. The third floor can house twelve (12) TLP residents, and if more room is needed, the TLP program also rents out the entire second floor (consisting of nine apartments). The second floor consist of two TLP overflow resident apartments, two office staff apartments, and the remaining apartments are utilized for a different ETC program unrelated to the TLP OJJ program.

The auditor observed four residents freely moving about the apartment complex, and the auditor initiated informal conversations with each resident, as well as the staff working in the program. The residents and staff all knew why the auditor was onsite- to conduct a PREA audit. The auditor was allowed access to all areas of the TLP program, and each resident granted the auditor access into their apartment unit. The resident apartment units include a living room, kitchen, bedroom, and bathroom. The auditor observed how each bathroom door could be securely shut by the resident, and the doors were solid wood with no way for anyone to look in the bathroom when the door was shut. The auditor determined each resident was able to go into their bathroom and privately shower, use the restroom, and change without staff or anyone else observing. The program had at least one YCW working and several administrators on-site during the three days the auditor was conducting the audit, which exceeded the PREA minimum staff to resident ratio of 1:8 during waking hours. In addition, each resident advised how they are able to utilize the program's cordless phone, as well as the privilege of being issued a cellphone after so many successful days in the program. The auditor observed the cordless phone and computer in the staff office apartment during the facility inspection, which provided a means for residents to contact a third-party agency, their attorney, or their parents/guardians.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Eight (8) resident files were randomly selected by the auditor- four (4) files of the current residents in the program during the on-site and four (4) files from previously discharged juveniles.

The auditor utilized the "PREA Audit- Juvenile Facilities Documentation Review- Resident Files/Records" template in order to document the requirements of PREA Standards: §115.333, §115.341, and §115.381. The information ascertained from each file included, but was not limited to:

- Resident's date of admission;
- PREA Intake Screening within 72 hours of admission;
- PREA information during the intake process; and
- PREA comprehensive education within 10 days of intake.

Upon the completion of the resident file review, the auditor determined the agency was compliant with all the applicable PREA standards except for 115.333 (a), 115.341 (a), and 115.342. The auditor's explanation for non-compliance and compliance can be found in the applicable standard sections of this report.

Staff Personnel and Training File Review:

The auditor randomly selected six (6) staff files to review for PREA compliance as related to the following PREA Standards: §115.317, §115.331, §115.332, §115.334, and §115.335. A breakdown of the files selected are as follows: four (4) YCW files, one (1) case manager file, and one (1) operations manager file. This document review and analysis was documented on the "PREA Audit-Juvenile Facilities Documentation Review- Employee Files/Records" template. The forms includes the following information:

- Staff Name and Title;
- Date of Birth and Date of Hire;
- Either a new hire, promotion, current employee, or part-time employee;
- Either a volunteer, intern, or contractor;
- Military DD-214 Honorable Discharge, if applicable;
- Administrative Adjudication Checks;
- Criminal History Check;
- Child Abuse Registry Check;
- Institutional Reference Check;
- 5 Year Criminal History Check or FBI Rap Back Electronic Notice System or Similar;
- PREA Training Documentation;
- PREA Acknowledgement Form Signed;
- Specialized PREA Training, as applicable;
- PREA Refresher Training Every 2 Years;
- Refresher Info Every Other Year Provided; and
- The date and times of all applicable information as listed above.

Upon the completion of the staff file review, the auditor determined the agency was compliant with all the applicable PREA standards except for 115.317 (a and f), and 115.331. The auditor's explanation for non-compliance and compliance can be found in the applicable standard sections of this report.

Investigative File Review:

During the on-site, the PC provided the auditor with investigative documents for three PREA related allegations. The allegations included two sexual harassment allegations of staff on resident and one initial sexual abuse allegation of staff on resident. One sexual harassment investigation by the OJJ concluded it as substantiated and the other was determined to be unfounded. The one allegation of sexual abuse was found to be unsubstantiated. More information on the three administrative investigations are available in subsections 115.321 and 115.322 of this report.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor conducted an investigative file review of the three PREA investigations conducted at the TLP program in the past 18 months prior to the on-site phase. Each investigative file demonstrated to the auditor how the agency ensured all allegations of sexual abuse and sexual harassment were promptly referred to the proper authorities for the applicable administrative and criminal investigations. Two of the investigations involved staff on resident sexual harassment allegations, and the third investigation was conducted as a result of a staff on resident sexual abuse allegation. In addition, the auditor was provided three OJJ Field Investigation Reports that were provided to the facility upon the completion of each investigation. The forms demonstrated how the three allegations of sexual abuse and sexual harassment were referred to the State of Louisiana PREA Investigative Office, as well as how OJJ PREA investigators conducted their administrative investigations into each allegation.</p> <p>It is important to note that the one sexual abuse allegation was determined by the OJJ PREA investigator to be unsubstantiated due, in large part, to the the third-party reporter recanting the allegation and the alleged victim refuting the allegation all together. The PC also advised the allegation was reported to local law enforcement; however, the police department did not pursue a criminal investigation due to the same reasons the PREA investigator determined the case to be unsubstantiated.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (If you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115.311

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

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

Interviews:

- PREA Coordinator
- PREA Compliance Manager

Site Review Observations:

During the onsite audit, the auditor observed the overall structure and program dynamics of the TLP program. The auditor witnessed first-hand how the PC and PCM worked collaboratively to ensure the safety of all residents and staff. For example, there was a conversation the auditor overheard the PC and PCM having regarding a resident housing change, which was NOT due to any PREA related concern. The move was more of a preventative measure to reduce the likelihood of any issues and involved moving one resident from the only apartment which housed two residents to his own apartment. Since there was an empty apartment available, the PC and PCM authorized for one of the residents to move out of the double occupied apartment and into his own.

The auditor verified during the onsite how the PC has sufficient time and authority to oversee all efforts to comply with the applicable juvenile facility PREA standards. The PC allowed the auditor access through all areas of the program during the auditor's inspection process; assisted the auditor with reviewing resident, staff, and investigatory files; provided documents requested by the auditor during the onsite; and managed the logistics of resident, staff, and specialized staff interviews. The PC displayed a strong working knowledge of agency PREA policies and procedures and considered implementing many of the auditor's recommendations for improvement related to best practices. The agency designates two administrators as PREA Compliance Managers (PCMs), and the site review helped the auditor to determine the agency is not required to designate a PCM since the program is operated within one single apartment complex (one building). However, the auditor concluded the assignment of two PCMs does help to ensure upper-level management staff are actively involved in ensuring the overall sexual safety of the residents in the TLP program and exceeds the associated PREA standard requirement of standard 115.311 (c).

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

The auditor reviewed the agency's PREA Policy, which includes agency specific procedures for mandating zero tolerance toward all forms of sexual abuse and sexual harassment and clearly outlines the agency's approach to preventing, detecting, and responding to such conduct. As indicated above, during the onsite the auditor observed how the agency's PC and one of its PCMs are designated as upper-level management staff and have sufficient time and authority to comply with the requirements pursuant to this PREA standard. The auditor determined the agency exceeds the minimum requirements of this PREA standard by designating two PCMs to assist the PC with developing, implementing, and overseeing the agency's efforts to comply daily with the applicable PREA standards.

In addition, the auditor interviewed the PREA Coordinator and one of the designated PREA Compliance Managers. The PC sufficiently explained to the auditor how she has enough time to manage all her PREA related responsibilities and how coordinated efforts are conducted to comply with the applicable juvenile PREA standards. The PC described how she is in constant contact with her two PCMs and the open line of communication which is shared among all supervisors and managers within the TLP program. Further, the PCM interviewed reinforced the PC's response to the ease and efficiency of communicating with her colleagues and the priority of ensuring a safe environment for the residents and staff in the program.

Conclusion:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.312</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Social Services Contract (Contract between Louisiana DPS & Youth Services (YS) and Educational and Treatment Council, Inc. - TLP PREA Aggregate Data Reports to OJJ <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Contract Administrator (also, the agency's PC) <p>Explanation of determination:</p> <p>115.312 (a-b):</p> <p>The TLP program is a private agency which contracts with the State of Louisiana Office of Juvenile Justice (OJJ) for the housing of OJJ youth in the TLP program, and the TLP program does NOT contract with other entities, whether private or public, for the confinement of its own residents. Therefore, the requirements of this PREA standard are not applicable to the current TLP program. Even though this standard is not applicable, the auditor was provided supporting documents which demonstrated how the OJJ ensures the TLP adheres to the applicable PREA standards. The provided Social Services Contract between the Louisiana DPS & Youth Services (OJJ) and TLP outline the scope and services and additional program requirements, which includes a section stating, "contractor will comply with PREA, 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." Furthermore, the auditor interviewed the agency's designated Agency Contract Administrator (also, the agency's PC), who advised the agency was instructed by the OJJ to ensure full PREA implementation and to schedule a PREA audit for calendar year 2021. In addition, the PC advised she is required to submit all PREA related aggregate data monthly to OJJ, and a sample of these monthly reports were provided to the auditor for review as evidence of this practice.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.313	Supervision and monitoring
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p><u>115.313</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - ETC Transitional Living Program Staffing Plan (May 2021) - Deviations from Staffing Plan Report - PREA Unannounced Round Documentation forms (13 total) <p>Interviews:</p> <ul style="list-style-type: none"> - Superintendent of the Program (PC) - PREA Compliance Manager (PCM) - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the onsite audit, the auditor observed sufficient staff to resident supervision ratios, with at least one Youth Care Worker (YCW) responsible for supervising, at the most, four residents in the TLP program. This 1:4 staff to resident ratio substantially exceeds the minimum requirement of 1:8 during programming and 1:16 during sleeping hours. In addition to the one YCW onsite, the auditor observed a YCW Leader on the 7-3 shift and several administrators walking around the apartment complex. The auditor also was allowed to view the agency's video monitoring system on one of the PCM's smartphones, which provided a live, clear view from each surveillance camera onsite.</p> <p>Explanation of determination:</p> <p>115.313 (a-e):</p> <p>The auditor reviewed the agency's PREA Policy section, which applies to the requirements of this PREA standard, and was able to determine all the applicable standard elements were included in the agency's Policy. This Policy section also describes the program's video monitoring system in detail, explaining how each floor of the apartment building is equipped with video surveillance that captures the balcony in front of each apartment. In addition, the auditor also reviewed the agency's Staffing Plan, which was reviewed and approved by program leadership, including the Director, the PC, and the PCM, in calendar year 2021. The Staffing Plan details the agency's staffing plan currently in place for the Educational and Treatment Council, Inc (ETC) and the TLP program. The plan was developed to ensure adequate staffing levels are maintained at all times to protect residents from sexual abuse and sexual harassment and outlines each of the eleven requirements of provision (a).</p> <p>Furthermore, the Staffing Plan also includes recommendations for improving safety for the residents, as well as a summary of the Staffing Plan review which was conducted in May of 2021. The Staffing Plan review includes how the agency assessed and determined whether adjustments were needed to the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems or other monitoring technologies (including adding GPS trackers to the agency's transport vehicles), and the resources the facility has available to ensure continued adherence to their plan. In addition, the PC provided the auditor with their Deviations from Staffing Plan Report form; however, it was reported both in the OAS and by the PC directly to the auditor that the agency has never deviated from the Staffing Plan. The agency's PREA Policy also includes a section on requirements of upper-level managers (the two PCMs) to conduct and document unannounced rounds on each of the three shifts (7-3, 3-11, and 11-7) twice per month to identify and deter staff sexual abuse and sexual harassment. This section also prohibits staff from alerting other staff members that these supervisory rounds are occurring.</p> <p>The auditor was provided a sample of the agency's completed PREA Unannounced Round Documentation forms as proof evidence of this practice, with a total of 13 unannounced rounds reviewed by the auditor. Each form included the PREA requirement for conducting the unannounced rounds, the date and start/end time of the supervisory check, who completed the round, and a summary of events. The unannounced rounds provided were conducted at different times, on different</p>	

days, and on each of the three shifts at least once per month (with the agency increasing the frequency to twice per month on each shift as recommended by the auditor during the onsite). Upon review, the auditor was unable to detect a predictable pattern of rounds being conducted, each was random in occurrence and length. Furthermore, the auditor determined the requirements of provision (e) does not apply to the TLP program due to the fact TLP is a non-secure program. Therefore, since the agency complies with provision (e) and provided sufficient proof documentation to the auditor for compliance with this provision, the auditor determined the agency substantially exceeds the requirements set forth by this provision.

The TLP is a non-secure residential program, and therefore is not required to adhere to the staff to resident ratios required by provision (c) of this standard. Furthermore, other than this PREA standard for juveniles, there is no licensing regulation or other external requirement of a staff ratio for the TLP program. Due to the agency's ability to sufficiently demonstrate compliance with the supervision requirements set forth in provision (c) of this standard, through the auditor observations on-site and the agency's Staffing Plan and PREA Policy, the auditor determined the agency substantially exceeds the requirements of this standard provision.

The auditor interviewed the agency's designated superintendent, who is also the agency's PC, and she was able to clearly articulate the agency's Staffing Plan. The PC described how adequate staffing ratios are maintained at all times in the program, the intricacies of the agency's video monitoring system, how the assessment of the Staffing Plan is conducted annually, and how administrators continually evaluate the program for compliance with the Staffing Plan and overall PREA compliance.

The auditor also interviewed one of the agency's PCMs, and she was able to sufficiently explain the steps taken by administrators, including herself, to continually assess staffing levels and the importance of utilizing the agency's video monitoring system to identify and deter sexual abuse and sexual harassment incidents. The PCM demonstrated on her smartphone how she is able to view the agency's camera system at any time and observe live and recorded video. The PCM also described how she conducts unannounced rounds and documents the rounds on the agency's PREA Unannounced Round Documentation forms. She described how the unannounced rounds are conducted randomly every month, on each shift, and the practice of conducting the supervisory checks more frequently than what is required in their policy. The PCM advised staff are not made aware the unannounced rounds are being conducted, and she explained the prohibition of staff being prohibited from alerting other staff if they suspect such a round is being completed. The PCM described multiple examples of past unannounced rounds, such as one of the rounds involving a stakeout in the middle of the night to ensure the overnight staff were conducting the required resident checks. Another example described by the PCM involved an unannounced round beginning with the PCM being dropped off behind the apartment complex, so the staff working were unable to identify her vehicle.

Conclusion:

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

115.315	Limits to cross-gender viewing and searches
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p><u>115.315</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - OJJ Summary of PREA Agency-Wide Initiatives <p>Interviews:</p> <ul style="list-style-type: none"> - Random Staff (8 Youth Care Workers- YCW) - Random Residents (4 residents- total population) <p>Site Review Observations:</p> <p>During the three days the auditor was on-site, the auditor never observed any type of search being conducted on a resident of the TLP program. No pat-down or strip searches were ever observed, and the auditor was made aware by every YCW and administrator interviewed how the agency does not conduct any type of hands-on search of a resident. The only type of resident search authorized for TLP staff to utilize is a metal detector search if contraband is suspected, which is conducted by staff using a metal detector wand (this wand was shown to the auditor). The auditor also verified the apartments utilized for the TLP program included a private bathroom, which allowed for the residents to shower, perform bodily functions, and change their clothing without any staff or other individual viewing them. The doors to each of the bathrooms are solid doors, without any type of window, and able to be securely shut.</p> <p>Explanation of determination:</p> <p>115.315 (a-f):</p> <p>The auditor reviewed the agency's PREA Policy, which includes the applicable requirements of this PREA standard. According to this policy, all staff are prohibited from conducting any type of physical search of a resident and staff are only allowed to conduct a wand metal detector search if contraband is suspected. Furthermore, the agency's PREA Policy explains that if a situation arises where a pat-down search is warranted for suspected weapons or drugs or for any type of exigent circumstance, the agency would contact local law enforcement (either Calcasieu Parish Sheriff's Office or the Lake Charles City PD) to intervene and search the resident. The policy also states all pat-down searches conducted by law enforcement are required to be documented, and the documentation will include the justification for why the pat-down search was conducted and by whom.</p> <p>As noted in the site review observations section above, the TLP program is located at an apartment building, with each resident being housed in their own apartment. The auditor verified on-site how each of the resident apartment's have a bathroom that provides the residents a private area to change their clothes, perform bodily functions, and shower/bathe. Furthermore, each of the eight TLP staff members interviewed advised they are prohibited from going in the bathroom if it is occupied by a resident, and if a resident is in the bathroom during a staff welfare check, then a verbal confirmation from the resident is appropriate and a visual check is not required. The staff interviewed were also asked if a resident refused to provide a verbal response and/or they suspected the resident may be in the bathroom committing self-harm or using drugs, would they enter the bathroom to conduct a visual check. Each staff member advised that in an extreme situation such as this, to ensure the welfare of the child, they would contact their supervisor and make several verbal announcements before entering the bathroom to ensure the child is alive and well. The auditor also interviewed the four residents who were in the TLP program during the on-site audit, and each resident stated they are able to go in the bathroom to privately change their clothes, shower, and go to the restroom without staff or another person viewing them. Additionally, each of the four residents confirmed TLP staff have never conducted a strip or pat-search on them or any other resident that they know of, and the only search TLP staff are allowed to conduct is a metal detector wand search if contraband is suspected. Each resident also explained how law enforcement would be contacted to conduct any type of physical search for suspected contraband.</p> <p>The auditor determined the agency substantially exceeds the requirements of this PREA standard due to the fact the TLP is a non-secure program and not required by any authority or licensing to conduct any type of hands-on search of a resident. In the TLP program, there is never a need for staff to conduct a pat-search, strip-search, or visual body cavity search (including any type of cross-gender search), and the agency has the unique ability to contact law enforcement if a search is</p>	

needed past a metal detector wand search. Furthermore, the fact the program is located at an apartment complex provides each resident a designated privacy area (apartment bathroom) to change their clothes, perform bodily functions, and shower/bathe without staff, or any other individual, viewing them. The agency's procedure of allowing staff to conduct a verbal confirmation check when a resident is in the bathroom, allows the agency to ensure resident privacy at all times and exceeds the requirements of provision (d) of this standard.

The agency's PC discussed with the auditor about their admission requirements, which allows the agency to be selective with who they accept into the program. The PC explained how the only transgender juvenile the program would except, which has not occurred as of yet, would be a transgender male. If a transgender male was accepted into the program, the PC advised all the applicable PREA requirements would be followed to ensure the child's safety at all times. Additionally, if a transgender male entered the program, the agency would not have a reason to conduct any type of search of the resident to determine the juvenile's genital status because the juvenile's status would have been already firmly established.

Conclusion:

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

115.316	Residents with disabilities and residents who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.316</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Educational & Treatment Council Orientation Training Document - Spanish OJJ Youth and Safety Guide - Interpreter Agreement <p>Interviews:</p> <ul style="list-style-type: none"> - Agency Head Designee (PC) - Random Staff (Youth Care Workers- YCW) <p>Site Review Observations:</p> <p>During the three days the auditor was on-site, the auditor confirmed the program did not have any current residents with disabilities (including, 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). This was verified through the auditor interviewing the four total residents in the program during the on-site and with talking with the program's PC.</p> <p>Explanation of determination:</p> <p>115.316 (a-c):</p> <p>The auditor verified the agency's PREA Policy outlines the steps taken by the agency to ensure residents with disabilities (including, 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 facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency's PC discussed with the auditor about the agency's admission requirements, which allows the agency to be selective with who they accept into the program. Any juvenile applying for the TLP program who cannot independently complete activities of daily living such as bathing, toileting, hygiene, lifting, eating, stair climbing, movement, chores etc.; would not be accepted into the program due to safety concerns and limited funding available. If the program accepted such a juvenile, this would cause the agency's to fundamentally alter in nature the services provided and cause undue financial and administrative burdens, per the PC. Additionally, to demonstrate to the auditor how the agency's staff are trained on how to work with residents with disabilities, the PC provided the auditor with the agency's Orientation Training Document, which includes a topic on "working with people with disabilities and use of specialized services.</p> <p>The agency's PREA Policy also includes a section describing the requirements of provision (b) and (c) of this PREA standard. The PC provided the auditor with a two-page PREA related Spanish brochure. This brochure, titled: "<i>there is not excuse for abuse or harassment</i>," was published by the OJJ and provided to any resident in the TLP program who is limited English proficient. It includes two hotline numbers resident's can contact to report sexual abuse or sexual harassment, a definition of healthy boundaries, PREA related definitions, a confidentiality of reporting statement, steps to take if a resident is a victim of sexual abuse or sexual harassment, zero-tolerance statement, and clarification of prohibited sexual acts ("all sexual contact is not allowed"). Lastly, the auditor was also provided the agency's Interpreter Agreement, which was signed by a representative from the interpreting company and the agency's director. According to this agreement, the agency is able to contact the interpreting service agency for translation needs of any resident who enters the TLP program.</p> <p>The auditor also interviewed the agency's Director designee, which is also the PC, and asked her questions related to the Director's responsibilities as it relates to ensuring residents with disabilities and limited English proficient are provided the requirements pursuant to this PREA standard. The PC discussed the interpreter contract the agency has with LaFamilia Resource Center, as well as the agency screening process as already discussed in this standard explanation. The auditor also interviewed all the available staff members on-site, eight total, and each staff member explained how they would not use one resident to interpret for another resident if it was a serious incident, such as a PREA related allegation or incident, unless there was no other option to ensure the child's safety. They described how they would utilize a professional translator to</p>	

interpret or use an app such as Google Translate, as well as immediately contact their supervisor.

Conclusion:

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

115.317	Hiring and promotion decisions
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.317</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Criminal History Reports - Child Abuse Registry Checks - Reference Checks - ETC PREA Questionnaire (Application/Evaluation/Transfer/Promotion Form) - New Employee Reference Check Form - Off-Duty Misconduct Policy - ETC Application - Six Randomly Selected Staff Files <p>Interviews:</p> <ul style="list-style-type: none"> - Human Resources Administrator- HRA (who is the agency's PC) <p>Site Review Observations:</p> <p>During the three days the auditor was on-site, the auditor did not observe a contractor for the TLP program at the apartment complex, which aided in corroborating the agency's practice of not utilizing any contractors on-site for the residents.</p> <p>Explanation of determination:</p> <p>115.317 (a-h):</p> <p>The auditor was provided the agency's PREA Policy, which included all elements of this PREA standard except provision (a) (1 & 3) and provision (f). The PC was advised of the missing standard PREA language during the pre-onsite phase of the audit, and the agency added the missing elements of 115.317 before the auditor was on-site. Upon final review of the agency's PREA Policy for this report, the auditor was able to verify all the elements of this PREA standard were included in Policy section (G.). In addition, the auditor verified on-site, through an employee file review detailed below, how the agency conducts FBI background checks, the DOJ National Sex Offender check, the Louisiana State Central Registry for Child Abuse, and any applicable out of state central registries for the past five years. State level background checks are conducted annually, and the agency also renews the child abuse registry checks every five years.</p> <p>The PC indicated on the Pre-Audit Questionnaire (PAQ) that the agency hired eight employees in the twelve month period prior to the onsite, and the criminal background record checks were conducted for all eight. The auditor randomly selected six employee personnel files while onsite in order to assess if the agency is compliant in practice with all the requirements of this standard. Out of the six employee files reviewed, all six included the required criminal history checks and child abuse registry checks (as well as the DOJ National Sex Offender checks); however, the auditor determined the agency was not making their best efforts to ensure all prior institutional reference checks were conducted on new employees, and the PREA questions associated with provision (f) were not being conducted for any employee (as also confirmed by the PC during the file review).</p> <p>The auditor was provided the agency's Off-Duty Misconduct Policy, which includes a statement requiring any employee to notify his/her supervisor of an arrest, conviction, or activities of misconduct that may warrant disciplinary action no later than forty-eight hours after the incident. In addition, the auditor was provided the agency's employment application, which includes a section for applicants to answer if the he/she has ever been convicted of any felony offense and certifies that the statements made by the applicant on the application are true, complete, and correct. The employment application also includes a statement clarifying if any falsification is discovered, as it relates to the information on an employee's application, this will constitute grounds for non-acceptance or dismissal from employment.</p>	

Additionally, the auditor interviewed the agency's Human Resource Administrator (HRA), who is also the agency's PC, and she was able to sufficiently explain to the auditor how the agency complies with the PREA standards associated with screening and hiring new employees and maintaining continued employment. The HRA described how the agency conducts a FBI criminal history check, applicable child abuse registry check, and DOJ Sex Offender check on all employees before the new employee is allowed to be on the property to begin the training process. She also advised how she conducts a social media check on all applicants to ensure each applicant is fully vetted before being allowed access to residents in the program. The HRA informed the auditor how the agency conducts recurring criminal history and child abuse registry checks annually for each employee and stated the agency does not enlist the services of any contractor or volunteer who may have contact with residents on-site. The auditor was informed how the agency has never had a situation involving another institution requesting information related to a prior employee's involvement in a substantiated allegation of sexual abuse or sexual harassment; however, the HRA stated that if such a situation were to occur, the agency is required, outside of any PREA requirements, to disclose any such sexual behavior.

Lastly, the auditor was provided the agency's New Employee Reference Check form, which was updated by the PC during the pre-onsite phase to include the following two statements related to this PREA standard: "Have there been any substantiated allegations of sexual abuse or sexual harassment," and "Was there a resignation during a pending investigation of an allegation of sexual abuse or sexual harassment." The PC explained how this form needed to be updated to ensure all new employee reference checks include the questions for the employees' prior employment to complete, which are specific to provision (c) (3) of this PREA standard. In addition, the PC provided the auditor with the agency's newly created PREA Questionnaire Application/Evaluation/Transfer/Promotion form. This form includes all the requirements of provision (f), and the PC advised the new form will be used going forth to ask all applicants and applicable employees directly about any previous misconduct described in provision (a) of this standard.

Due to the agency not being fully compliant with provisions (c) (3) and (f), the agency is required to develop a corrective action plan and provide proof documentation to the auditor related to the corrective action implemented.

During the corrective action phase, the auditor was provided the following documentation for four employees hired during this time period in order to demonstrate compliance with the standard deficiencies assessed by the auditor:

- 115.317 (c) (3): New Employee Reference Check (used by the agency to ensure the agency vets all new employees' prior institutional work experience).
- 115.317 (f): PREA Questionnaire (used by the agency to ensure all new employees and current employees are directly asked the PREA questions required by provision (f) of this standard).

Each document provided was used in accordance with the corrective action plan detailed in this PREA report and no further action is required by the agency.

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.318	<p data-bbox="331 138 748 170">Upgrades to facilities and technologies</p> <hr/> <p data-bbox="331 195 764 216">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 247 516 268">Auditor Discussion</p> <hr/> <p data-bbox="331 300 407 321"><u>115.318</u></p> <p data-bbox="331 352 938 373">The following is a list of evidence used to determine compliance:</p> <ul data-bbox="331 405 654 527" style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Agency's Staffing Plan <p data-bbox="331 558 440 579">Interviews:</p> <ul data-bbox="331 611 618 678" style="list-style-type: none"> - Agency Head Designee (PC) - Superintendent (PC) <p data-bbox="331 709 581 730">Site Review Observations:</p> <p data-bbox="331 762 1401 894">During the three days the auditor was on-site, the auditor did not observe any areas of the program that were recently renovated, modified, or expanded. The auditor did identify the agency's video monitoring system while on-site, which consisted of cameras mounted at the end of each hallway, in the community room, in the staff office, and in the two stairwells. The auditor also took note of the lighting in the hallways and stairwells, which provided sufficient lighting outside of the resident's apartments.</p> <p data-bbox="331 926 613 947">Explanation of determination:</p> <p data-bbox="331 978 464 999">115.318 (a-b):</p> <p data-bbox="331 1031 1401 1163">The auditor was provided the agency's PREA Policy, in which the auditor verified subchapter (H.) includes all the required elements of this PREA standard. According to the responses the agency included in the PAQ, the TLP program made the decision to install its own new camera system when apartment ownership neglected to fix the issues associated with the previous camera system. The new video monitoring system was installed in the summer of 2020, and TLP leadership has maintained all aspects of the surveillance system going forth.</p> <p data-bbox="331 1194 1401 1514">The PC explained to the auditor, during the Agency Head and Superintendent interviews, how the agency paid to have a video monitoring system installed at the apartment complex in 2020. The PC expressed how the cameras were installed in high-risk areas in order to prevent and deter sexual abuse and sexual harassment, as well as how the cameras are an efficient tool to investigate any possible incident or allegation related to sexual abuse or sexual harassment. In addition, the PC discussed the lighting around the outside of the resident's apartments, which allows for the high-risk areas to remain illuminated at night. The PC also talked about if the program decided to move locations or modify, expand, or renovate the current apartment complex, the agency would take into serious consideration the effect of the change upon the agency's ability to protect residents from sexual abuse and sexual harassment. Lastly, the PC informed the auditor how the agency implemented a recommendation from the agency's Staffing Plan to install GPS monitors in each of the agency's resident transport vehicles. This added security feature allows the agency to track all resident transports; therefore, enhancing the agency's ability to protect residents from sexual abuse and sexual harassment while residents are off-site.</p> <p data-bbox="331 1545 1401 1619">The auditor interviewed the PC, who is the designated Agency Head and Superintendent, and she indicated the agency has never made any modifications, renovations, or expansions of the apartment complex the TLP programs from (the apartments are rented from a landlord who owns the property).</p> <p data-bbox="331 1650 451 1671">Conclusion:</p> <p data-bbox="331 1703 1401 1755">Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.321</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Law Enforcement Receipt of Agency PREA Investigation Request - MOU Between ETC, Inc & Southwest Louisiana SANE/SART Program - Three Investigative Files - TLP Resources for Reporting Abuse Outside of the Agency (Posting) - ETC Policy to Ensure Referrals of Allegations for Investigation (Posting) - Agreement Between OASIS A Safe Haven for Survivors of Domestic and Sexual Violence & ETC, Inc. <p>Interviews:</p> <ul style="list-style-type: none"> - Random Staff (Youth Care Workers- YCW) - PC - Contracted SANE - OJJ PREA Investigator <p>Site Review Observations:</p> <p>During the on-site facility inspection, the auditor observed several postings related to the agency's procedures for reporting sexual abuse and sexual harassment and the associated investigative procedures. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment.</p> <p>Explanation of determination:</p> <p>115.321 (a-h):</p> <p>According to the facility's responses in the PAQ, the TLP program does not conduct criminal or administrative investigations into an allegation or incident of sexual abuse. During the on-site, the PC advised the Calcasieu Parish Sheriff's Department (CPSD) or Lake Charles Police Department (LCPD) are responsible for conducting any criminal investigation at the TLP program, and the State of Louisiana Office of Juvenile Justice (OJJ) is responsible for the administrative investigation into any PREA related matter involving a TLP resident. Additionally, the auditor was provided the agency's PREA Policy, which designates in Section (II.) (A.) the same entities as documented above as responsible parties for conducting the associated criminal and administrative investigations. Allegations or incidents of sexual abuse of a TLP resident are also required, per the agency's PREA Policy, to be reported to the Louisiana Department of Children and Family Services.</p> <p>The PC provided the auditor with a pending MOU, which is still in need of a signature from the LCPD and/or CPSD (both agencies have jurisdiction to conduct criminal investigations at the TLP program). The PC advised the auditor she has reached out to the LCPD and CPSD multiple times to finalize the MOU; however, the PD has yet to send back a signed MOU. The auditor verified the MOU consists of all the PREA related criminal investigative responsibilities of standards 115.321 and 115.322, including: designating the law enforcement agency responsible for conducting the criminal investigation at the TLP program (either CPSD or LCPD), indicating, to the extent possible, that the law enforcement agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and is developmentally appropriate for youth, outlining the coordinated efforts to offer all residents who experience sexual abuse access to forensic medical examinations, and requiring both the ETC and the applicable law enforcement agency to make available to the victim a victim advocate from a rape crisis center. In addition, the MOU includes the law enforcement agency's criminal investigative responsibilities associated with PREA standards 115.353 and 115.371.</p>

The auditor was provided a signed MOU between the ETC, Inc. and the Southwest Louisiana (SWLA) SANE/Sexual Assault Response Team (SART) Program. The MOU is signed by the ETC Executive Director and the Forensic Nursing Program Coordinator for the SWLA SANE Program at Lake Charles Memorial Hospital. The MOU outlines how the SWLA SANE/SART Program is required to provide forensic medical exams for ETC residents reporting sexual oriented offenses, and in doing so, ensures compliance with the PREA standards regarding sexual abuse examination is maintained. Further, this document includes the requirement associated with ensuring the ETC and SWLA SANE/SART Program work collaboratively to make available to the victim a victim advocate from a rape crisis center.

The auditor was also provided a signed MOU between the OASIS (A Safe Haven for Survivors of Domestic and Sexual Violence) and ETC, Inc., which outlines the two agency's requirements associated with provisions (d) and (e) of this PREA standard. The MOU indicates the OASIS agrees to providing victim advocacy services for youth victims of sexual abuse and providing in-service training for ETC staff on issues related to domestic violence, human trafficking, sexual assault, and advocacy opportunities.

The auditor interviewed eight Youth Care Workers (YCW), and all facility staff explained how the LCPD or CPSD and OJJ are contacted for any allegations related to sexual abuse. The staff interviewed were aware of the agencies responsible for conducting the criminal and administrative investigations, as well as provided the auditor with information associated with how evidence would be handled for a sexual abuse or sexual assault incident. Each staff member explained the process of ensuring a victim of sexual abuse receives access to a forensic medical examination by a SANE/SAFE nurse and provided a victim advocate throughout the process. Staff were knowledgeable of the agency's procedures for ensuring evidence related to sexual abuse are protected and preserved and collected only by law enforcement criminal investigators.

The auditor interviewed the agency's PC, and she explained how since the agency has not received a signed copy of the MOU from CPSD or LCPD, if an incident or allegation involving sexual abuse were to occur, the agency would provide the investigating law enforcement agency a standardized document that outlines the requirements of this PREA standard (specifically provisions (a) through (e)). Additionally, the PC advised the ETC does not require staff to collect evidence; staff are only trained to preserve and protect the evidence until a criminal investigator arrives on scene to process and collect the usable physical evidence. The PC also described the agency's policy on ensuring any resident victim of sexual abuse is transported to Lake Charles Memorial Hospital for a SAFE/SANE exam, with evidence collected according to the SANE/SAFE procedures of the hospital (as also indicated in the associated MOU).

The auditor also interviewed the Forensic Nursing Program Coordinator from the SWLA SANE Program at Lake Charles Memorial Hospital (the same nurse who signed the agency's MOU). The Program Coordinator was able to clearly articulate PREA requirements associated with conducting a forensic medical examination for a victim of sexual abuse or sexual assault, as well as described the process of how a resident victim of sexual abuse/assault from the TLP program would be referred, provided support, examined, and provided aftercare. The Program Coordinator informed the auditor of the time frames associated for collecting usable physical evidence (12 years and younger- 72 hours / 13 and above- 120 hours), as well as the process of ensuring all youth are provided the assistance of a qualified victim advocate from OASIS to remain with the survivor throughout the examination and investigative process. The nurse advised there is a certified SANE/SAFE nurse available 24/7 and clarified that the TLP program has never referred a resident to the Lake Charles Memorial Hospital SANE Program for a forensic examination of a child sexually abused at the facility.

The auditor interviewed a State of Louisiana Office of Juvenile Justice (OJJ) PREA investigator while on-site, which the PC of the TLP agency scheduled at the auditor's request. The OJJ investigator sufficiently answered all the auditor's questions associated with the PREA Investigative Staff Protocols, and the investigator confirmed how the OJJ agency is responsible for conducting administrative investigations at the TLP program for any sexual abuse or sexual harassment allegation or incident. The investigator explained how the entire administrative investigation is conducted, from the time a new report is accepted by the OJJ to the conclusion of submitting the administrative investigation report to the agency. The investigator was knowledgeable of the criteria required to substantiate an allegation of sexual abuse, how to properly conduct interviews, the importance of communicating with the TLP program and the law enforcement agency who may be conducting the criminal investigation, the process of accessing the state's PREA database, and the importance of completing the investigation regardless if the alleged victim is released or the alleged perpetrator terminates his/her employment.

The auditor also conducted an investigative file review of the three PREA investigations conducted at the TLP program in the past 12 months prior to the onsite audit. Each investigative file sufficiently demonstrated to the auditor how the agency ensures all allegations of sexual abuse and sexual harassment are referred to the proper authorities and investigated. Out of the three PREA related investigations conducted by the OJJ at the TLP program, none of the allegations involved a criminal investigation due to two of the allegations not meeting the PREA definition of sexual abuse (were alleged sexual harassment incidents) and the third being found to be unsubstantiated by the OJJ PREA investigator.

Conclusion:

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



115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.322</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Law Enforcement Receipt of Agency PREA Investigation Request - Three Investigative Files - TLP Resources for Reporting Abuse Outside of the Agency (Posting) - ETC Policy to Ensure Referrals of Allegations for Investigation (Posting) - OJJ Field Investigations Provision of Information to Facility/PREA Notification Form (3) <p>Interviews:</p> <ul style="list-style-type: none"> - Random Staff (Youth Care Workers- YCW) - Agency Head Designee (PC) - OJJ PREA Investigator <p>Site Review Observations:</p> <p>During the on-site facility inspection, the auditor observed several postings related to the agency's mandatory procedures for reporting sexual abuse and sexual harassment allegations and incidents to local law enforcement and the State of Louisiana Office of Juvenile Justice (OJJ), as well as the corresponding PREA related responsibilities of all agencies involved in a PREA investigation. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment.</p> <p>Explanation of determination:</p> <p>115.322 (a-c):</p> <p>The PC, who is also the designated Agency's Director, reported on the PAQ, and to the auditor during her interview onsite, that the TLP program does not conduct criminal or administrative investigations into an allegation or incident of sexual abuse. The PC advised the Calcasieu Parish Sheriff's Department (CPSD) or Lake Charles Police Department (LCPD) are responsible for conducting any criminal investigation at the TLP program, and the State of Louisiana Office of Juvenile Justice (OJJ) is responsible for the administrative investigation into any PREA related matter involving a TLP resident. Additionally, the auditor was provided the agency's PREA Policy, which designates in Section (II.) (B.) the same entities as documented above as responsible for conducting the associated criminal and administrative investigations. Allegations or incidents of sexual abuse of a TLP resident are also required, per the agency's PREA Policy, to be reported to the Louisiana Department of Children and Family Services.</p> <p>The PC provided the auditor with a pending MOU, which is still in need of a signature from the LCPD and/or CPSD (both agencies have jurisdiction to conduct criminal investigations at the TLP program). The PC advised the auditor she has reached out to the LCPD and CPSD multiple times to finalize the MOU; however, the two agencies have yet to provide a signed MOU. The auditor verified the MOU consists of all the PREA related criminal investigative responsibilities of standards 115.321 and 115.322, including: designating the law enforcement agency responsible for conducting the criminal investigation at the TLP program (either CPSD or LCPD), indicating, to the extent possible, that the law enforcement agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and is developmentally appropriate for youth, outlining the coordinated efforts to offer all residents who experience sexual abuse access to forensic medical examinations, and requiring both the ETC and the applicable law enforcement agency to make available to the victim a victim advocate from a rape crisis center. In addition, the MOU includes the law enforcement agency's criminal investigative responsibilities associated with PREA standards 115.353 and 115.371.</p> <p>The auditor interviewed eight Youth Care Workers, and all staff explained how the LCPD or CPSD and OJJ are contacted for any allegations related to sexual abuse. The staff interviewed were aware of the agencies responsible for conducting the</p>

criminal and administrative investigations, which are the LCPD and CPSD for criminal investigations and the OJJ for administrative investigations.

The auditor interviewed the agency's PC, and she explained how since the agency has not received a signed copy of the MOU with either CPSD or LCPD, if an incident or allegation involving sexual abuse were to occur, the agency would provide the investigating law enforcement agency a standardized document that outlines the requirements of this PREA standard (specifically provisions (a) through (e) of standard 115.321). The PC elaborated further on how the agency is able to maintain an open line of communication with both the law enforcement investigators and the OJJ administrative investigator/s and provided names of investigators who she has worked with in the past.

The auditor interviewed a State of Louisiana Office of Juvenile Justice (OJJ) PREA investigator while on-site, which the PC of the TLP agency scheduled at the auditor's request. The OJJ investigator sufficiently answered all the auditor's questions associated with the PREA Investigative Staff Protocols, and the investigator confirmed how the OJJ agency is responsible for conducting the administrative investigations for the TLP program. The investigator explained how the entire administrative investigation is conducted, from the time a new report is accepted by the OJJ to the conclusion of submitting the administrative investigation report to the agency. The investigator was knowledgeable of the criteria required to substantiate an allegation of sexual abuse, how to properly conduct interviews, the importance of communicating with the TLP program and the law enforcement agency who may be conducting the criminal investigation, the process of accessing the state's PREA database, and the importance of completing the investigation regardless if the alleged victim is released or the alleged perpetrator terminates his/her employment.

The auditor also conducted an investigative file review of the three PREA investigations conducted at the TLP program in the past 12 months prior to the onsite audit. Each investigative file sufficiently demonstrated to the auditor how the agency ensures all allegations of sexual abuse and sexual harassment are referred to the proper authorities. Out of the three PREA related investigations conducted by the OJJ at the TLP program, none of the allegations involved a criminal investigation due to two of the allegations not meeting the PREA definition of sexual abuse (were alleged sexual harassment incidents) and the third being found to be unsubstantiated by the OJJ PREA investigator. In addition, the auditor was provided the three corresponding OJJ Field Investigations Provision of Information to Facility/PREA Notification Forms. Each form included the information needed for the auditor to sufficiently determine each of the three PREA allegations from the TLP program were referred to the proper authorities for investigation and investigated promptly and thoroughly by the appropriate investigative agency.

Conclusion:

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

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.331</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Six Employee Training Files - List of all currently employed TLP staff - PREA Refresher Training Sign-in Sheet - Louisiana Child Welfare Training Academy Certificate of Completion - PREA Training Verification Forms - PREA First Responder Training Curriculum (19 slides) - Mandated Reporter Training Curriculum (online) - PREA Staff Misconduct Training Curriculum (21 slides) - Moss Group PREA Training Curriculum (28 slides for Unit 1) <p>Interviews:</p> <ul style="list-style-type: none"> - Random Staff (Youth Care Workers- YCW) - PC <p>Explanation of determination:</p> <p>115.331 (a-d):</p> <p>The auditor verified during the pre-on-site phase of the audit that the agency's PREA Policy includes all the staff PREA training requirements of this PREA standard. The auditor was provided the agency's PREA training curriculum, which includes four different training modules, and all four training modules are provided to all new employees and used during annual PREA refreshers. The training modules include the following titles and number of associated training slides: PREA First Responder (19 slides), Mandated Reporter Training (online with test), PREA Staff Misconduct (21 slides), and The PREA Overview of the Law and Your Responsibilities (Moss Group Unit 1 / 28 slides). The auditor reviewed each training module and determined the agency's PREA training program is sufficiently tailored to the unique needs and attributes of the residents in the TLP program, and the four combined training modules include, at a minimum, the eleven elements of provision (a) of this PREA standard.</p> <p>Additionally, the auditor randomly selected six staff training files to review for compliance of this PREA standard. It should be noted the PC advised the auditor before conducting the file review that most of the staff training documents were destroyed by Hurricane Laura in August of 2020. Hurricane Laura caused extensive damage to the city of Lake Charles and the TLP apartment complex was severely damaged. The entire program was forced to evacuate to a temporary location for several months after the hurricane. Due to most of the training files prior to August 2020 not available due to an exigent circumstance (hurricane), the auditor reviewed the available training documents selected and determined the agency has been providing the required PREA training to all staff since August of 2020. Each of the six files reviewed, including one new hire in 2021, included the required PREA training verification documents. It is important to note that the new employee hired in February of 2021, whose file was reviewed by the auditor, included the initial PREA training verification signed forms and two subsequent refresher training verification signed forms.</p> <p>The PC documented on the PAQ, and elaborated further while on-site, that the agency uses the PREA curriculum provided from The Louisiana Office of Juvenile Justice (OJJ), as well as information from the PREA Resource Center (PRC). There is also another section of training that is exclusively pertaining to mandated reporting requirements, which is trained annually. This is an online based training and successfully passing a test is required for the certification. New employees receive initial PREA training before working with residents, and refreshers are conducted at staff meetings throughout the year (most of the</p>	

time on a monthly basis). The agency also presents to staff PREA standards and standard interpretations and explanations found on the PRC website during monthly staff meetings, as a means of providing even more periodic PREA refresher training. If a monthly meeting is cancelled, the missed training is made up in the next meeting. The disruptions caused by Hurricane Laura altered the frequency of staff meetings and trainings, however, the PC reported to the auditor that the past several months have provided for more consistency with normal operations.

The auditor interviewed eight out of the nine YCWs who are currently employed by the agency (one staff was out of state on vacation during the onsite), and each staff member was able to sufficiently summarize the PREA training topics and material provided in their initial PREA training when they were hired and during refreshers conducted mostly every month during staff meetings. The staff interviewed adequately explained to the auditor how each of the eleven training elements of provision (a) of this standard were provided in past PREA trainings, and all staff elaborated on their own about different PREA topics they specifically recalled from the trainings. In addition, all staff interviewed recollected their last PREA refresher training, which all stated was provided within the past 60 days.

During the pre-onsite phase of the audit, the auditor was provided one of the agency's monthly PREA refresher training sign-in sheets, dated 6/24/2021. The sign-in sheet included the signatures of eight out of the nine YCWs, plus three administrative staff. The PREA topic covered was monitoring for safety and security. Upon review of the training verification form provided, the auditor determined the sign-in sheet itself is not in compliance with an element of provision (d) of this PREA standard. The sign-in sheet does not demonstrate how the agency ensures all employees *understand* the training received; it only demonstrates that twelve TLP staff attended a PREA training refresher on 6/24/2021. The auditor was also provided a Louisiana Child Welfare Training Certificate of Completion document for one staff member; however, this document also does not demonstrate how the agency ensured the staff understood the training provided.

The PC was made aware of this training verification issue before the on-site visit, and subsequently provided the auditor with supplementary training documents while the auditor was on-site related to the PREA training conducted on 6/24/2021. The PC provided eleven training verification forms for eleven out of the twelve staff who attended the training, and this training form includes the following sentence: "my signature on this form acknowledges that I received and *understand* the information presented." The auditor determined this training verification form is fully compliant with provision (d) of PREA standard 115.331; however, since the agency did not provide this form for any of the previous PREA trainings before 6/24/2021, the auditor determined the agency is not fully compliant with this standard and will need to provide more employee training verification documents going forth. Additionally, the PC advised the auditor the agency has revised their training verification form in order to add a section for staff to document at least one topic provided in the training that can be applied to their current role. The auditor determined the newly revised training verification form exceeds the minimum requirements of provision (d) of PREA standard 115.331 and advised the auditor to provide completed training verification documents, as applicable, throughout the corrective action period.

***During the corrective action phase, the auditor was provided the agency's PREA Training Verification forms for two employees hired during this time period in order to demonstrate compliance with the standard deficiencies assessed by the auditor.**

The PREA training acknowledgement forms provided were used in accordance with the corrective action plan detailed in this PREA report and no further action is required by the agency.

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.332</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA First Responder Training Curriculum (19 slides) - Mandated Reporter Training Curriculum (online) - PREA Staff Misconduct Training Curriculum (21 slides) - Moss Group PREA Training Curriculum (28 slides for Unit 1) <p>Interviews:</p> <ul style="list-style-type: none"> - PC <p>Explanation of determination:</p> <p>115.332 (a-c):</p> <p>The auditor verified during the pre-onsite phase of the audit that the agency's PREA Policy includes all the volunteer and contractor PREA training requirements of this PREA standard. However, the PC advised the auditor, and the auditor confirmed this while observing the program during the three days on-site, the TLP program does not utilize the services of any contractor or volunteer on-site at the apartment complex. The PC explained further how if a volunteer or contractor was allowed on-site, the agency would use the same PREA training curriculum with volunteers and contractors as they use with employees. As noted in this report in the previous standard's determination explanation section, the agency provides staff with four different PREA training modules. The auditor determined the four training modules sufficiently provide the level of PREA training required for all staff, which would exceed the minimum training requirements for any volunteer or contractor. Furthermore, the PC advised the recently revised training verification form would also be used for any contractor or volunteer who attends PREA training.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.333	Resident education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.333</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - TLP Admit PREA Form - Client Rights - PREA Brochure (English & Spanish) - Resident Handbook - PREA Orientation (21 slides of material) - Youth Confirmation of Receipt PREA form - Acknowledgement of Understanding and Receipt (Admit Form) - TLP Resident Resources for Reporting Abuse Outside of the Agency - Memo from PC (explaining limitation of admitting certain youth) - Eight Resident Files <p>Interviews:</p> <ul style="list-style-type: none"> - Intake Staff (2) - MHP (who conducts the comprehensive PREA education) - Residents (4) - PC <p>Site Review Observations:</p> <p>During the three days the auditor was on-site, the auditor confirmed the program did not have any current residents with disabilities (including, 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). This was verified through the auditor interviewing the four total residents in the program during the on-site. Additionally, the auditor took notice of several documents the agency had posted throughout their program, including one titled, "TLP Resident Resources for Reporting Abuse Outside of the Agency. This form includes instructions for how residents can report sexual abuse and sexual harassment to not only any TLP staff member but also to ten (10) outside agencies. This form was posted in a location that is continuously and readily visible to residents and the public in general.</p> <p>Explanation of determination:</p> <p>115.333 (a-f):</p> <p>The agency's PREA Policy, section (C.), includes the requirements of this PREA standard, as verified by the auditor. In addition, the auditor was provided several PREA forms utilized by the agency during the intake process to ensure all the applicable elements of this standard are complied with for every resident admitted into the TLP program.</p> <p>In order to demonstrate how the agency is compliant with provision (a) of this PREA standard, the auditor was supplied the agency's intake forms, including: PREA Brochure, Client Rights form, TLP Admit form, Acknowledgement of Understanding and Receipt form (Admit Form), and the Resident Handbook. The Admit Form details that the following information was reviewed with the resident, with the resident acknowledging receipt and understanding by signing and printing his name and documenting the date reviewed (staff reviewing the information also signs and dates this form).</p>	

Acknowledgement statement: I, resident's printed name, am aware of, understand, and have been given a written copy of:

- Zero Tolerance for Abuse Policy explaining that TLP has zero tolerance for sexual harassment, sexual abuse, and retaliation for reporting such incidents.
- How to report abuse of any kind to TLP and/or Outside Parties
- Definitions of Abuse/Neglect and Sexual Harassment/Sexual Abuse
- Client Rights
- Client Grievances
- Prohibited Practices
- TLP Rules
- PREA brochure
- The TLP Service Agreement
- The TLP Emergency Response Plan
- The TLP Youth Advisory Board information
- The current Safety Box Newsletter, and staff have assisted me in checking to see that any recalled items are discarded.

The intake documents are used together during the intake process in order to ensure residents are fully aware of the agency's zero tolerance policy regarding sexual abuse and sexual harassment, as well as to provide information on multiple methods residents can report incidents, suspicions, or knowledge of sexual abuse or sexual harassment. Upon review of the documents provided, the auditor determined the intake forms are compliant with the requirements of provision (a) of this PREA standard. However, as noted below, the agency was not able to fully demonstrate how the intake forms related to provision (a) of this standard are provided to each resident during the initial intake process.

The agency's method of providing the comprehensive PREA education, as required by provision (b), is for the PCM or the agency's mental health practitioner to provide the age appropriate PREA education within 10 days of intake. The auditor verified the PREA education includes a 21 slide Power Point PREA presentation regarding the following main topics:

- Resident's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.
- The agency's policies and procedures for responding to a PREA related incident.
- How to avoid risky situations related to sexual assault.
- How to safely report rape or sexual activity.
- How to obtain counseling services and/or medical assistance if victimized, and what the risk and potential consequences are for engaging in any type of sexual activity while in the program.

In order to assess if the agency is fully compliant with this PREA standard in practice, the auditor randomly selected eight resident files while on-site (including the four residents currently in the program and four residents who had been discharged prior to the on-site). Upon the auditor's review of the selected files, the auditor discovered a discrepancy for when the initial PREA information was provided to each resident. The resident files included the intake forms as described above; however, the forms were dated several days after the initial intake process began. The auditor determined the agency does not provide the required initial PREA information during the intake process for all referred juveniles (not compliant with provision (a) of this standard). The PC advised they will develop a corrective action plan to ensure the Admit Form and all the corresponding initial intake forms are completed during the initial intake process for all juveniles entering the TLP program.

The auditor also reviewed the eight resident files to assess for compliance in practice with provision (b) of this PREA standard; the required comprehensive PREA education provided within 10 days of intake. Upon review, the auditor was able to verify that each of the files reviewed included the Youth Confirmation of Receipt of PREA signed forms, which the agency uses to demonstrate how the comprehensive PREA education is provided to each resident within 10 days of admission into the TLP program. Each confirmation of receipt form was dated within 10 days of the resident's admission, with most dated the day after admission and the furthest out being 5 days after the resident's admission.

The PC indicated on the PAQ that the agency accepted ten residents into the TLP program in the twelve-month period prior to the onsite, and all ten residents received the required PREA information and the PREA comprehensive education within 10

days of intake.

The PC provided the auditor with a memo outlining the agency's limitations to accepting a resident into the program who cannot independently complete activities of daily living such as bathing, toileting, hygiene, lifting, eating, stair climbing, movement, chores, etc., or other activities that require a one-on-one staff situation. However, the PC also pointed out that the agency's limitations in serving youth who cannot complete program activities without assistance do not preclude the possibility that a youth who is hard of hearing could potentially be accepted for placement at TLP. She explained how a resident who is hard of hearing would be provided with 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 through the utilization of services provided by the Louisiana Department of Health (LDH). The PC advised the LDH offers the following services free of charge that would assist the resident in participating in the agency's efforts to prevent, detect, and respond to sexual abuse:

- Telecommunications Equipment Program;
- Telephone Relay Services; and
- Video Relay Services.

In addition, the PC provided the auditor with a two-page PREA related Spanish brochure which can be provided to a resident during the intake process who is limited English proficient. This brochure, titled: "There is no excuse for abuse or harassment," was published by the OJJ. It includes two hotline numbers residents can contact to report sexual abuse or sexual harassment, a definition of healthy boundaries, PREA related definitions for residents to know, a confidentiality of reporting statement, steps to take if there is a victim of sexual abuse or sexual harassment, zero-tolerance statement, and clarification of prohibited sexual acts (all sexual contact is not allowed). Lastly, the auditor was also provided the agency's interpreter agreement with LaFamilia Resource Center, which was signed by a representative from the interpreting company and the agency's director.

The auditor interviewed the agency's PC, and asked her questions related to the agency's responsibilities as it relates to ensuring residents with disabilities and limited English proficient are provided the requirements pursuant to this PREA standard. The PC discussed the interpreter contract the agency has with LaFamilia Resource Center, as well as the agency resident screening process as already discussed in this standard explanation. The PC advised the agency can contact LaFamilia Resources for assistance for any resident who is limited English proficient, and such services would be provided in a timely manner to ensure the resident is educated on the requirements of this PREA standard.

As noted above, in the site review observations section, the auditor described the agency's Resident Resources for Reporting Abuse Outside of the Agency form, which was posted in multiple locations throughout the apartment complex.

This form provides information for how residents can report to TLP staff and includes ten (10) outside agencies that are able to take any report related to sexual abuse or sexual harassment of a resident and forward to the proper authorities. In addition to this outside resource form, the auditor also observed several other PREA related forms posted throughout the program, including: PREA End the Silence Posters and documents outlining how residents can report, who are mandatory reporters, and the procedures related to how law enforcement and OJJ conduct investigations.

The auditor interviewed the four residents who were in the TLP program during the on-site, and each resident was able to express how the agency provided the required PREA information when they first arrived at the program and the comprehensive PREA education within 48 hours of arriving at the program. Each of the residents interviewed elaborated on specific PREA related information they remembered being provided, which included articulating what PREA stands for, the agency's zero tolerance policy, being able to report sexual abuse or sexual harassment to a staff member they trust or a third-party such as the hotline or a family member, receiving the PREA Brochure and Resident Handbook, the agency's grievance procedures, and signing acknowledgement forms. One resident verified how the MHP, who provided the PREA education, asked the resident if he had any questions to ensure he understood all the information being provided.

The auditor also interviewed two administrative staff who conduct intakes at the TLP program. Each intake officer explained the entire intake process, as it relates to the PREA initial information and the comprehensive PREA education. Both intake staff confirmed they review several intake documents that are included in the agency's intake packet. The intake packet includes the PREA Brochure, the Resident Handbook, Client Rights, Resources for Outside Reporting, the PREA Admit form, etc. The intake staff also advised how the PREA forms include a section for staff and residents to sign and date, which helps the agency to demonstrate the acknowledgement of receipt and understanding. One of the intake officers elaborated how she ensures each resident understands the information being presented by specifically asking the resident if he understands everything they covered and if he has any questions. She also explained how she adds different scenarios in order to break down ways residents can report sexual abuse and sexual harassment, ways to stay safe while in the program, and how to handle different situations that may arise. Both intake officers interviewed advised all residents who are accepted into the program receive the same intake process and the same intake documents are used, regardless if the resident is a transfer or returning to the program.

Lastly, the auditor interviewed the agency's MHP, who assists with conducting initial intakes and provides the comprehensive

PREA education to all residents who enter the program within 72 hours of intake. The MHP advised the auditor the initial intake process is conducted on the first day the resident arrives at the program and includes a review of the PREA Brochure and the other PREA related documents included in the agency's intake packet (as indicated in the previous paragraph, above). The MHP stated the resident and intake staff sign acknowledgement of receipts for each PREA document usually the very next day but for sure within 72 hours. She also explained how she reviews the comprehensive PREA education through the use of the agency's PREA Power Point presentation, which also requires both staff and resident to sign an acknowledgement form. The MHP described how she covers the PREA comprehensive education with each resident one-on-one to ensure all residents understand the information provided and to ensure confidentiality throughout the entire intake process.

***During the corrective action phase, the auditor was provided PREA related intake documents that were utilized during the intake process on two residents who entered the TLP program during this time period.**

The intake forms provided are used by the agency to ensure all residents entering the program have been explained and understand the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment, as well as additional information associated with the comprehensive PREA related educational requirements of provision (b). The documents included PREA information provided to each resident on the same day the residents were admitted into the program, as verified by the auditor.

The PREA informational documents provided as proof evidence for this standard are titled:

- TLP Abuse/Neglect and PREA Definitions
- Acknowledgement of Understanding and Receipt (Admit Form)
- Youth Confirmation of Receipt PREA

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.334	Specialized training: Investigations
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.334</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA Field Investigator Training Sign-in Sheet (OJJ Investigator Training) - OJJ 2020 Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> - OJJ PREA Investigator (State of Louisiana Investigator) <p>Explanation of determination:</p> <p>115.334 (a-c):</p> <p>The TLP does not conduct administrative or criminal investigations, as per the agency's PREA Policy; however, the agency does include the requirements of this PREA standard in their PREA Policy, section (D.).</p> <p>The State of Louisiana Office of Juvenile Justice (OJJ) conducts all administrative investigations involving sexual abuse and sexual harassment of a resident in the TLP program, and either the Lake Charles PD or Calcasieu Parish Sheriff's Department conducts the criminal investigations of any sexual abuse allegation or incident involving a TLP resident and/or staff. It should be noted, however, the OJJ investigators are certified peace officers and have the power to take individuals into custody and conduct criminal investigations if needed.</p> <p>The PC arranged for the auditor to interview one of the state's PREA investigators (OJJ investigators), who has conducted administrative investigations at the TLP program in the past. This investigator provided the auditor with important information related to the process of how administrative investigations are conducted at the program. During the interview with this state PREA investigator, the investigator sufficiently answered all the auditor's questions associated with the PREA Investigative Staff Protocols, and the investigator confirmed how the OJJ agency is responsible for conducting the administrative investigations for the TLP program. She provided information related to the specialized investigative training she has received, including the initial training she received when she first became an investigator, plus recurring training received annually. The investigator explained how the entire administrative investigation is conducted, from the time a new report is received by the OJJ to the conclusion of submitting the administrative investigation report to the agency. The investigator was knowledgeable of the criteria required to substantiate an allegation of sexual abuse, how to properly conduct interviews (including the proper use of the Garrity warning and compelled interviews), the importance of maintaining open communicating with the TLP program and the law enforcement agency who may be conducting the criminal investigation, the process of accessing the state's PREA database, and the importance of completing the investigation regardless if the alleged victim is released or the alleged perpetrator terminates his/her employment. The investigator shared how she submits the final report to the state's PREA Coordinator (her direct supervisor), who then reviews the entire investigation before the final investigation report is submitted to the investigated agency.</p> <p>The auditor was provided the OJJ 2020 Annual PREA Report, which includes a summary of the report on page 19. This summary identifies the corrective action the OJJ implemented to improve PREA compliance related issues, which included the following: Training held for new PREA Field Investigators to replenish the pool of those trained to assist residential facilities in the investigating of sexual abuse and sexual harassment allegations. In addition, the auditor was also provided a training sign-in sheet from OJJ, which sufficiently demonstrated to the auditor the PREA related sexual abuse and sexual harassment PREA investigator training the OJJ field trainers received. The training was conducted in February of 2021 and included ten OJJ Field Investigators in attendance.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>	

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>115.335</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Staff Confirmation of Receipt PREA - State of Louisiana Professional Counselor License (expires in 2023) <p>Interviews:</p> <ul style="list-style-type: none"> - The one employed MHP <p>Site Review Observations:</p> <p>During the on-site, the auditor did not observe any medical or mental health staff on the premises of the program, except for the one employed, full-time MHP who was interviewed by the auditor.</p> <p>Explanation of determination:</p> <p>115.335 (a-d):</p> <p>The auditor verified that the agency's PREA Policy, section (E.), included the requirements of this PREA standard, expressing, "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:</p> <ol style="list-style-type: none"> (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. <p>Furthermore, the PC informed the auditor how the agency does not contract or employ any medical staff who have contact with residents on-site, at the TLP apartment complex. The PC explained if a resident is in need of medical care or treatment, the resident will be transported off-site to a medical facility. Furthermore, if a forensic medical examination is needed, the resident will be transported to Lake Charles Memorial Hospital, to the SANE/SAFE Program.</p> <p>The PC confirmed the agency does employ one mental health practitioner, who does work full time at the TLP program; however, no other mental health providers have contact with residents on-site. The PC provided the auditor with the one MHP's PREA Training Verification form and her State of Louisiana Professional Counselor License, which is active and set to expire on 10/31/2023. Additionally, to ensure the one MHP has been properly trained on her PREA related responsibilities as it pertains to the requirements of this PREA standard, the auditor interviewed the MHP during the on-site phase of the audit. The MHP clearly articulated the PREA training she has received, and the auditor determined the MHP has been sufficiently training in her PREA related responsibilities pursuant to the PREA standard 115.335 requirements. The MHP explained she receives annually training on: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.</p>
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115.341

Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.341

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Sexual Violence Assessment Tool for Juvenile Males (SVAT)
- ETC PREA Intake Screening
- TLP Housing and Programming Decision Form
- ETC PREA Quarterly Risk Assessment
- Eight Randomly Selected Resident Files

Interviews:

- PC
- Staff who Conduct Risk Screenings
- Residents (total of 4 in the program)
- PCM

Explanation of determination:

115.341 (a-e):

The auditor verified during the pre-onsite phase of the audit that the agency's PREA Policy includes all the provisions of this PREA standard. The auditor was also provided the agency's screening tool, the Sexual Violence Assessment Tool (SVAT), that is used to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The SVAT is conducted within 72 hours of a resident's arrival at the program, as verified by the auditor through the resident file review (as discussed in more detail below). The auditor analyzed the SVAT to ensure the tool included the eleven elements of provision (c), and upon review the auditor determined the SVAT was missing five of the elements: #5, #7, #8, #9, and #11. The PC was advised of this discrepancy, and the PC and auditor worked collaboratively to create a new objective screening tool to supplement the SVAT. The new screening tool the agency is using going forth is the "ETC PREA Intake Screening." The auditor verified the new screening tool is fully compliant with the requirements of provisions (a), (b), and (c) (1-11), as well as compliant with PREA standard 115.342 (a). The PC was advised to provide completed ETC PREA Intake Screening forms during the corrective action period.

As far as the requirement for the agency to conduct a periodic reassessment throughout each resident's confinement (element of provision (a)), the PC advised the auditor it was the agency's policy to conduct the periodic reassessments annually, with the SVAT. Since the policy requirement was to conduct the reassessments annually, there has not been a resident who has been in the program for an entire year since implementation of this practice, as per the PC. Therefore, no periodic reassessments have ever been conducted on any resident in the TLP program since PREA was implemented. The auditor determined the policy of conducting the periodic reassessments annually is not in compliance with provision (a). Subsequently, the PC advised the agency will revise the policy and practice to conduct the reassessments quarterly, as well as continue the SVAT reassessments annually. The auditor determined this is a compliant practice and advised the PC to provide completed reassessments during the corrective action period. Furthermore, the agency's original plan was to use the SVAT to conduct the periodic reassessments annually, which was determined by the auditor to not be in compliance with provision (c) due to missing 5 elements of this provision. The PC and auditor worked together to create a new quarterly risk screening tool (ETC PREA Quarterly Risk Assessment), which the auditor determined is fully compliant with the applicable requirements of this PREA standard for the periodic reassessments.

The auditor confirmed that both newly created forms, ETC PREA Intake Screening and ETC PREA Quarterly Risk Assessment, allow the screening staff to ask the necessary questions and remain objective throughout the process. The screening tools provide examples of exactly what the screening staff should ask; therefore, reducing subjectivity and the risk

of miss communication. The PC advised the auditor of the agency's new procedures related to the new Intake Screening process, which includes the following steps:

- When a resident is admitted into the program, the PREA Intake Screening form is conducted during the initial intake process by an intake staff member who is processing the new intake. This is completed the same day the resident is admitted into the program.
- The Intake Screening form requires the intake staff to contact an administrator to review the form and obtain approval for a bed assignment (two tasks- screens for residents who may be at risk of sexual victimization and abusiveness, as well as provides information for the bed assignment).

During the onsite, the auditor randomly selected eight resident files to assess if the agency was compliant in practice with the requirements of this PREA standard. As noted above, the auditor determined the agency's original screening tool (SVAT) was not compliant with all the requirements of provision (c), as well as the fact the agency has never conducted a periodic risk reassessment. Upon the review of the resident files selected, the auditor determined the agency conducted the SVAT on every resident selected, and each assessment but one was conducted within 72 hours of the resident's admission into the program. The one SVAT that was not conducted within the 72-hour mark, was conducted on the 5th day after the child was admitted into the program.

The auditor interviewed the four residents who were in the program during the on-site, and all four residents recalled the MHP asking them questions within a couple days of being admitted into the program related to the elements of provision (c) of this PREA standard. The four residents explained how the questions were asked in a private room, out of sight and sound of all other residents and staff. Each resident also confirmed no one from the agency has ever conducted a periodic reassessment on them, but they did explain how the MHP checks in and talks to each resident at least weekly to ensure they are ok and doing well.

The auditor interviewed the agency's MHP, who has been conducting the SVAT on all residents who enter the program. The MHP explained how she is required to conduct the SVAT within 72 hours of a resident's admission into the program, and she clearly articulated the questions asked from the SVAT and the type of information ascertained from the residents. The MHP was aware of the new risk screening form the agency is using going forth, and she stated how this form will be used in conjunction with the SVAT to ensure the screening process is as thorough and effective as possible. The MHP was also familiar with the agency's previous requirement to conduct periodic risk reassessments on residents annually, and she discussed the new procedure of conducting the reassessments quarterly with the newly created form. She elaborated on how the agency initially ascertains information from residents through using formal intake forms, as well as through conversations she has with the residents throughout the first 72 hours of a resident's stay. The MHP indicated all available information, such as medical and mental health assessments, court records, case files, behavioral records, and any other applicable information, are all used to help with the risk assessment and room assignment processes.

The auditor also interviewed the agency's PC, and one of the agency's PCMs, in order to assess the agency's protocols for implementing appropriate controls on the dissemination of resident responses to questions pursuant to this PREA standard. Both administrators advised all the confidential files and documents are secured in a locked office, in a locked storage room/cabinet. Further, the auditor was able to verify during the on-site how the agency stores confidential files, which confirmed the PC and PCM's responses above. The PC and PCM interviewed expressed how ensuring confidentiality is a priority when talking and documenting responses from residents and how confidentiality is a PREA training topic covered with all staff.

***During the corrective action phase, the auditor was provided PREA related intake documents that were utilized during the intake process on two residents who entered the TLP program during this time period, as well as quarterly reassessments for resident already in the program.**

In order to comply with the requirements of PREA standard 115.341, the agency utilizes a two-part system of conducting assessments to obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The first screening form used by the agency is their PREA Intake Screening form, which is fully compliant with all elements of PREA standard 115.341, as confirmed by the auditor. The second screening conducted during the intake process is the Sexual Violence Assessment Tool (SVAT), which objectively quantifies the likelihood of a resident being a victim or perpetrator of sexual abuse while in the program.

The PC provided the auditor with both screening forms for the two residents who were admitted into the program during the corrective action period, and each document was confirmed by the auditor to comply with all the requirements of PREA standard 115.341.

In addition, the auditor was provided two PREA Quarterly Risk Assessment forms conducted on two residents in the TLP program during the corrective action period. Each form fully demonstrated to the auditor that the periodic reassessments were conducted, as required by subsection (a), to reduce the risk of sexual abuse by or upon a resident in the program.

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.342

Placement of residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.342

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- TLP Housing & Programming Decision form

Interviews:

- PREA Compliance Manager (PCM)
- Staff who Conduct Risk Screenings
- PREA Coordinator (PC)
- Superintendent Designee (PC)
- Mental Health Practitioner (MHP)

Site Review Observations:

During the on-site phase of the audit, the auditor interviewed the entire resident population, total of four male residents, and each resident did not identify as gay, bisexual, transgender, or intersex (TLP program only accepts male residents). Further, during the three days the auditor was on-site, he never observed any type of secure isolation room in the apartment complex. The only rooms residents utilize are apartment rooms, in which all residents are able to enter and exit the apartments with unimpeded access.

Explanation of determination:

115.342 (a-i):

The auditor reviewed the agency's PREA policy and verified that section IV. (B.) included the requirements of this PREA standard. According to the facility's responses in the PAQ, the program does not have an isolation or time out holding area, which was also verified by the auditor when on-site. The policy reflects the facility's ability to separate residents in order to achieve safety and only as a last resort, which includes moving a resident from a double occupied apartment to his own individual apartment. If separation is needed in a two resident apartment due to a PREA related concern, one youth would be assigned to another apartment either by himself (without a roommate) or with another resident. Furthermore, if a resident requires continuous separation from others due to being a safety and security risk or threat, this resident would be discharged from the program.

The auditor was provided the agency's newly developed TLP Housing and Programming Decision form, and upon review the auditor determined this form is in compliance with the requirement of provision (a) of this PREA standard. The TLP Housing and Programming form is completed during the intake process and includes taking into consideration the information ascertained from the entire intake process to make housing, bed, work, education, and programming assignments with the goal of keeping separate those youth at high risk of being sexually victimized from those at high risk of being sexually abused. Even though the agency currently has a form and practice in policy that is compliant with the requirements of provision (a) of this standard, the auditor determined the agency is not compliant with this provision due to the new practice and form not being fully implemented before the on-site. The PC was asked to provide completed TLP Housing and Programming Decision forms during the corrective action period in order to gain compliance with this standard.

The PC (who is also the agency's designated superintendent) advised the auditor the TLP program currently does not have a resident who identifies as gay, bisexual, transgender, or intersex. The auditor verified this while onsite by directly asking each resident in the program if he identifies as gay, bisexual, transgender, or intersex, in which all residents stated they were not. The also PC discussed with the auditor about their admission requirements, which allows the agency to be selective with who they accept into the program. The PC explained how the only transgender juvenile the program would except, which has not occurred as of yet, would be a transgender male juvenile. If a transgender male was accepted into the program, the PC advised all the applicable PREA requirements would be adhered to in order to ensure the child's safety at all times, including: assessing the juvenile's placement and programming assignments frequently (at least quarterly), allowing the

resident to present his own views with respect to his own safety and taking this into serious consideration, and allowing for the resident to shower alone. All residents, regardless of their identification status, are able to shower privately and alone in their apartment, as verified by the auditor during the on-site inspection. The PC indicated if a transgender male was accepted into the program, this resident would be provided his own apartment to ensure maximum safety. The PC also explained how the agency does not have an isolation or time out holding area. The agency has the ability to move residents into the safest living situation possible; either with an approved roommate or in a single occupied apartment (without a roommate). Furthermore, if a resident requires continuous separation from others due to being a safety and security risk or threat, this resident would be discharged from the program.

The auditor interviewed one of the agency's PCMs, and she explained the agency's intake process and how the agency uses the information from the agency's two risk screenings to keep residents safe and free from sexual abuse and sexual harassment. She was able to clearly articulate how the screenings help to determine the risk level of each resident entering the program, and how this information is used to make housing, bed, education, work, and programming assignments. The PCM was aware of the agency's new form, the TLP Housing & Programming Decision form, but she advised she has not yet had the opportunity to utilize the form in practice. The PCM informed the auditor how if a risk screening indicated a juvenile is at risk of being a victim or perpetrator of sexual abuse, this resident's housing determination would be thoroughly reviewed and most likely result in a single apartment housing assignment (no roommate), as well as implementing other monitoring protocols (i.e., advising staff to supervise the residents in the program more closely to prevent the likelihood of a resident being abuse or harassed). The auditor asked the PCM how the agency would handle a resident who identifies as transgender or intersex, and she explained how the agency would take the resident's own perception of safety serious consideration and allow the resident to be housed in his own apartment. The PCM also confirmed the quarterly reassessments to review for any threats, or potential threats, to safety experienced by the resident.

The auditor also interviewed a staff who conducts the agency's risk screenings on residents (agency's fulltime MHP), and she explained how the SVAT score, previous offenses, and the newly created TLP Housing & Programming Decision form are all used to determine the safest room assignment for each resident who enters the program. The MHP described how a known perpetrator of sexual abuse would be assigned his own apartment, and the apartment assigned would be close to the staff office to ensure maximum safety is maintained at all times. The MHP also revealed to the auditor how if a resident who identifies as transgender or intersex would be able to express his own safety concerns and these concerns would be given serious consideration by the agency. Lastly, the MHP verified the agency's practice of providing a follow-up meeting with all residents whose screening indicates the resident has experienced prior sexual victimization or abusiveness, which is completed by the MHP within seven days of the resident's admission into the program. She explained how the intake staff who conducts the ETC PREA Intake Screening for Interim Bed Assignment, submits the form to the MHP, and she then conducts the SVAT and TLP Housing & Programming Decision form. Lastly, the MHP advised how the agency does not have an isolation or time out holding area; however, all residents, regardless of their housing assignment or status in the program, are provided at least weekly mental health care (i.e., face-to-face checks-ins and regularly scheduled individual and group counseling sessions). In addition, if a resident is in need or requesting medical care, the resident would be transported offsite as soon as possible and provided the medical care or treatment needed.

***During the corrective action phase, the auditor was provided PREA related intake documents that were utilized during the intake process on two residents who entered the TLP program during this time period.**

In order to comply with the requirements of PREA standard 115.342, the agency utilizes the information obtained from the PREA Intake Screening and SVAT to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The agency uses this information to guide their intake officers in completing the TLP Housing and Programming Decision form. This form demonstrates how the agency ensures all residents are assigned to the safest situation possible while in the TLP program.

The auditor was provided the TLP Housing and Programming Decision forms for the two residents admitted into the program during the corrective action phase of the audit, which sufficiently demonstrated to the auditor the agency's full compliance with the requirements of PREA standard 115.342.

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.351	Resident reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.351</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - TLP Resident Resources for Reporting Abuse Outside of the Agency (10 total resources listed) - OJJ PREA Related form: "There is NO excuse for Abuse" - Resident Handbook - ETC Residential Program Unusual Occurrence Report - ETC Grievance Form <p>Interviews:</p> <ul style="list-style-type: none"> - Eight out of the nine Youth Care Workers employed by the agency (YCW) - All four residents in the program - PREA Compliance Manager (PCM) - State of Louisiana Office of Juvenile Justice (OJJ) PREA Investigator <p>Site Review Observations:</p> <p>During the on-site, the auditor observed the agency's secure grievance box located in the program's main office. This box has an open slot for paper to be easily inserted and a pad lock to ensure unauthorized access. Per the PC, only approved administrators had a key to the box, which was checked daily. Additionally, the auditor was provided the agency's grievance form during the on-site, which was readily available to any resident. The auditor observed several postings related to the agency's mandatory procedures for reporting sexual abuse and sexual harassment allegations and incidents to local law enforcement and the State of Louisiana Office of Juvenile Justice (OJJ), as well as the TLP Resources for Reporting Abuse Outside of the Agency. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment. The auditor also observed in the main office a computer that residents are able to use to check emails and access the internet. One website in particular that residents can navigate to is the State of Louisiana Office of Juvenile Justice (https://ojj.la.gov/reporting-a-prea-incident/), which includes a page describing how anyone can report sexual abuse or sexual harassment to the state's investigative support hotline (1-800-626-1430).</p> <p>Explanation of determination:</p> <p>115.351 (a-e):</p> <p>The auditor reviewed the agency's PREA policy and was able to verify the agency includes all the requirements of this PREA standard in section V. (A.) of this policy. The agency's PREA policy outlines the steps the agency is required to take when a report of sexual abuse, sexual harassment, retaliation, or staff neglect are reported by a third party, which are the same procedures as for any allegation of a PREA related incident; to contact the investigative authorities- local law enforcement and OJJ. This Policy also indicates staff are required to accept reports regardless of the method received, including verbally, in writing, anonymously, and from third parties. TLP staff are also required to promptly document all PREA related reports on a Unusual Occurrence form.</p> <p>Additionally, the auditor was provided the agency's Resident Handbook, which includes language on multiple internal ways residents can report sexual abuse, sexual harassment, retaliation, and staff neglect. The handbook includes steps residents can take to contact multiple outside public and private entities to report a PREA related incident. Residents are educated on the Resident Handbook during the intake process and are able to keep their handbook in their apartment.</p> <p>The auditor was provided the agency's TLP Resident Resources for Reporting Abuse Outside of the Agency form, which includes ten (10) outside agencies any resident or third party can contact to report incidents or allegations of sexual abuse, sexual harassment, retaliation, or staff neglect. The auditor also verified the outside reporting form is posted throughout the</p>	

program, in a public area in which anyone can easily view. The auditor conducted a test call for two of the numbers associated with the reporting agencies listed on the form. The auditor was able to successfully verify that both the numbers called are working numbers, and the agencies receiving the calls are able to receive any PREA related allegation and report to the proper authorities. The auditor also observed an OJJ PREA related form posted in the staff office and community apartment. This form is titled, "There is NO excuse for Abuse." The form includes ways residents, staff, and any other individual can report sexual abuse or sexual harassment directly to one of two OJJ hotline numbers- OJJ Family and Community Liaison and Investigative Services Hotline.

The auditor interviewed an OJJ PREA investigator while on-site, and the investigator explained how all reports and allegations related to PREA, regardless of the source, are fully investigated and reported to TLP leadership upon notification. The investigator advised residents in the TLP program are able to contact OJJ to report anything they wish to report, including sexual abuse, sexual harassment, retaliation, and staff neglect. The easiest method for residents to report to OJJ, per the investigator, is for residents to contact the hotline, which is free to call and available 24-7. She also confirmed residents are able to remain anonymous upon request, and the report would still be fully investigated.

The agency interviewed the agency's PC and one of the agency's PCMs, and both administrators were able to provide the auditor with information regarding multiple ways residents can report internally to any staff member and also how to report to an outside agency. The multiple internal ways explained were: reporting directly to a staff member, a counselor or medical provider, a teacher or co-worker, to the police, or to their parent or guardian. It was also discussed how residents can write down a report on a grievance or a sheet of paper, how residents have access to ETC grievance forms, and how residents are allowed writing supplies as part of their personal possessions. The PC and PCM explained how residents and staff can report to a third-party entity such as OJJ or Oasis by calling or emailing. The two administrators also explained how the agency handles reports made by a third party, which was described as adhering to the same procedures as for any other report.

The PC advised the auditor the agency does not serve residents who have been detained solely for civil immigration purposes. She also clarified how all staff have access to the 24 hour on-call administrator to make reports of any kind. In addition, all staff have access to contact the Executive Director, PREA Coordinator, or the TLP Director, even if someone else is on call. This information is discussed in new employee orientation and annual refresher training.

The PC also indicated the agency had three PREA related reports in the past twelve months prior to the on-site, with one of the three made verbally and the other two made through a third party. The auditor was provided the ETC Residential Program Unusual Occurrence Reports and the investigative files for each of the three PREA reports. Upon review of the documents provided, the auditor was able to determine the agency successfully demonstrated how residents are able to report verbally to staff and how third-party reporting is available. For the verbal report, staff reported the allegation to his/her supervisor and the incident was promptly documented. For the two third-party reports, OJJ was directly notified and promptly investigated each allegation (as detailed in this report under the standard explanations for 115.321 and 115.322).

The auditor interviewed all the residents currently in the TLP program (total of four) to help determine if residents know the multiple methods to report sexual abuse and sexual harassment, as well as have access to the tools necessary to make a written report. Each of the four residents were able to provide the auditor with at least one way to report verbally, one way to report in writing, one way to report anonymously, and one way to report to a third-party. The residents were aware of the OJJ hotline; however, none of the residents advised they have ever reported a PREA related incident or allegation, or been in a situation in which they needed to report such an incident or allegation. The residents explained they are able to have pens and papers in their apartments, and they were all knowledgeable of the grievance process. Each resident indicated they have never experienced any type of sexual abuse, sexual harassment, retaliation, or staff neglect while at the TLP program.

The auditor also interviewed eight of the nine Youth Care Workers (YCW) who are employed by the agency (the one YCW not interviewed was on vacation during the on-site). Each of the staff interviewed were knowledgeable in multiple ways residents and staff can report privately, and each staff explained how residents can report verbally, in writing, anonymously, and through third-parties. Examples provided included: tell a staff member, counselor, or family member; write down the report on a grievance or piece of paper (can be slid under the supervisor's door or placed in grievance box); write a grievance or call the OJJ hotline and not include the resident's name if wanting to remain anonymous; and contact OJJ or the police. All staff interviewed advised the auditor they are required to document any PREA related verbal report immediately on a Unusual Occurrence form and immediately notify their immediate supervisor.

Conclusion:

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.352</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - TLP Client Grievance Procedure form <p>Interviews:</p> <ul style="list-style-type: none"> - PC - Residents <p>Explanation of determination:</p> <p>115.352 (a-g):</p> <p>The auditor reviewed the agency's PREA policy and confirmed the policy, in section V. (B.), includes all the requirements of this PREA standard. The agency's policy outlines the agency's administrative procedures for processing a resident grievance, including an emergency grievance. According to the agency's responses in the PAQ, the agency has not received a PREA related allegation in the form of a grievance in the past twelve months prior to the onsite or since implementing their PREA policy. This fact was also verified by the PC during the on-site.</p> <p>The auditor interviewed all the residents in the TLP program, total of four residents, to assess if the a resident has ever reported an allegation of sexual abuse via the agency's grievance process. Each resident was aware of the grievance process; however, none of the residents advised they have ever reported a PREA related incident or allegation. The residents explained they are able to have pens and papers in their apartments and knew they could either submit the grievance in the grievance box or slide it under the supervisor's door. Each resident indicated they have never experienced any type of sexual abuse, sexual harassment, retaliation, or staff neglect while at the TLP program.</p> <p>The auditor was provided the agency's Client Grievance Procedure document, which is provided to each resident during the intake process (as a part of the intake packet). The form includes how residents can report via the grievance process and how the agency responds. In addition, the form includes a section for the resident, parent/legal guardian, and staff reviewing to sign and date- confirming the grievance process was explained and the document was provided to each resident.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.353

Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.353

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Agreement Between Oasis a Safe Haven for Survivors of Domestic & Sexual Abuse and ETC
- Agreement Between ETC, Inc & Southwest Louisiana (SWLA) SANE/SART Program
- TLP Resident Resources for Reporting Abuse Outside of the Agency (10 total resources listed)
- Resident Handbook

Interviews:

- Residents
- Superintendent (PC)
- PREA Compliance Manager (PCM)

Site Review Observations:

The auditor observed during the on-site the agency's TLP Resources for Reporting Abuse Outside of the Agency form. This form includes ten (10) agencies residents and staff can report sexual harassment or sexual abuse to, with each agency's phone number and/or address included on the form. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment.

Explanation of determination:

115.353 (a-d):

The auditor was provided the agency's PREA policy, in which the auditor verified section V. (C.) includes the requirements of this PREA standard. In addition, the auditor was provided the agency's posted outside reporting informational document.

The document includes ten (10) outside agencies residents, or anyone from the public, can contact to report sexual abuse, sexual harassment, retaliation, or staff neglect. Out of the ten agencies listed, several are capable of providing victim advocacy emotional support services related to sexual abuse, including: Oasis a Safe Haven and the Louisiana Foundation against Sexual Assault's Statewide Crisis Hotline. The auditor conducted successful test calls for two of the numbers listed on the outside reporting document (including the Oasis agency). The calls allowed the auditor to verify that both numbers called are working numbers, and the agencies receiving the calls are agencies capable of receiving any PREA related allegation and report to the proper authorities. In addition, the Oasis agency is able to provide victim advocacy services to any juvenile who is a survivor of sexual abuse.

The auditor was provided the MOU between Oasis a Safe Haven for Survivors of Domestic and Sexual Violence and ETC, which outlines how the two agencies are able to provide residents with confidential emotional support services related to sexual abuse, including a victim advocate who can remain with the victim throughout the investigation process. The MOU requires the Oasis agency to provide coordination with the Sexual Assault Response Team (SART) for youth victims and provide in-service training for ETC staff on issues related to domestic violence, human trafficking, sexual assault, and advocacy opportunities.

In addition, the auditor also reviewed the agency's MOU with the Southwest Louisiana (SWLA) SANE/SART Program. One of the stated purposes of the MOU is to ensure compliance with the PREA Juvenile Standard regarding sexual abuse exams is maintained, including ensuring the ETC will provide a prompt response to allegations of sexual abuse. Furthermore, the MOU states the ETC and SWLA shall collaborate with both agency's SARTs regarding the coordination of services available to victims of sexual abuse while they are living in the residential programs operated by ETC. The MOU also includes the following agreements related to this PREA standard:

- ETC and SWLA SANE/SART Program shall coordinate to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available, ETC shall provide these services from a qualified staff member from a

community-based organization or a qualified agency staff member. ETC shall document efforts to secure services from rape crisis centers.

- 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.

- 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.

- ETC and SWLA SANE/SART Program will coordinate responsibility for notifying the Oasis Rape Crisis Center to have a rape crisis advocate accompany the victim during the investigative process.

The auditor was provided the agency's Resident Handbook, which includes information related to how residents can utilize a cellphone or office phone to privately and confidentially contact a victim advocate for emotional support services related to sexual abuse. The Resident Handbook also outlines how residents are provided reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The auditor interviewed all the residents currently in the TLP program at the time of the onsite (four residents), and each resident was aware of the outside reporting form and the process for contacting their attorney, parent, or legal guardian.

Each resident explained they are able to contact their attorney at any time, but it is up to their attorney to answer and call them back. The residents did not express any issues with making contact with anyone outside of the agency, including their attorney and parent/legal guardian. The residents also indicated they are able to contact their attorney in a private room, in which no other staff member or resident is able to hear the conversation. The residents advised the auditor they received a Resident Handbook during the intake process and understood that a victim advocate or qualified counselor would be made available for a victim of sexual abuse.

The auditor also interviewed the agency's designated superintendent (who is also the agency's PC) and one of the agency's PCMs, and both administrators explained the agency's resident phone call procedures. The procedures include providing the residents with a private and confidential method (staff office or own apartment with cordless phone) for contacting a victim advocate or counselor who can provide emotional support services and their legal representative. The PC and PCM also described how residents are provided reasonable access to their parents or legal guardians by allowing residents the capability of using the office portable phone or the privilege of a youth earning their own cellphone. Furthermore, the PC pointed out how each resident is able to leave the program for work or approved appointments with medical or mental health practitioners; therefore, providing each resident another method of contacting outside victim advocates, their attorneys, and their parents or legal guardians. The PC advised the facility does not serve residents detained solely for civil immigration purposes.

Conclusion:

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

115.354	Third-party reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.354</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - ETC Policy to Ensure Referrals of Allegations for Investigation (Posting) - TLP Resources for Reporting Abuse Outside of the Agency <p>Interviews:</p> <ul style="list-style-type: none"> - PC <p>Site Review Observations:</p> <p>During the onsite audit, the auditor observed the agency's TLP Resources for Reporting Abuse Outside of the Agency and the ETC Policy to Ensure Referrals of Allegations for Investigation postings. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment.</p> <p>Explanation of determination:</p> <p>115.354 (a):</p> <p>Upon the auditor reviewing the agency's PREA policy, the auditor determined section V. (D.) includes the requirements of this PREA standard. The Policy outlines how the ETC encourages anyone who knows of sexual abuse or sexual harassment incidents to report it either verbally or in writing to the PREA Coordinator and explains how written reports may be submitted through locked suggestion boxes, the postal service, or presented in person to the PREA Coordinator. Additionally, as noted above, the auditor observed postings at the TLC apartment complex that explain how a third-party individual can report sexual abuse or sexual harassment on behalf of a resident, as well as the methods involved with how TLC receives such a report.</p> <p>The PC advised the auditor how the agency is willing and able to receive third party reports in any way the reporter finds comfortable, including phone, in person, by mail or email. The PC also expressed how the agency is also willing to receive anonymous reports.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>	

115.361	Staff and agency reporting duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.361</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Louisiana Child Welfare Training Academy Certificate of Completion (Mandated Reporter Training) - Unusual Occurrence forms - Investigative Report <p>Interviews:</p> <ul style="list-style-type: none"> - Youth Care Workers - Mental Health Practitioner (MHP) - PREA Compliance Manager (PCM) - Designated Superintendent (also, agency's PC) <p>Explanation of determination:</p> <p>115.361 (a-f):</p> <p>The auditor was provided the agency's PREA policy and upon review, was able to verify the agency includes all the requirements of this PREA standard in section VI. (A.). The agency's policy outlines the requirement for all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation, or staff neglect that occurred in the program to the PCM or on call administrator and write up an Unusual Occurrence Report, as well as contact OJJ. For any allegations or incidents of sexual abuse, staff are required to contact local law enforcement directly. Staff are also prohibited from disclosing any information concerning sexual abuse, sexual assault, sexual harassment, or sexual misconduct of a resident, including the names of the alleged victims or perpetrators, except to report the information as required by the agency's PREA policy, the law, or to discuss such information as a necessary element of performing their required job duties. Per the agency's PREA policy, notifications of allegations will be made to the resident's parents/guardians, attorney or other legal representative, and the juvenile's court of jurisdiction.</p> <p>The auditor was also provided eleven training certificates, which sufficiently demonstrated how the agency ensures staff are trained on their responsibilities as mandatory reporters by the state of Louisiana. The training was conducted in April and May of 2021 by the Louisiana Child Welfare Training Academy, with the instructor listed as the Department of Children & Family Services for the state of Louisiana. The training was approved for 1.5 hours by the Louisiana Child Welfare Training Academy and the State Board of Social Work Examiners.</p> <p>According to the information provided in the PAQ, all staff receive mandatory reporting training annually through the state of Louisiana's Department of Children & Family Services, as verified by the auditor upon reviewing the certification documents indicated above. The PC also provided the auditor with investigative documents, which demonstrate how two allegations of sexual harassment and one allegation of sexual abuse were referred to OJJ for administrative investigations to be conducted. She explained how the one sexual abuse allegation was reported to local law enforcement, but the law enforcement agency who accepted the report did not conduct a criminal investigation due to not having enough information to proceed. The OJJ completed the investigation and determined the allegation to be unsubstantiated due to the lack of information provided, due to the third-party reporter recanting the allegation, and the fact the alleged victim completely refuted the allegation. The investigative documents also demonstrated to the auditor how the agency ensured the alleged victims parents/guardians were notified of the allegations by the department and/or administrative investigator.</p> <p>The auditor interviewed eight of the nine employed Youth Care Workers (YCW) during the on-site, and each YCW indicated they are mandatory reporters and are required to report any suspicion, knowledge, or information they receive to their direct supervisor, OJJ, and, if applicable for sexual abuse, to Lake Charles PD or Calcasieu Parish Sheriff's Department. The staff interviewed also discussed the mandatory reporter trainings they have attended annually while working at the TLP program.</p>	

The auditor also interviewed the agency's only employed mental health practitioner (MHP), and she advised her mandatory reporter requirements, such as having to report any knowledge, suspicion, or information received to her direct supervisor, the Director of the TLP program, OJJ, and, if applicable for sexual abuse, to Lake Charles PD or Calcasieu Parish Sheriff's Department. The MHP discussed how her mandatory reporting requirements are not just for TLP residents; she explained her obligation to report even if the report comes from a youth not in the TLP program. The MHP advised the auditor that she is required to inform residents at the initiation of services of her duty to report and the limitations of confidentiality.

The auditor interviewed one of the agency's PCMs, and she advised if she receives an allegation of sexual abuse, she is required to report the allegation to her direct supervisor, PC, OJJ, and local law enforcement with jurisdiction to accept such reports. The PCM also described how the department would also be required to contact the resident's case worker, attorney or legal representative, and parent/legal guardian within 24 hours.

Lastly, the auditor also interviewed the agency's designated superintendent, who is also the agency's PC, and she confirmed the agency required practice of reporting any sexual abuse to local law enforcement and OJJ. She elaborated on how the agency also reports any sexual harassment allegation or incident directly to OJJ, so an administrative investigation can be promptly conducted. The PC discussed the requirement of any PREA related allegation being documented on an Unusual Occurrence form, which is forwarded to agency leadership and OJJ. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are required, per the PC, to be reported to OJJ and, if applicable, to local law enforcement. The PC confirmed the agency does not employ or contract with any medical practitioners who may have contact with residents at the TLP apartment complex, with all medical appointments being conducted offsite.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.362

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Investigative File

Interviews:

- PREA Coordinator (PC)
- Youth Care Workers (YCW)

Explanation of determination:

115.362 (a):

The auditor reviewed the agency's PREA policy and confirmed section VI. (B.) includes all the requirements of this PREA standard. The agency's policy outlines the immediate actions required to be taken when an allegation of sexual abuse is made. The actions are described in policy as to assess and implement appropriate protective measures without unreasonable delay. Further, all TLP employees and residents are prohibited from retaliating against other employees or residents for reporting allegations of sexual assault or sexual harassment. The policy also states that employees and/or resident who are found to have violated this prohibition shall be subject to immediate disciplinary action.

The auditor was advised of the one sexual abuse allegation that was reported by a third-party, in which the reporter never provided a name or description of the alleged perpetrator (only that it was a staff member of the TLP program). The agency's response to this allegation sufficiently demonstrated how TLP leadership took immediate action to a situation possibly involving a substantial risk of imminent sexual abuse to a resident. The report was initially given by a parent of a resident in the TLP program to an OJJ Probation Officer (PO), and this PO then made the required report to OJJ. Upon receiving the report, OJJ immediately began a formal administrative investigation into the allegation and reported the situation to TLP leadership. When the TLP was notified by the OJJ of the report of alleged sexual abuse of a resident in the program by an unknown staff member, TLP leadership took immediate action to ensure the resident was safe. In order to help determine the possible alleged perpetrator, the alleged victim was questioned (in which the resident denied everything), and the resident's cellphone was checked for any usable information to identify the perpetrator. In addition, after the agency learned of the allegation, TLP leadership closely monitored the resident while on the TLP grounds and offsite (monitored youth at work to observe for any suspicious activity). The agency also filed a licensing report with the state of Louisiana Child and Protective Services; however, this agency never provided a response to the agency. Ultimately, the alleged perpetrator was never named, the alleged victim denied any involvement with a staff member, and the third-party reporter recanted the allegation. The OJJ investigative report provided to the agency concluded the following: Following the interview process and after gathering and reviewing all relevant information, it was concluded that the allegation of sexual abuse to be unsubstantiated.

The auditor interviewed the agency's PC, who is also the designated Agency Head and superintendent, and she explained the agency's procedures for taking immediate action after a report of sexual abuse is made. The PC outlined the following immediate action steps that may be necessary: separate the alleged perpetrator from the alleged victim (if staff- send home, if resident- separate and move residents to other apartments as needed to ensure safety), talk with the individuals involved, reassess the housing situation, and review the situation with agency leadership to develop an action plan going forth to protect the alleged victim.

The auditor also interviewed eight of the nine employed YCWs while onsite, and the YCWs all disclosed to the auditor how they would respond to a situation involving a substantial threat of imminent sexual abuse to a resident. All YCSs advised they would take immediate action to ensure the resident who is at risk is safe, which would include talking with the resident to determine the problem and threat, separate this youth from the alleged threat, contact the supervisor, monitor the residents in the program more closely and conduct more frequent room checks, reassess the apartment living situations, share the information with the next shift, administration may review video, and monitor for any retaliation.

Conclusion:

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

115.363	Reporting to other confinement facilities
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.363</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA Reporting to Other Facilities form <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.363 (a-d):</p> <p>Upon the auditor's review of the agency's PREA policy, the auditor determined the agency includes all the elements of this PREA standard in section VI. (C.). Furthermore, the auditor was provided the agency's PREA Reporting to Other Facilities form. This form includes the PREA language from standard 115.363, as well as the following information to be documented by the PC or another administrator of the TLP program:</p> <ul style="list-style-type: none"> • Date/Time the allegation is reported to ETC • Name of the person reporting the allegation • Name of the youth in placement at ETC that is involved in the allegation • Name of the former facility where allegation is said to have occurred • Date(s) or timeframes of the allegation • Details of the Allegation (include dates or timeframes, any names, specific locations) (Attach documentation such as written statements or reports.) • Actions taken by ETC • Allegation reported to (Name of the head of the facility or appropriate office of the facility where the sexual abuse is alleged to have occurred.) • Date /Time of the report to the facility • Signature of staff reporting the allegation to the facility where sexual abuse is alleged to have occurred • Name of the Investigative Agency allegation was reported to • Date /Time of the report to the investigation agency • Signature of staff reporting the allegation to the investigative agency <p>The auditor interviewed the PC, who at the time of the on-site was the agency head designee and superintendent, and she explained the agency's procedures related to the requirements of this PREA standard. The PC indicated the agency has never had to report to other confinement facilities pursuant to the requirements of this PREA standard; however, she discussed how if such a situation were to occur, the agency has their PREA Reporting to Other Facilities form to help ensure all the requirements of this standard are adhered to.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>	

115.364	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.364</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA First Responder Training Curriculum (19 slides) <p>Interviews:</p> <ul style="list-style-type: none"> - Youth Care Workers (YCW) - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.364 (a-b):</p> <p>The auditor reviewed the agency's PREA policy, and section VI. (D.) was confirmed by the auditor to include the staff first responder duties required by this PREA standard. In addition, the auditor was provided the agency's 21 slide presentation that is reviewed with staff annually, which covers first responder duties associated with the PREA requirements of this standard. Upon review, the auditor determined the training material includes the first responder duties required by this PREA standard. The agency's procedures for responding to an allegation that a resident was sexually abuse include the following requirements for staff first responders:</p> <ol style="list-style-type: none"> 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, ensure that the alleged victim and 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. 4. The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the PREA Compliance Manager (facility director) or on call administration. 5. The SART Team will be notified by the PREA Compliance Manager or on call administrator. The SART team will conduct a preliminary investigation to determine if law enforcement should be contacted. 5. The PREA Compliance Manager or on call administrator will then notify all necessary administration, OJJ, DCFS, Lake Charles Memorial Hospital, and the Rape Crisis Outreach about the situation. 6. Staff must maintain documentation on what has been told to them and all the actions they took. This must include times, person(s) who whom the staff spoke, evidence, etc. These notes must be maintained for questioning by the investigator and for writing the report. <p>The PC noted in the OAS that even though the TLP program staff would not collect evidence or investigate, all staff are trained to preserve evidence by not allowing alleged victims or abusers to conduct the actions listed in 115.364. She also documented that the agency had one allegation of sexual abuse since the PREA standard were implemented in the program, but not enough information was shared to identify an abuser. As previously noted in this report, the disposition of this allegation was unsubstantiated.</p> <p>The PC was interviewed by the agency and asked questions associated with staff first responder duties. The PC indicated that all TLP staff are trained to request the alleged victim and abuser not take any actions that could destroy physical evidence, and the first responding staff should notify the PREA Compliance Manager (program director) or the administrator on call immediately. The PC advised that all staff in the program are trained as first responders, even non security staff members.</p> <p>The auditor also interviewed eight of the nine employed YCWs while onsite, and each YCW sufficiently explained to the auditor the agency's protocols associated with staff responding to a sexual abuse incident or allegation. Staff adequately</p>	

demonstrated to the auditor how they were knowledgeable of: ensuring the victim and perpetrator are separated; how to preserve and protect the scene so law enforcement can collect the physical evidence; advising the victim and perpetrator to not take any action which could destroy physical evidence; immediately contacting their supervisor, local law enforcement, and OJJ; and documenting the incident on a Unusual Occurrence form. Furthermore, all the YCWs interviewed advised that medical and mental health would be contacted as soon as possible, if necessary or requested by the alleged victim.

Conclusion:

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.365</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (also, designated Superintendent) <p>Explanation of determination:</p> <p>115.365 (a)</p> <p>The auditor was provided the agency's PREA policy, and upon review confirmed the agency includes the requirements of this PREA standard in section VI. (E.). The policy outlines the agency's institutional coordination taken in response to an incident of sexual abuse, which includes the PREA Compliance Manager or PREA Coordinator to coordinate actions among the staff first responders, medical and mental health practitioners, investigators, and Rape Crisis Outreach.</p> <p>The auditor also interviewed the agency's PC, who was also designated at the time of the on-site the agency's superintendent, and the PC sufficiently explained the coordination efforts the agency would take for responding to an incident of sexual abuse. The coordination included the PC or PCM contacting the Executive Director of the agency, the OJJ investigator, the criminal investigator, the mental health practitioner employed by the agency, the SANE/SART Program at Lake Charles Memorial Hospital, Oasis for a victim advocate, and the parents/guardians of the residents involved. The PC also indicated the agency has a written institutional plan in their PREA policy, which outlines the steps to be taken to coordinate actions among staff, medical, mental health, investigators, and administration.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.366</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.366 (a):</p> <p>The auditor reviewed the agency's PREA policy, which states, "ETC does not enter into collective bargaining agreements or any other agreements that limit ETC'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." Furthermore, the PC indicated in the OAS that the agency has not entered into any collective bargaining agreements that she has ever been made aware of.</p> <p>The PREA Coordinator, who was the designated agency head during the onsite, confirmed to the auditor during her interview that the agency has never entered into, or been apart of, any collective bargaining agreement.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.367

Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.367

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- PREA Retaliation/Harassing Monitoring Form

Interviews:

- PREA Coordinator (PC)

Explanation of determination:

115.367 (a-d):

The auditor was provided the agency's PREA policy and verified upon review that section VI. (G.) includes the requirements of this PREA standard. The following are the applicable procedures outlined in the agency's policy:

For at least 90 days following a report of sexual abuse, ETC 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. Documentation such as resident disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff shall be monitored for possible retaliation. ETC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes. If any other individual who cooperates with an investigation expresses a fear of retaliation, ETC shall take appropriate measures to protect that individual against retaliation. ETC's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

The auditor was also provided the agency's PREA Retaliation/Harassment Monitoring form, which is conducted weekly following the date of any initial allegation 30 days and bi-weekly for an additional 60 days. If results indicate ongoing harassment or other needs, the monitoring and form will be completed bi-weekly until the issue is fully resolved. The form includes the following information for the administrator assigned with retaliation monitoring to review and document:

- Name of resident for whom monitoring is being conducted (Use a separate form for each resident involved)
- Date of Allegation/Incident
- Date of Retaliation/harassment Monitoring Review
- Protection Measures Utilized
 - Apartment/Room Changes
 - Discharge of Youth Abuser or Victim
 - Removal of Alleged Staff Abuser
 - Counseling Offered to Resident/Staff Reporters
- Review of Resident Disciplinary Reports or Other Negative Consequences
- Review of Staff Disciplinary Reports, Performance Reviews, or Reassignments
- Dates/Comments of Status Checks with Resident Regarding Retaliation, Harassment, Adjustment, and Needs
- List Any Actions Taken as a Result of the Review
- Date of Termination of Monitoring
- Reason for Termination: Youth Discharged 90 Day Monitoring Period Completed Allegation Determined to be Unfounded
- Explain if Monitoring is Extended or Continued Even if the Allegation is Unfounded
- Name of PREA Compliance Manager/Coordinator conducting the monitoring review form.

The PC indicated in the OAS that the agency has identified the program director, who serves as the PREA Compliance Manager, as the administrator in charge of monitoring for retaliation/harassment. In the absence of the PCM, the PREA Coordinator will monitor. The agency's recently created PREA Retaliation/Harassing Monitoring Form has not yet been used in a PREA allegation; however, the form was provided to the auditor.

The auditor interviewed the agency's PC, who is the designated agency head, superintendent, and one of the administrators who can be in charged of monitoring for retaliation. The PC advised the agency has not had to monitor for retaliation due to no resident or staff reporting sexual abuse of a resident in the TLC program. The one allegation of sexual abuse was made by a third-party and was determined by the state PREA investigator to be unsubstantiated. However, the PC outlined how the agency would prevent and detect retaliation through ensuring the PCM or the PC conduct the required retaliation monitoring and complete the PREA Retaliation/Harassment Monitoring form. The PC advised for at least 90 days after a sexual abuse report is made, the monitoring for retaliation would be conducted continuously by all administers and all YCWs, with the PCM or PC designated as the administrator in charge of retaliation monitoring and ensuring all the required protections are in place. The PC indicated the designated PC or PCM would also complete the PREA Retaliation/Harassment Monitoring form weekly for the first 30 days and then bi-weekly for the next 60 days. The PC also explained how the retaliation monitoring would continue further, if needed to ensure the residents in the program and staff are safe and the program is free of retaliation. If retaliation monitoring is necessary past the 90 days, the PC advised the PREA Retaliation/Harassment Monitoring form would be completed bi-weekly as long as needed

Conclusion:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all elements of this standard. No corrective action is required.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.368</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the three days the auditor was onsite, he never observed a resident in isolation or any type of secure isolation room available in the apartment complex. The only rooms residents utilize are apartment rooms, in which all residents are able to enter and exit the apartments with unimpeded access.</p> <p>Explanation of determination:</p> <p>115.368 (a):</p> <p>The auditor reviewed the agency's PREA policy and verified that section VI. (H.) includes the requirements of this PREA standard. The policy outlines how residents in the ETC's residential programs are not separated from each other unless safety is an issue and only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. If separation does occur, all required exercise, educational programming, and medical or mental health services still occur. Further, the policy also explains how the ETC does not utilize isolation holding or time out interventions. Residents who are separated from the group are not placed in a confined setting and are integrated back into the group at the earliest opportunity. If a resident represents a safety risk to others in the program, then alternative action steps will be utilized to ensure there is no safety risk to others.</p> <p>According to the responses provided in the PAQ, the TLP program does not have an isolation or time out holding area for residents.</p> <p>During the interview with the auditor, the PC (who is also the agency's Superintendent) explained how the agency does not have an isolation or time out holding area. The agency has the ability to split up residents in order to achieve safety, as a last resort when applicable, by assigning residents to their own apartment (without a roommate). Furthermore, if a resident requires continuous separation from others due to being a safety and security risk or threat, this resident would be discharged from the program.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.371

Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.371

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Law Enforcement Receipt of Agency PREA Investigation Request
- Pending MOU with Local Law Enforcement
- Services Contract (Contract between Louisiana DPS & Youth Services (YS) and Educational and Treatment Council, Inc.
- Three Investigative Files
- ETC Policy to Ensure Referrals of Allegations for Investigation (Posting)

Interviews:

- OJJ PREA Investigator
- PREA Coordinator (PC)

Site Review Observations:

During the on-site facility inspection, the auditor observed several postings related to the agency's procedures for reporting sexual abuse and sexual harassment and the associated investigative procedures. The postings were displayed in a public area, on the large glass windows on the front of the staff office apartment.

Explanation of determination:

115.371 (a-m):

Upon the auditor's review of the agency's PREA policy, it was determined the agency includes the applicable requirements of this PREA standard in section VII. (A.). This section outlines the criminal investigative responsibilities of the local law enforcement agencies with criminal jurisdiction, as well as the administrative investigative responsibilities of the State of Louisiana's Office of Juvenile Justice (OJJ). The TLP program does not conduct its own official investigations into allegations of sexual abuse and sexual harassment; however, the agency's PREA policy does include the following procedures related to an investigation of sexual abuse that occurs in the TLP program:

- the coordination of state and local investigatory agencies;
- the agency's SART Team responsibilities on how to respond to the allegation or incident;
- the procedures related to evidence protocols;
- the required documentation;
- the agency's duty to remain informed about the progress of the investigation; and
- actions taken up to and including terminating an employee who was found to have engaged in sexual harassment or sexual abuse.

According to the agency's responses provided in the PAQ, the TLP program does not conduct criminal or administrative investigations into an allegation or incident of sexual abuse. The PC advised the Calcasieu Parish Sheriff's Department (CPSD) or Lake Charles Police Department (LCPD) are responsible for conducting any criminal investigation at the TLP program, and the State of Louisiana Office of Juvenile Justice (OJJ) is responsible for the administrative investigation into any PREA related matter involving a TLP resident. Additionally, the auditor was provided the agency's PREA Policy, which designates the same entities as documented above for being responsible for conducting the associated criminal and administrative investigations. Allegations or incidents of sexual abuse of a TLP resident are also required, per the agency's

PREA Policy, to be reported to the Louisiana Department of Children and Family Services.

The auditor was provided supporting documents which demonstrated how the OJJ ensures the TLP adheres to the applicable PREA requirements of this standard, including investigatory provisions. The provided Social Services Contract between the Louisiana DPS & Youth Services and TLP outline the scope and services and additional program requirements, which includes a section stating, "contractor will comply with PREA, 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."

The PC provided the auditor with a pending MOU, which is still in need of a signature from the LCPD and/or CPSD (both agencies have jurisdiction to conduct criminal investigations at the TLP program). The PC advised the auditor she has reached out to the LCPD and CPSD multiple times to finalize the MOU; however, neither agencies have yet to provide a signed MOU. The auditor verified the MOU consists of all the PREA related criminal investigative responsibilities of standards 115.321, 115.322, 115.353, and 115.371. The MOU outlines the following guidelines:

- When the law enforcement agency conducts its investigation 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.
- Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims, whenever trained personnel are available.
- 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 agency shall not terminate an investigation solely because the source of the allegation recants the allegation.
- When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The auditor interviewed the agency's PC, and she explained if an incident or allegation involving sexual abuse were to occur, the agency would provide the investigating law enforcement agency a standardized document that outlines the requirements of this PREA standard. The PC, who is also the agency's designated superintendent, elaborated on how she is able to maintain communication with investigators during a criminal and administrative investigation. Communications through emails, phone calls, and documented reports were indicated to be utilized to ensure TLP program leadership remains informed of the status of an investigation. The PC advised there are currently two OJJ PREA investigators assigned to the TLP region, and she is able to easily communicate with both administrative investigators. In addition, the PC indicated she has a contact with the local Sheriff's Department who is responsible for conducting investigations.

The auditor interviewed a State of Louisiana Office of Juvenile Justice (OJJ) PREA investigator while on-site. The OJJ investigator sufficiently answered all the auditor's questions associated with the PREA Investigative Staff Protocols, and the investigator confirmed how the OJJ state agency is responsible for conducting the administrative investigations for the TLP program. The investigator explained how the entire administrative investigation is conducted, from the time a new report is accepted by the OJJ to the conclusion of submitting the administrative investigation report to the agency. The investigator was knowledgeable of the criteria required to substantiate an allegation of sexual abuse, how to properly conduct interviews, the importance of communicating with the TLP program and the law enforcement agency who may be conducting the criminal investigation, how to assess credibility on an individual basis, the process of accessing the state's PREA database, the process of documenting the entire investigation, and the importance of completing the investigation (regardless if the alleged victim is released or the alleged perpetrator terminates his/her employment). The investigator also indicated that any substantiated allegation of conduct that appears to be criminal would be referred to the investigating law enforcement agency for referral for prosecution. The investigator explained further how OJJ does not use polygraph examination or other truth-telling devices as a condition for proceeding with the investigation; investigations continue to the end regardless of the situation. The auditor was also advised that the investigations include an effort to determine whether staff actions or failures to act contributed to the abuse, in which the investigator explained is through reviewing relevant video, incident reports, logs, and any other elements which would help with making such a determination. The investigator confirmed that she was aware of the notification requirement of informing the alleged victim the outcome of the investigation.

The auditor also conducted an investigative file review of the three PREA investigations conducted at the TLP program in the past 12 months prior to the onsite audit. Each investigative file sufficiently demonstrated to the auditor how the agency

ensures all allegations of sexual abuse and sexual harassment are referred to the proper authorities and promptly, thoroughly, and objectively investigated. Out of the three PREA related investigations conducted by the OJJ at the TLP program, none of the allegations involved a criminal investigation due to two of the allegations not meeting the PREA definition of sexual abuse (were alleged sexual harassment incidents) and the third being found to be unsubstantiated by the OJJ PREA investigator, as detailed below.

The auditor was advised of one sexual abuse allegation that was reported by a third-party, in which the reporter never provided a name or description of the alleged perpetrator (only that it was a staff member of the TLP program). The agency's response to this allegation sufficiently demonstrated how TLP leadership took prompt action to refer the allegation to OJJ.

The report was initially given by a parent of a resident in the TLP program to an OJJ Probation Officer (PO), and this PO then made the required report to OJJ; therefore, allowing the OJJ to conduct a formal administrative investigation into the matter. When the TLP was notified by the OJJ of the report of alleged sexual abuse of a resident in the program by an unknown staff member, the agency took immediate action to ensure the resident was safe. In order to help determine the possible alleged perpetrator, the alleged victim was questioned (in which the resident denied everything), and the resident's cellphone was checked for any usable information to identify the perpetrator. In addition, after the agency learned of the allegation, TLP leadership closely monitored the resident while on the TLP grounds and offsite (monitored youth at work to observe for any suspicious activity). The agency also filed a licensing report with the state of Louisiana Child and Protective Services; however, this agency never provided a response to the agency. Ultimately, the alleged perpetrator was never named, the alleged victim denied any involvement with a staff member, and the third-party reporter recanted the allegation.

The OJJ investigative report provided to the agency concluded the following: Following the interview process, gathering and reviewing all information it was concluded that the allegation of sexual harassment is unsubstantiated.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.372</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - State of Louisiana Office of Juvenile Justice (OJJ) PREA Investigator <p>Explanation of determination:</p> <p>115.372 (a):</p> <p>Upon review of the agency's PREA policy, the auditor was able to confirm the agency includes the requirements of this PREA standard in policy section VII. (B.). This section indicates that an investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Furthermore, as indicated throughout this report, the agency does not conduct administrative or criminal investigations at the TLP program, such investigations are the responsibility of local law enforcement and OJJ.</p> <p>The auditor was able to interview an OJJ PREA investigator while onsite, and the investigator expressed how an allegation of sexual abuse or sexual harassment is throughout and how the outcome is determined. The investigator confirmed that no standard higher than a preponderance of the evidence is used when making a final determination of a PREA related investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.373</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - OJJ Investigation Outcome (3 total) <p>Interviews:</p> <ul style="list-style-type: none"> - State of Louisiana Office of Juvenile Justice (OJJ) PREA Investigator - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.373 (a-e):</p> <p>Upon review of the agency's PREA policy, the auditor confirmed section VII. (C.) includes all the requirements of this PREA standard. In addition, as noted throughout this report, the agency does not conduct criminal or administrative investigations in the TLP program for a PREA related allegation or incident. Local law enforcement and OJJ conduct such investigations. However, the PC explained how TLP leadership, including the PC and PCMs, are able to maintain efficient communicate with the investigators involved in any type of PREA situation in the program. The PC and OJJ PREA investigator both sufficiently explained the administrative investigative process, and both practitioners advised of the victim notification requirements pursuant to this PREA standard. The PC and OJJ investigator indicated to the auditor that a OJJ Investigation Outcome report is generated and provided to the TLP program, which includes the following information:</p> <ul style="list-style-type: none"> - Date the findings of the case were determined; - OJJ case number; - Youth/s name involved; - Name of local law enforcement involved; - OJJ PREA Investigator name; - Findings (either substantiated, unsubstantiated, or unfounded); and - Conclusion. <p>The auditor was provided three OJJ Investigation Outcome reports from OJJ- two reports related to allegations of sexual harassment and one that was initially reported as sexual abuse. The report which indicated alleged sexual abuse was determined to be unsubstantiated, and the PC reported to the auditor the youth for whom the sexual abuse allegation was made was discharged before the agency received the investigation results.</p> <p>The PC also explained that no staff member has been indicted or convicted on a charge related to sexual abuse within the facility, which was verified by the auditor upon a review of staff personal files (background checks).</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.376

Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.376

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Staff Resignation Notice (email)
- ETC Suspension Without Pay form

Interviews:

- PREA Coordinator (PC)

Explanation of determination:

115.376 (a-d):

The auditor reviewed the agency's PREA policy and confirmed that section VIII. (A.) includes all the requirements of this PREA standard. In addition, the auditor was provided supplementary documentation related to two sexual harassment allegations involving staff on resident, which helped to demonstrate how the agency complies with this PREA standard in practice of holding staff accountable for their actions.

For the first sexual harassment allegation, this allegation involved a YCW who was allegedly attempting to begin a physical relationship with a resident of the TLP program. The report was described as the staff member attempting to groom the resident into a relationship; however, the resident indicated to investigators and TLP leadership that he was not interested and never began any type of personal relationship with the YCW. The PC advised the auditor the YCW was going to be terminated the same day the report was made due to the indisputable evidence discovered early on, but the alleged perpetrator staff member resigned earlier that day. The auditor was provided the YCW's letter of formal notification of resignation (email), which is dated the same day as the report was made. The administrative investigation continued, despite the individual's resignation, and OJJ provided the agency with a final report when the investigation was completed. OJJ ultimately found the allegation as substantiated for sexual harassment, with no sexual abuse found to have occurred. The PC provided the auditor with the OJJ investigative report for this incident, and the auditor determined this allegation of sexual harassment was handled appropriately and complied with the requirements of subjecting staff to appropriate disciplinary sanctions.

The second sexual harassment allegation involved a YCW making an inappropriate gesture and verbal comment to a resident, and the resident found the gesture and comment to be sexual in nature and reported it to a TLP staff member. The agency reported the allegation to OJJ, and an OJJ PREA investigator promptly began an administrative investigation. Ultimately, the investigator found the allegation to be unfounded; however, the PC reported to the auditor the YCW was written up and suspended for two days for making the unprofessional comment and inappropriate gesture, which were violations of the agency's Employee Conduct Policy. The auditor was provided the OJJ investigative report for this allegation, which ensured a full administrative investigation was completed for this allegation, and demonstrated how TLP leadership used the information provided in the report to make the most appropriate decision for disciplining the staff member involved. In addition, the auditor was provided the agency's Suspension Without Pay or Termination form used for this incident, which demonstrated to the auditor the level of discipline enforced for the staff members inappropriate, unprofessional behavior.

The PC advised to the auditor during her interview how the disciplinary sanctions are commensurate with the nature and circumstances of the acts committed, as the auditor determined to be true for both allegations of sexual harassment described above. Additionally, the PC indicated how if a staff member involved in a sexual abuse or sexual harassment investigation resigns or is terminated, this information would be reported to the applicable law enforcement and OJJ (unless the activity was clearly not criminal). Further, the PC advised the allegation of sexual harassment determined to be substantiated by OJJ was referred to law enforcement after the perpetrator resigned due to the perpetrator continuing attempts to connect with the resident.

Conclusion:

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

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.377</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.377 (a-b):</p> <p>The auditor verified the agency's PREA policy, section VIII. (B.), includes all the requirements of this PREA standard. This section outlines the following: any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement, unless the activity was clearly not criminal, and to the relevant licensing body (i.e., OJJ and State of Louisiana Child and Protective Services).</p> <p>The PC, who is also the agency's designated superintendent, advised during her interview how the TLP program does not utilize the services of any contractor or volunteer on-site at the apartment complex, which was also confirmed by the auditor during the on-site phase of the audit. The PC explained further how if a volunteer or contractor was allowed on-site, any such individual who engages in sexual abuse or sexual harassment will be prohibited from contact with any resident of the TLP program and this would be reported to local law enforcement and OJJ, as required by the agency's PREA policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.378	<p>Interventions and disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>115.378</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.378 (a-g):</p> <p>The auditor verified the agency's PREA policy, section VIII. (C.), includes all the requirements of this PREA standard. This section outlines the agency's disciplinary sanctions related to resident perpetrators of sexual abuse or sexual harassment pursuant to a formal disciplinary process, and the therapy, counseling, and other interventions available to address and correct underlying reasons or motivations for abuse. The policy explains how any disciplinary sanction shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories. The policy also indicates how the residents in the ETC program are not separated from each other unless safety is an issue and only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. The ETC program does not utilize isolation holding or time out intervention, and residents who are separated from the group are not placed in a confined setting and are integrated back into the group at the earliest opportunity, as indicated in the agency's PREA policy.</p> <p>According to the information provided in the PAQ, no resident-on-resident allegations have been made during the past year, and how the facility does not place residents in isolation. The auditor verified this during the on-site and confirmed the program does not have any isolation rooms or secure holding areas or rooms. The program has apartments that house residents, and each resident is able to freely enter and exit the apartment. The four residents interviewed while onsite corroborated this information with the auditor.</p> <p>The PC, who is also the agency's designated superintendent, advised the auditor how the facility offers an on-site counselor, who is employed fulltime by the agency. In addition, residents with a need for further counseling and treatment not available by the onsite MHP are able to meet with a community-based therapist with special training to work with those who have sexually perpetrated others. This community-based counselor is not contracted with the agency and meets with residents offsite only. TLP staff assist the resident in complying with their obligation to attend sessions by transporting them and relaying any noted concerns to OJJ and the counselor. The PC confirmed mental health services are not provided as a condition of access to any rewards-based behavior management system or other behavior-based incentives or access to general programming or education, as also indicated in the agency's PREA policy. The PC also advised no youth have been disciplined for sexual conduct with staff, with or without consent, and the agency prohibits all sexually activity between residents.</p> <p>The auditor also interviewed the agency's fulltime MHP, and she explained how the agency provides all residents with mental health care and treatment both onsite (with her) and offsite through appointments. The MHP advised mental health services are available to all residents, with participation not being required in order for a resident to earn rewards or incentives in the TLP program or to access the general programming or education. She elaborated further and advised the auditor that the residents have access to a license therapist offsite, who can help residents who have experienced sexual abuse as a victim and perpetrator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>
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115.381

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.381

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- Therapist Progress Notes
- Sexual Violence Assessment Tool for Juvenile Males (SVAT)
- Consent to Release 3rd Party Info
- ETC PREA- Sexual Abuse Reporting Log
- Eight Randomly Selected Resident Files

Interviews:

- PREA Coordinator (PC)
- Staff Responsible for Risk Screening (MHP)

Explanation of determination:

115.381 (a-d):

Upon the auditor's review of the agency's PREA policy, it was determined the agency includes the requirements of this PREA standard in section IX. (A.). The PC advised the auditor how the Sexual Violence Assessment Tool for Juvenile Males (SVAT) is conducted by the agency's MHP for all residents admitted into the program within 72 hours of admission. The agency's requirement of the MHP conducting all SVATs allows for a MHP follow-up for all residents who enter the program. The auditor determined the agency exceeds the minimum requirements of this PREA standard by exceeding the follow-up timeframe (within 72 hours instead of PREA's within 14 days), and by providing the MHP follow-up to every resident, regardless of the risk determined during the intake process.

In order to determine if the agency is compliant in practice with the agency's policy on conducting the SVAT (by the MHP) within 72 hours of each resident's admission into the program, the auditor reviewed eight randomly selected resident files while onsite. Upon review, the auditor determined the agency conducted the SVAT on every resident selected within 72 hours, except for one resident. The one SVAT that was not conducted within the 72-hour time frame, was conducted on the 5th day after the child was admitted into the program (which is still within the PREA perimeters of within 14 days).

Furthermore, each of the SVATs were conducted by the agency's MHP, who conducts the assessments one-on-one with each resident.

According to the information provided by the agency in the PAQ, of the nine residents admitted since April, 2020, one resident indicated a past history of sexual victimization. The auditor was subsequently provided information which verified the mental health follow-up was provided within 48 hours of the resident entering the TLP program. According to the PC, the resident was referred to a community-based specialty counselor after the initial MHP follow-up was conducted on-site. The specialty counselor is contracted with the State of Louisiana's Office of Juvenile Justice (OJJ) to provide follow up treatment for sexual perpetrators.

The PC advised the auditor of the following information: The agency's MHP maintains progress notes of the sessions provided to each resident. The SVAT and counselor progress notes are limited access and are kept separate from the client file. Direct-line supervision staff have access to the client's file, including social history and OJJ records. These may at times include information about the youth's history of victimization or abusiveness. It is important to the agency that staff have knowledge about the youth's history, charges, and current issues so that they can provide trauma informed interventions and improved security. The case manager requires this information for service planning and ongoing decision making such as appropriate job and educational placement.

The auditor interviewed the agency's MHP, who is responsible for conducting the SVAT on all residents who enter the program. The MHP explained how she is required to conduct the SVAT within 72 hours of a resident's admission into the

program, and she clearly articulated the questions asked from the SVAT and the type of information ascertained from the residents. In addition, residents meet with the MHP every week and more often if requested or needed. The MHP advised she reviews to all residents, before any counseling session begins, the type of information she is required to report to the agency because she is a mandatory reporter (i.e., abuse, neglect, harassment, retaliation, exploitation, etc.). She also explained that the agency has a consent form, should it be needed, which was provided to the auditor for review (Consent to Release 3rd Party Info form).

The auditor also interviewed the agency's PC and one of the agency's PCMs, in order to assess the agency's protocols for ensuring information related to sexual abuse victimization or abusiveness are strictly limited to medical and mental health practitioners. The PC advised all the confidential files and documents are secured in a locked office, in a locked storage room/cabinet. In addition, SVAT and counselor progress notes are limited access and are kept separate from the client file. Direct-line supervision staff have access to the client's file, including social history and OJJ records. These may at times include information about the youth's history of victimization or abusiveness. Further, the auditor was able to verify during the onsite audit how the agency stores confidential files, which confirmed the PC and PCM's responses above. The PC also explained how it is important to the agency to ensure staff have knowledge about the youth's history, charges, and current issues so they can provide trauma informed interventions and improved security functionality. The case manager requires this information for service planning and ongoing decision making such as appropriate job and educational placement. The PC also advised no instances of reporting prior sexual victimization occurring outside of an institutional setting has occurred since PREA was implemented.

The auditor recommended to the PC the agency utilize a log sheet, which can be implemented to clearly demonstrate the required follow-up was provided to each resident who the risk screening indicates is at risk for sexual victimization or abusiveness. Having a log sheet to accompany the MHP's progress notes will enhance best practices and ensure the PREA specific follow-up meetings are referred and conducted pursuant to the requirements of this PREA standard. The agency, in fact, developed such a log and provided it to the auditor after the onsite. The log is titled, "ETC PREA- Sexual Abuse Reporting Log," and the agency advised the use of this log going forth. Further, the PC advised the auditor of the agency's revised procedure of conducting the SVAT and counselor follow-up within seven days of intake, instead of the original 72-hour plan. The auditor advised the PC that this plan is in compliance with the requirements of this PREA standard.

Conclusion:

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

115.382	Access to emergency medical and mental health services
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.382</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - Therapist Progress Notes - Unusual Occurrences Form - PREA Incident Summary Form - MOU Between ETC, Inc & Southwest Louisiana SANE/SART Program - Agreement Between OASIS A Safe Haven for Survivors of Domestic and Sexual Violence & ETC, Inc. - Three PREA related Investigative Files <p>Interviews:</p> <ul style="list-style-type: none"> - Mental Health Practitioner (MHP) - Youth Care Workers (YCW) - SANE/SAFE Forensic Nursing Program Coordinator <p>Explanation of determination:</p> <p>115.382 (a-d):</p> <p>The auditor reviewed the agency's PREA policy and verified that section IX. (B.) includes all the required elements of this PREA standard. Furthermore, the auditor was provided the agency's Unusual Occurrence Reporting and PREA Incident Summary forms, as well as therapist progress notes while onsite. All of which the auditor reviewed and determined are documents which help the agency to ensure resident victim's access to emergency medical and mental health services. As noted previously in this report, the agency does not employ or contract with any medical staff onsite, and the only onsite mental health practitioner is the one fulltime MHP. The MHP advised the auditor how if there is a TLP resident who is a victim of sexual abuse, this resident would be provided unimpeded and immediate access to emergency medical treatment and crisis intervention services. Such services would be, at a minimum, at the community level of care, and the nature and scope of the services would be determined by medical and MHPs according to their professional judgment. The services provided would be documented on Unusual Occurrences forms, the PREA Incident Summary form, and on MHP progress notes. The MHP also discussed how resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis by the SANE/SAFE Program at Lake Charles Memorial Hospital.</p> <p>The auditor confirmed the agency's PREA Incident Summary form requires a TLP staff member to document the following information:</p> <ul style="list-style-type: none"> - Youth Involved in the Incident - Date Facility Informed of Allegation - How was the facility informed - Who notified the facility - What facility staff received the initial allegation - Date PREA Coordinator Informed 	

- Was law enforcement contacted (List agency and report number)
- Was developmentally appropriate uniform evidence protocol requested to be used by law enforcement
- Was a SANE/SAFE or medical exam conducted (List relevant information)
- Was developmentally appropriate uniform evidence protocol requested to be used by the SAFE/SANE examiners
- Immediate steps needed taken to ensure the safety of youth:
- Date/method of notification to OJJ
- Date of notification to licensing (attached report)
- Date of notification to parent/family
- Information regarding the allegation gathered by the facility. (Include dates, names, written or verbal statements, interviews, reports, physical evidence, etc.)
- Attach facility reports and written statements.

The auditor was provided a signed MOU between the ETC, Inc and the Southwest Louisiana (SWLA) SANE/Sexual Assault Response Team (SART) Program. The MOU is signed by the ETC Executive Director and the Forensic Nursing Program Coordinator for the SWLA SANE Program at Lake Charles Memorial Hospital. The MOU outlines how the SWLA SANE/SART Program is required to provide forensic medical exams for ETC residents reporting sexual oriented offenses, and in doing so, ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

The auditor was also provided a signed MOU between the OASIS A Safe Haven for Survivors of Domestic and Sexual Violence and ETC, Inc., which includes requirements for the OASIS agency to provide crisis intervention services to resident survivors of sexual abuse in the TLP program. Services to include, but are not limited to, a victim advocate to be with the victim during the SANE/SAFE exam and be available through the entirety of the investigation.

The auditor interviewed eight Youth Care Workers, and all staff explained how a victim of sexual abuse would receive immediate medical and mental health attention and services, as applicable to the situation. Staff were knowledgeable of the agency's procedures related to first responding duties, including immediately notifying the appropriate medical and mental health practitioners (i.e., calling 911 and contacting the agency's MHP and on-call supervisor).

The auditor also interviewed the Forensic Nursing Program Coordinator from the SWLA SANE Program at Lake Charles Memorial Hospital (the same nurse who signed the agency's MOU). The Program Coordinator was able to clearly articulate PREA requirements associated with conducting a forensic medical examination for a victim of sexual abuse or sexual assault, as well as described the process of how a resident victim of sexual abuse/assault from the TLP program would be referred, provided support, examined, and provided aftercare. The nurse informed the auditor of the time frames associated for collecting usable physical evidence (12 years and younger- 72 hours / 13 and above- 120 hours), as well as the process of ensuring all youth are provided the assistance of a qualified victim advocate from OASIS to remain with the survivor throughout the examination and investigative process. The nurse advised there is a certified SANE/SAFE nurse available 24/7 and clarified that the TLP program has never referred a resident to the Lake Charles Memorial Hospital SANE Program for a forensic examination. It was also discussed how victims of sexual abuse are 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. Lastly, the SANE Program Coordinator advised all services provided at the Hospital are free of charge regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

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

115.383

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383

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

- Pre-Audit Questionnaire (PAQ)
- Agency PREA Policy
- MOU Between ETC, Inc & Southwest Louisiana SANE/SART Program
- Agreement Between OASIS A Safe Haven for Survivors of Domestic and Sexual Violence & ETC, Inc.

Interviews:

- PREA Coordinator (PC)
- Mental Health Practitioner (MHP)
- SANE/SAFE Forensic Nursing Program Coordinator

Explanation of determination:

115.383 (a-h):

The auditor confirmed the agency's PREA policy, in section IX. (C.) includes the requirements of this PREA standard. This section outlines the following procedures:

ETC will ensure that a medical and mental health evaluation and, as appropriate, treatment is provided to all residents in programming who have been victimized by sexual abuse. The evaluation and treatment of such victims will 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. ETC will provide such victims with medical and mental health services consistent with the community level of care. Program victims of sexual abuse while in placement will be offered tests for sexually transmitted infections and pregnancy as medically appropriate. If pregnancy results from sexual abuse, timely and comprehensive information about and access to all lawful pregnancy related medical services will be provided. Treatment services will 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. ETC will attempt to conduct a mental health evaluation of all known participant-on-participant abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The auditor was provided a signed MOU between the ETC, Inc and the Southwest Louisiana (SWLA) SANE/Sexual Assault Response Team (SART) Program. The MOU is signed by the ETC Executive Director and the Forensic Nursing Program Coordinator for the SWLA SANE Program at Lake Charles Memorial Hospital. The MOU outlines how the SWLA SANE/SART Program is required to provide forensic medical exams for ETC residents reporting sexual oriented offenses, and in doing so, ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, crisis intervention services, and medical and mental health treatment.

The auditor also interviewed the Forensic Nursing Program Coordinator from the SWLA SANE Program at Lake Charles Memorial Hospital (the same nurse who signed the agency's MOU). The Program Coordinator was able to clearly articulate PREA requirements associated with conducting a forensic medical examination for a victim of sexual abuse or sexual assault, as well as described the process of how a resident victim of sexual abuse/assault from the TLP program would be referred, provided support, examined, and provided aftercare. The nurse informed the auditor of the time frames associated for collecting usable physical evidence (12 years and younger- 72 hours / 13 and above- 120 hours), as well as the process of ensuring all youth are provided the assistance of a qualified victim advocate from OASIS to remain with the survivor throughout the examination and investigative process. The nurse advised there is a certified SANE/SAFE nurse available 24/7 and clarified that the TLP program has never referred a resident to the Lake Charles Memorial Hospital SANE Program for a forensic examination. It was also discussed how victims of sexual abuse are 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. Lastly, the SANE Program Coordinator advised all services provided at the Hospital are free of charge regardless of whether the victim names the abuser or cooperates with any

investigation arising out of the incident.

The auditor was also provided a signed MOU between the OASIS A Safe Haven for Survivors of Domestic and Sexual Violence and ETC, Inc, which includes requirements for the OASIS agency to provide crisis intervention services. Services such as a victim advocate to be with the victim during the SANE/SAFE exam and be available through the entirety of the investigation.

According to the information the agency provided in the PAQ, of the nine residents admitted since April, 2020, one resident indicated a past history of sexual victimization. The auditor was subsequently provided information which verified the mental health follow-up was provided within 48 hours of the resident entering the TLP program. According to the PC, the resident was referred to a community-based specialty counselor after the initial MHP follow-up was conducted onsite. The specialty counselor is contracted with the State of Louisiana's Office of Juvenile Justice (OJJ) to provide follow up treatment for sexual perpetrators. This particular resident was not in the program while the auditor was on-site, and therefore could not be interviewed.

The auditor was also provided the agency's screening tool, the Sexual Violence Assessment Tool (SVAT), that is used to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The SVAT is conducted within 72 hours of a resident's arrival at the program and conducted by the agency's MHP, as verified by the auditor through the resident file review. The auditor interviewed the agency's MHP, who has been conducting the SVAT on all residents who enter the program. The MHP explained how she is required to conduct the SVAT within 72 hours of a resident's admission into the program, which is a type of evaluation assessment to measure the risk of sexual victimization or abusiveness.

Furthermore, the MHP explained how a victim of sexual abuse would be provided immediate medical and mental health care through contacting emergency services, 911, and the SANE/SAFE unit of the Lake Charles Memorial Hospital. The evaluation and treatment of resident victim would continue throughout the residents stay at the TLP program, and the MHP advised there is a contracted therapist available offsite if needed. The level of care provided to a resident of the TLP program is at or above the standard level of community care, as indicated by the MHP.

The PC indicated on the PAQ how medical services are accessed from medical providers in the community, and the program only accepts male residents. The PC also advised that all TLP residents see the agency's on-site counselor on a regular basis (weekly and more often if needed). Residents with sexual perpetrator charges are also assigned to meet with a specially trained therapist who contracts with OJJ for these services offsite.

Conclusion:

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.386</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA Incident Review Form <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) - PREA Compliance Manager (PCM) <p>Explanation of determination:</p> <p>115.386 (a-e):</p> <p>Upon the auditor's review of the agency's PREA Policy, the auditor determined section X. (A.) includes the requirements of this PREA standard. This section outlines the following requirements related to the agency's responsibility of conducting a sexual abuse incident review:</p> <p>ETC's PREA Coordinator 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The agency's Sexual Abuse Incident Review Team (SART) consists of the PREA Coordinator, Program Directors/PREA Compliance Managers, and Executive Director.</p> <p>The PC provided the auditor with their newly created PREA Incident Review form, which is required to be completed by the SART Team within 30 days of the conclusion of an investigation and includes the following information:</p> <ul style="list-style-type: none"> - Staff/Title involved in Review - Based on the results of this investigation, any changes needed to policy or procedures to better prevent, detect, or respond to sexual abuse? - Was this incident or allegation motivated by factors such as race; ethnicity; gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or caused by other group dynamics at the facility? - Any physical barriers in place that enabled abuse in this incident. - Were staffing levels adequate during the time frames of the reported incident? (In Ratio Y N) - Any monitoring technology changes needed to supplement staff supervision? - Did staff actions or failures to act contribute to the reported incident? - Recommendations: - Other Notes: - Date submitted to the Executive Director - Report compiled and submitted by/title <p>The PC advised the auditor she is the agency's designated superintendent and a member of the SART Team; therefore, the auditor questioned the PC's knowledge of what the SART Team is required to review after the completion of a sexual abuse investigation. The PC understood the team's responsibility to meet within 30 days after the completion of a sexual abuse investigation, and what the team needs to consider, examine, and assess when conducting the SART Review. The PC was also aware of the requirement and importance of ensuring any recommendations of improvement found by the SART Team</p>

are fully implemented. The PC explain how the agency recently created the PREA Incident Review form, which will help the agency ensure all the requirements of this PREA standard are complied with going forth.

The auditor interviewed one of the agency's PCMs, and the PCM explained the agency has a SART Team, which consists of the PC, Program Directors/PCMs, and Executive Director. The PCM express how the SART team members communicate and meet regularly to discuss PREA related matters; however, after the one sexual abuse allegation investigation was completed, the team did not prepare a report which outlined the requirements of provision (d) (1-6) of this PREA standard. The PCM expressed to the auditor how the new PREA Incident Review Form will help the agency to ensure all the requirements of this PREA standard are adhered to following an investigation of sexual abuse at the TLP program.

The auditor reviewed investigative files for two allegations of sexual harassment and one allegation of sexual abuse, as detailed throughout this report. The two sexual harassment allegations, per this PREA standard, did not require a sexual abuse incident review; however, the PC advised going forth, the agency is planning on conducting a SART review after an investigation is completed for both a sexual abuse and sexual harassment allegation. In regards to the one sexual abuse allegation, the PC advised the auditor the SART team did not conduct an official sexual abuse incident review or prepare a report of its findings. The auditor advised the PC that the agency is not in compliance with this PREA standard due to the agency not conducting the SART review, and the PC informed the auditor the agency will add this standard to their corrective action plan.

***During the corrective action phase, the auditor was provided the agency's "PREA Incident Review" report for the last sexual abuse allegation in the facility from April of 2021.**

The evidence provided adequately demonstrated to the auditor that the agency took the necessary action to conduct the required sexual abuse incident review for this unsubstantiated allegation of sexual abuse. According to the report, the PC and the TLP Director completed the incident review, and all applicable requirements of standard 115.386 were included in the report.

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.387</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - PREA Definitions in Agency Policy - OJJ Monthly Reports - OJJ Annual Reports <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.387 (a-f):</p> <p>The auditor reviewed the agency's PREA Policy and verified that section X. (B.) includes all the requirements of this PREA standard. This section outlines the agency's requirement to collect all PREA related data and, upon request, provide all such data to the State of Louisiana's Office of Juvenile Justice (OJJ) and Department of Justice (DOJ).</p> <p>The auditor interviewed the agency's PC, and the PC explained how the TLP program sends a monthly data report to OJJ. TLP was asked by OJJ to use the form they created, which is an Excel spreadsheet that was provided to the auditor. The auditor also advised the TLP program does not contract with other private facilities (as noted in standard section 115.312 of this report). The PC indicated the DOJ has not requested data from agency, and the agency submits both monthly and annual PREA related data to OJJ.</p> <p>The auditor was provided the OJJ 2020 Annual PREA Report, which is available online at www.OJJ.louisiana.gov. The report's preface states that the information provided in this report (for 2020) is a review of sexual abuse and sexual harassment allegations made in the prior three years (2020, 2019, and 2018) and also includes corrective action(s) taken by the agency to reduce sexual misconduct. The data was obtained from the OJJ's secure and contract facilities in accordance with the sexual abuse and sexual harassment definitions contained in the juvenile PREA standards. OJJ reviews sexual abuse and sexual harassment data to determine trends, patterns, and possible causes of sexual assault incidents occurring in its facilities to advance the agency's efforts to prevent, detect, and respond to all forms of sexual misconduct. All personal identifiable information, including name, gender, and age has been redacted from this report, in an effort to protect the identity of youths in the custody of the OJJ and to reduce any potential security and safety risks. The report was prepared by the PREA Coordinator, reviewed by the Chief of Operations, and approved by the Deputy Secretary.</p> <p>Upon the auditor's review of the OJJ 2020 Annual PREA Report, the auditor identified the TLP program's PREA related data documented on page ten of the report (listed under the agency's legal name: La Maison de Grace). The report confirmed the three 2020 PREA related allegations reported by the PC in the OAS.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.388	Data review for corrective action
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p><u>115.388</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - TLP Staffing Plan (May 2021) <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) - PREA Compliance Manager (PCM) <p>Explanation of determination:</p> <p>115.388 (a-d):</p> <p>The auditor reviewed the agency's PREA Policy and confirmed that section X. (C.) includes all the required elements of this PREA standard. This section outlines the agency's requirement of completing an annual review on PREA related data collected throughout the year in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> (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. <p>The agency requires the annual report to compare current and previous years' PREA data and any corrective action taken, and this report is required to be approved by the agency's Executive Director.</p> <p>The auditor was provided the agency's 2021 Staffing Plan, which includes a section on the agency's annual review pursuant to the requirements of this PREA standard. Section X. of the Staffing Plan discusses the three PREA related allegations made in 2020 and the agency's response to each incident. This section also assesses whether staffing ratios or specific locations within the apartment complex were contributing factors to the allegations made, in which both were determined to not be factors that caused the incidents. This report was approved by the Executive Director, PC, and PCM.</p> <p>The auditor interviewed the agency's PC, who is also the designated Agency Head, and the PC explained the agency conducted their first report pursuant to the requirements of this PREA standard in May of 2021. It was explained the agency's annual Staffing Plan Review for 2021 also involved a review of the agency's PREA incidents and data for 2020. The PC indicated to the auditor how the agency prefers to include both annual reviews together, in which the auditor expressed is compliant as long as all the elements of standards 115.313 (d) and 115.388 are addressed accordingly. The PC explained how the agency is going to conduct annual review associated with standard 115.388 going forth, with January of 2022 beginning the annual cycle of conducting the review every January.</p> <p>The auditor also interviewed one of the agency's PCMs, and the PCM explained how the Executive Director, PC, and the PCM all met in May of this year to review the agency's Staffing Plan and PREA related incidents and data. The PCM elaborated on the process of reviewing each sexual abuse and sexual harassment allegations made and the subsequent OJJ administrative investigations which followed. It was explained how staffing levels are assessed to determine if more staffing would help the agency decrease the likelihood of having sexual abuse or sexual harassment incidents, as well as how the administrative team reviewed the locations where each incident allegedly occurred. The PCM describe the agency's plan for conducting the annual PREA data review for 2020 sexual abuse and sexual harassment incidents and allegations in January of 2021.</p> <p>Although the agency did complete an annual report associated with the requirements of this PREA standard, as documented above, this report was the first such report the agency has completed pursuant to the requirements of this standard. Since the agency did not conduct a similar report in 2020, the 2021 report did not indicate a comparison of previous years' data and corrective action subsequently taken. Due to the agency only completing the annual PREA data report for 2021, the auditor</p>	

determined the agency is not fully compliant with all elements of this PREA standard. The PC advised the agency will include this deficiency in their corrective action plan, and the plan is for the agency to conduct all annual PREA related reports in January for the previous year. For example, the annual report due for this standard concerning 2021 PREA data will be completed in January of 2022, in which, per the PC, will compare the PREA related data for the last three calendar years (to catch up). PC also advised the agency will make this report public either through the website or available onsite for review.

***During the corrective action phase, the auditor was provided the agency's annual report pursuant to the requirements of PREA standard 115.388. The TLP's "PREA Annual Incident Review for Corrective Action" report for calendar years 2020 and 2021 includes all the required elements for standard 115.388 and sufficiently demonstrates the agency's full compliance with this standard.**

Conclusion:

Based upon the review and analysis of all the available evidence provided during the corrective action period, the auditor has determined the agency is fully compliant with all elements of this standard. No further corrective action is required.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.389p</u>></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy - OJJ 2020 Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.389 (a-d):</p> <p>The auditor reviewed the agency's PREA Policy and confirmed that section XI. (A.) includes all the required elements of this PREA standard. This section outlines the PC's requirement to compile records and annually reporting statistical data and submit the data to the OJJ and Federal Bureau of Justice.</p> <p>The auditor interviewed the agency's PC, who explained the following procedures related to this PREA standard:</p> <ul style="list-style-type: none"> - Paper documents are kept in secured, locked areas (as verified by the auditor during the onsite). - Electronic information is secured through secure storage of electronic devices and password protections. - The program's data is made public through OJJ's website and published PREA data reports. - Data submitted to OJJ does not include personal identifiers. <p>The PC also explained how the TLP program sends a monthly data report to OJJ. TLP was asked by OJJ to use the form they created, which is an Excel spreadsheet that was provided to the auditor. The PC indicated the DOJ has not requested data from agency, and the agency submits both monthly and annual PREA related data to OJJ.</p> <p>The auditor was provided the OJJ 2020 Annual PREA Report, which is available online at www.OJJ.Louisiana.gov. The report's preface states that the information provided in this report (for 2020) is a review of sexual abuse and sexual harassment allegations made in the prior three years (2020, 2019, and 2018) and also includes corrective action(s) taken by the agency to reduce sexual misconduct. The data was obtained from the OJJ's secure and contract facilities in accordance with the sexual abuse and sexual harassment definitions contained in the juvenile PREA standards. OJJ reviews sexual abuse and sexual harassment data to determine trends, patterns, and possible causes of sexual assault incidents occurring in its facilities to advance the agency's efforts to prevent, detect, and respond to all forms of sexual misconduct. All personal identifiable information, including name, gender, and age has been redacted from this report, in an effort to protect the identity of juveniles in the custody of the OJJ and to reduce any potential security and safety risks. The report was prepared by the PREA Coordinator, reviewed by the Chief of Operations, and approved by the Deputy Secretary.</p> <p>Upon the auditor's review of the OJJ 2020 Annual PREA Report, the auditor identified the TLP program's PREA related data documented on page ten of the report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all elements of this standard. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p><u>115.401</u></p> <p>The following is a list of evidence used to determine compliance:</p> <ul style="list-style-type: none"> - Pre-Audit Questionnaire (PAQ) - Agency PREA Policy <p>Interviews:</p> <ul style="list-style-type: none"> - PREA Coordinator (PC) <p>Explanation of determination:</p> <p>115.401 (a-n):</p> <p>This is the first PREA audit the TLP program has ever received. Per the PC, in 2020 the State of Louisiana Office of Juvenile Justice (OJJ) advised the agency to have a PREA audit completed for the TLP program by the end of the third audit cycle, and therefore the agency scheduled this audit with the auditor for the summer of 2021.</p> <p>During the onsite phase of the audit, the auditor was provided access to, and was able to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information), which was provided in the OAS, through secure email correspondence, and onsite. The auditor was permitted to conduct private interviews with residents and staff. The interviews with residents and staff were conducted in a staff apartment office, with no other staff or resident in the apartment at the time of the interviews. The apartment provided for a confidential and private space for the auditor to conduct all onsite interviews and review the documents provided onsite. The agency permitted the auditor to conduct interviews with all the residents in the program at the time of the onsite, and residents were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor confirmed during the onsite that the auditor's postings of the upcoming audit were posted in a areas where it was visible to all residents and staff.</p> <p>The auditor concluded the only corrective action required for this PREA standard is for the agency to ensure their program is audited by a PREA Certified Auditor during each of the upcoming PREA auditing cycles. Further, since the agency only operates one program/facility, the agency is required to be audited during the first audit cycle of each three year cycle.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is not compliant with all elements of this standard. Corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>115.403</u></p> <p>N/A: The auditor verified there have been no Final Audit Reports issued in the past three years; therefore, there has never been a Final Audit Report issued.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	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)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	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)	na
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	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
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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?	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	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.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	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.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	no
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	no
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	no
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	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
	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?	no

115.341 (d)	Obtaining Information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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?	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?	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?	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?	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?	no
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	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 115.3347	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	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).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	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
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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?	no
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	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?	no
115.388 (c)	Data review for corrective action	
	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?	no
115.388 (d)	Data review for corrective action	
	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
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na