

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    July 20, 2018

## Auditor Information

Name: Robert B. Latham	Email: robertblatham@icloud.com
Company Name: Latham Corrections Consulting, LLC	
Mailing Address: 677 Idlewild Circle	City, State, Zip: Birmingham, Alabama 35205
Telephone: 205-746-1905	Date of Facility Visit: June 4-5, 2018

## Agency Information

Name of Agency Johnny Robinson's Boys Homs, Inc.	Governing Authority or Parent Agency (If Applicable) not applicable		
Physical Address: 3209 South Grand Street	City, State, Zip: Monroe, Louisiana 71202		
Mailing Address: same as physical address	City, State, Zip: Click or tap here to enter text.		
Telephone: 318-388-1104	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Click or tap here to enter text.			
Agency Website with PREA Information: JRBH does not have an agency website.			

## Agency Chief Executive Officer

Name: Matt Robinson	Title: Administrator
Email: matttsr@aol.com	Telephone: 318-388-1104

## Agency-Wide PREA Coordinator

Name: Bob Thompson	Title: PREA Coordinator
Email: bobthom007@bellsouth.net	Telephone: 318-376-0151



### Facility Characteristics

Designated Facility Capacity: 30	Current Population of Facility: 30
Number of residents admitted to facility during the past 12 months	63
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	63
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	63
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	12-18
Average length of stay or time under supervision:	6 to 9 months
Facility Security Level:	non-secure
Resident Custody Levels:	non-secure
Number of staff currently employed by the facility who may have contact with residents:	28
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

### Physical Plant

Number of Buildings: 6	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	2
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Johnny Robinson's Boys Home has a video monitoring system. The system is not actively monitored but is considered a deterrent to sexual acts and other safety violations. It is primarily utilized in post-incident investigations. The system has nineteen (19) cameras located both inside and outside to improve coverage in certain areas to the greatest degree possible. Bathrooms and showers are not within camera view.

### Medical

Type of Medical Facility:	off-site medical services
Forensic sexual assault medical exams are conducted at:	St. Francis Medical Center

### Other

Number of volunteers and individual contractors, who may have contact with residents, currently	0
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<b>authorized to enter the facility:</b>	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	0

# Audit Findings

## Audit Narrative

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

### Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Johnny Robinson's Boys Home (JRBH) was conducted June 4-5, 2018. JRBH is a single entity facility located at 3209 South Grand Street, Monroe, Louisiana 71202. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed January 22, 2018. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited April 6, 2016 with 100% compliance with the PREA Juvenile Standards.

### Audit Methodology Pre-Onsite Audit Phase

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

### Notice of Audit Posting and Timeline

The audit notice was posted April 1, 2018, a full nine (9) weeks prior to the onsite audit. The audit notice was posted on brightly colored blue paper using a large font and easy-to-read language. The audit notices were placed throughout the facility, in places visible to all residents and staff including, visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on April 12, 2018 for verification. Further verification of their placement was made through observations during the site review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

The Pre-Audit Questionnaire and supporting documentation was received May 1, 2018, more than one month prior to the onsite phase of the audit. The Pre-Audit Questionnaire was completed on April 27, 2018. Documentation was received on a flash drive as well as a booklet containing the JRBH Policy and Procedures and the Pre-Audit Questionnaire. The documentation was extremely well organized by standard. Each standard included an American Corrections Association (ACA) style Standard Compliance Checklist listing the JRBH policy and procedures references and supporting documentation. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be thorough without any identifiable missing information.

**Requests of Facility Lists**

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

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Youthful inmates/detainees	N/A (JRBH does not accept youthful inmates/detainees.)
Residents with disabilities	None were identified.
Residents who are Limited English Proficient (LEP)	None were identified.
LGBTI residents	None were identified.
Residents in segregated housing	N/A (JRBH does not have segregated housing.)
Residents in Isolation	N/A (JRBH does not use isolation.)
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	Three residents were identified.
Complete staff roster	The roster was provided during the pre-onsite phase of the audit and upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	The facility identified no contractors who have contact with the residents.
All volunteers who have contact with the residents	The facility stated volunteers are not used.
All grievances/allegations made in the 12 months preceding the audit	The facility reported no grievances/allegations made in the 12 months preceding the audit.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	The facility reported no allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.
All hotline calls made during the 12 months preceding the audit	The facility stated no hotline calls were made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	The facility stated there were no allegations of sexual abuse and sexual harassment in the 12 months preceding the audit.

**External Contacts**

The following external contacts were made:

Community Based Organizations (CBOs)	The Wellspring Alliance for Families confirmed a qualified victim advocate would be available for victims of sexual assault. They also confirmed their hotline is available for anyone reporting sexual abuse.
Off-site Medical Services	Dr. Kermit Walters' office confirmed he provides medical services to the residents of JRBH.
SAFE/SANE Programs	St. Francis Medical Center confirmed a SAFE/ SANE would be made available through the Ouachita Parish Coroner's Office.
External Investigators	The Monroe Police Department confirmed they would conduct criminal investigations. The Louisiana OJJ Office Investigations confirmed they investigate all allegations and

	participate on the SART.
Department of Children's Services	The Department of Children and Family Services confirmed no reports of sexual abuse in the 12 months preceding the audit.

**Research**

- Internet research of the Johnny Robinson's Boys Home revealed the facility does not have a website. The State of Louisiana Department of Children and Family Services licenses the facility and conducts monthly to bi-monthly inspections. The inspection report for March 20, 2018 stated, "No deficiencies were cited on this date." The most recent inspection report for May 22, 2018 states the report is not available. No litigation, DOJ involvement or consent decrees were discovered.
- A news article dated May 20, 2018 about recently deceased, former LSU football player, Billy Cannon stated, "The Cannon family asked that donations be made to the Tiger Athletic Foundation Billy Cannon Endowed Scholarship and Johnny Robinson's Boys Home in lieu of flowers." Billy Cannon and Johnny Robinson were teammates at LSU.
- Louisiana's mandated reporters are required by Louisiana Children's Code Title VI, Article 603 to report suspected child abuse or neglect. Those who are considered mandated reporters are:
  - Health practitioners
  - Mental health/social service practitioners
  - Members of the clergy
  - Teaching or child care providers
  - Police officers and law enforcement officials
  - Commercial film and photographic print processors
  - Mediators
  - Court-appointed special advocates (CASA)
  - Organizational or youth activity providers and
  - Coaches

**Onsite Audit Phase**

**Entrance briefing**

An entrance briefing was held with the JRBH Administrator, PREA Coordinator, and two Direct Care Worker (DCW) Supervisors. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by the PREA Coordinator and the two DCW supervisors.

**Site review**

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was therefore familiar with the layout of the facility. The facility has two housing units. The housing units are located upstairs in the "Big House" and in the "Little House". The facility has 6 buildings in total. In addition to the housing units, there is a dining hall with kitchen, a large indoor gymnasium, a storage building, and a house restricted only for staff use. One the first day of the onsite audit the population of the facility was thirty (30) juveniles. Of those thirty (30) juveniles, seven (7) were on home pass, and eight (8) were participating in an offsite GED class.

**Processes and areas observed**

No residents were admitted during the onsite phase of the audit. The Administrative Assistant responsible for intake, screening and resident PREA education showed the auditor the room where intake, screening, and resident PREA education is conducted and described the processes for conducting each in detail. Resident records were neatly organized in large red binders and secured in a locked cabinet inside a locked room. There is one grievance box located downstairs in the “Big House”. Grievance forms and writing utensils are available. The boxes are checked daily by the PREA Coordinator, Administrator, or direct care supervisors.

During the site review, no female staff were observed entering the housing units. Signs reminding female staff to announce their presence, when entering the housing units, were posted outside the entrances. Phones for reporting sexual abuse, sexual harassment, or for contacting external crisis intervention services are available upon request. JRBH policy states the residents would be permitted privacy with sight, but not sound supervision. The staff conducting the site review described the showering process and pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the housing areas and common areas.

### Specific area observations

The auditor observed all of the housing areas. All rooms are multiple occupancy with two (2) to four (4) beds. In the “Big House” the showers have “PREA friendly” shower curtains. The residents are able to shower and change clothing behind the privacy of a shower curtain. The toilets are also hidden behind a shower curtain. In the “Little House,” there is a single bathroom with a bathtub and shower behind a closed door and a shower room with two (2) showers with frosted doors. None of the toilets or showers are observable by camera.

The direct care workers were actively supervising the residents. During outdoor recreation seven (7) direct care workers were observed supervising fifteen (15) residents. The staff were posted around the perimeter of the field. Cameras were also placed around the perimeter of the field, in common areas of the two houses, in the gymnasium, and the dining hall. No cameras were focused toward the sleeping areas or bathrooms. There are nineteen (19) cameras total. Staff supervision and the video surveillance system have mitigated any known blind spots.

### Interviews

Interviews were held in the conference room. The location provided for privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected based on their respective duties in the facility. All direct care workers from every shift were interviewed using the random staff interview protocol. There were eight (8) random staff interviews in total. JRBH does not use the services of volunteers or contractors. The resident population was thirty (30) on the first day of the audit. Of the thirty (30) residents, seven (7) were on home pass and another eight (8) were offsite for GED class. Of the fifteen (15) residents, who were onsite during the first day of the audit, ten (10) were randomly selected to be interviewed. There were three (3) residents identified as disclosing prior sexual victimization during risk screening. Of the three (3) residents, two (2) were interviewed and the 3<sup>rd</sup> was not onsite.

Interview Protocols	Number of Interviews
Agency Head	1
Superintendent or Designee (Facility Director)	1
PREA Coordinator/Compliance Manager	1
Medical Staff	1 (Urban Medical Clinic)
Mental Health Staff	1



Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	N/A
Administrative (Human Resources) Staff	1
Agency Contract Administrator	1 (JRBH contracts with the Louisiana OJJ)
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1 (local hospital)
Volunteers who have Contact with Residents	N/A (no volunteers)
Contractors who have Contact with Residents	N/A (no contractors)
Investigative Staff	1 (OJJ Investigator)
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation	no isolation
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff from all Shifts	8 (all direct care staff on duty during both days)
Random Sample of Residents from all Housing Units	10
Residents who Reported a Sexual Abuse	0
Disabled and Limited English Proficient Residents	0
Transgendered, Intersex, Gay, Lesbian, and Bisexual Residents	0
Residents in Isolation	0
Residents who Disclosed Prior Sexual Victimization During Risk Screening	2
Total Number of Staff Interviews	24
Total Number of Resident Interviews	12
Total Number of Interviews	36

### Onsite Documentation Review

#### Description of process and numbers

The auditor received many examples of documentation from resident and staff files as part of the Pre-Onsite Audit Phase. During the Pre-Onsite Audit Phase and the Onsite Audit Phase the auditor reviewed eight (8) personnel files (including background checks and training records); eight (8) resident files (including PREA education, screening, and mental health records); and one (1) investigation file. There were no grievance files. The auditor selected the staff files randomly and the resident files were randomly selected, by residents interviewed, and by target resident interviews.

#### Investigative Files

There was one investigation file of an unfounded allegation of sexual abuse. The resident admitted to making a false report and was charged with providing false information to the police.

#### Exit briefing

An exit briefing was held with the JRBH Administrator, PREA Coordinator, and the Administrative Assistant for PREA / ACA Accreditation. The auditor suggested two areas for improvement. For §115.322 the auditor suggested the facility increase the availability of the investigations policy by

including it in the publicly available folder titled, "Third-party Reporting and Instructions for Public Use". For §115.354 the auditor suggested adding the third-party reporting form to the parent letter. The facility agreed with the suggestions and implemented them immediately. The auditor commended the facility on the excellent PREA knowledge of both staff and residents, as was evident through interviews and informal conversations. The auditor also commended the facility on their superb supervision practices and maintaining exceptional staff-to-resident ratios.

## Facility Characteristics

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

Johnny Robinson's Boys Home is located in Monroe Louisiana at 3209 South Grand Street. It is a private non-profit organization established in 1980. It was founded by former LSU football great and Kansas City Chiefs Hall of Famer, Johnny Robinson. The facility is licensed by the state of Louisiana and is inspected at least yearly. The facility takes adjudicated youth from throughout the state of Louisiana, who are referred by the Louisiana Office of Juvenile Justice (OJJ). The facility is a beautifully landscaped campus located in a residential neighborhood across from the Ouachita River. The total rated capacity for the facility is for thirty (30) male youth. The average daily population for the last 12 months was 28.7. The population on day 1 of the onsite audit was 30. The age range of the population is 12-18 and the average length of stay under supervision is 6 to 9 months.

Johnny Robinson's Boys Home adheres to the Louisiana Department of Family Services (DCFS) Bureau of Licensing policy which requires a minimum direct care staff-to-resident ratio of 1:6 during waking hours and 1:12 during sleeping hours. This meets the requirement as set forth in Louisiana regulations and by PREA. Johnny Robinson's Boys Home is a non-secure facility. Direct care staff are required to maintain line-of-sight supervision of residents at all times except when residents are in their sleeping rooms. Staff are required to periodically monitor sleeping residents throughout their shifts and perform head counts of residents during this time. At least one supervisor is on-duty during waking hours until 11:00 p.m. At least one upper-level administrative staff member will be available on-call. On-duty supervisory personnel are required to be accessible to direct and oversee facility operations and respond to emergency situations. An on-call supervisor stays overnight in a JRBH staff housing unit and must be available to respond promptly and effectively in the event of a crisis or emergency at the facility. Administrative staff and supervisors can augment coverage, but can only be considered in the staff-to-resident ratio when directly observing residents. There are four (4) to five (5) wake staff on duty between 11:00 p.m. and 7:00 a.m. Staffing well exceeds the minimum nighttime staffing ratios of 1:12.

There are two (2) housing units, the "Big House" and the Little House". The "Big House" has administrative offices downstairs, a LCSW office, staff bathroom, file room, and a conference room. Confidential attorney visits and special family visits are held in the conference room. Upstairs there are a total of 14 beds in four (4) bedrooms. Three (3) of the bedrooms have four (4) beds and the remaining bedroom has two (2) beds. The "Little House" has 16 beds in seven (7) bedrooms. One bedroom has two (2) beds while the other six (6) bedrooms have (two) beds each. Both housing units have a dayroom, showers and bathrooms and there are no segregation or isolation units.

In addition to the housing units, the facility has a dining hall and kitchen, gymnasium, outside basketball court, and a large green space for outdoor sports. The dining hall also functions as a visitation and staff training area. A chain-link fence surrounds the facility. Johnny Robinson's Boys Home has a video monitoring system. The system is not actively monitored but is considered a deterrent to sexual acts and other safety violations. It is primarily utilized in post-incident investigations. The system has nineteen (19) cameras located both inside and outside to improve coverage in certain areas to the greatest degree possible. Bathrooms, bedrooms, and showers are not within camera view.

Residents attend public school, including GED preparation classes. Medical services are provided offsite at Urban Medical Clinic and St Francis Medical Center.

## Summary of Audit Findings

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

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

### Number of Standards Exceeded: 7

Standard 115.313 Supervision and monitoring  
Standard 115.317 Hiring and promotion decisions  
Standard 115.321 Evidence protocol and forensic medical examinations  
Standard 115.331 Employee training  
Standard 115.333 Resident education  
Standard 115.354 Third-party reporting  
Standard 115.365 Coordinated response

### Number of Standards Met: 36

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
Standard 115.312 Contracting with other entities for the confinement of residents  
Standard 115.315 Limits to cross-gender viewing and searches  
Standard 115.316 Residents with disabilities and residents who are limited English proficient  
Standard 115.318 Upgrades to facilities and technologies  
Standard 115.322 Policies to ensure referrals of allegations for investigations  
Standard 115.332 Volunteer and contractor training  
Standard 115.334 Specialized training: Investigations  
Standard 115.335 Specialized training: Medical and mental health care  
Standard 115.341 Screening for risk of victimization and abusiveness  
Standard 115.342 Use of screening information

- Standard 115.351 Resident reporting
- Standard 115.352 Exhaustion of administrative remedies
- Standard 115.353 Resident access to outside confidential support services
- Standard 115.361 Staff and agency reporting duties
- Standard 115.362 Agency protection duties
- Standard 115.363 Reporting to other confinement facilities
- Standard 115.364 Staff first responder duties
- Standard 115.366 Preservation of ability to protect residents from contact with abusers
- Standard 115.367 Agency protection against retaliation
- Standard 115.368 Post-allegation protective custody
- Standard 115.371 Criminal and administrative agency investigations
- Standard 115.372 Evidentiary standard for administrative investigations
- Standard 115.373 Reporting to residents
- Standard 115.376 Disciplinary sanctions for staff
- Standard 115.377 Corrective action for contractors and volunteers
- Standard 115.378 Disciplinary sanctions for residents
- Standard 115.381 Medical and mental health screenings; history of sexual abuse
- Standard 115.382 Access to emergency medical and mental health services
- Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
- Standard 115.386 Sexual abuse incident reviews
- Standard 115.387 Data collection
- Standard 115.388 Data review for corrective action
- Standard 115.389 Data storage, publication, and destruction
- Standard 115.401 Frequency and scope of audits
- Standard 115.403 Audit contents and findings

**Number of Standards Not Met:** 0

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**Summary of Corrective Action (if any)**

No corrective actions.

**PREVENTION PLANNING**

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

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

**115.311 (a)**

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

### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Policy
- JRBH Organizational Chart
- PREA Coordinator's Job Description
- Interview

- PREA Coordinator
- Observations during onsite review of facility

**Provision (a):**

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

JRBH has a comprehensive PREA Policy. The facility mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. JRBH policies address prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

**Provision (b):**

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

JRBH PREA Policy Section II, A, Page 80 states JRBH employs a designated upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. The position of PREA Coordinator is identified in the organizational chart as an upper-level position within the facility. The job description outlines the PREA Coordinator's responsibilities. The PREA Coordinator reports to the Facility Administrator.

The evidence shows the facility has designated an upper-level, PREA coordinator as verified through the organizational chart, policy, PREA Coordinator job description, review of the Pre-audit questionnaire, and the interview with the PREA Coordinator. The PREA Coordinator has demonstrated he has sufficient time and authority to accomplish his PREA related responsibilities. The PREA Coordinator worked with the Louisiana State Police for 35 years as an officer, captain, and investigator. His knowledge and background make him well suited to coordinate the agency's efforts to comply with the PREA standards.

**Provision (c):**

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

JRBH is an agency that operates one facility.

**Conclusion:**



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

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

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

#### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo: non applicability of contracting with private agencies or other entities for the confinement of residents

**Provision (a):**

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

JRBH does not contract for the confinement of its residents.

**Provision (b):**

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

JRBH does not contract for the confinement of its residents.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. JRBH is an agency that operates only one facility and does not contract with other entities for the confinement of residents. No corrective action is required.

**Standard 115.313: Supervision and monitoring**

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

**115.313 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No



- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

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

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes    No    NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes    No    NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes    No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes    No

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes    No    NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes    No    NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Policy
- 2017 Staffing Plan Vulnerability Assessment/ Staffing Plan Review Meeting
- 2017 JRBH Staffing Plan Narrative
- 2018 JRBH Staffing Plan Review Meeting
- 2017 JRBH Annual Report of Staffing Plan Deviations
- 2018 JRBH Annual Report of Staffing Plan Deviations
- 2017 JRBH PREA Annual Data Review
- PREA Exigent Circumstance Reporting Form
- 2017 Camera System Meeting Minutes & Purchase Orders
- JRBH Staff Schedule & Work Assignments
- Off duty Staff Stay-over Lists
- Daily Resident Roll Call
- Daily Resident Rosters
- Night Staff Bed Checks
- Resident Daily Schedule
- 2017 JRBH PREA Program Review
- Records of Supervisory Documented Unannounced Rounds
- JRBH Facility Site Map with Camera Locations
- Interviews
  - Superintendent or Designee (Facility Administrator)
  - PREA Coordinator
  - Intermediate or Higher-Level Facility Staff
- Observations during onsite review of facility

### Provision (a):

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

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

JRBH PREA Policy Section II, C, Paragraph 1, Page 88 states JRBH shall make best efforts to comply with a regular staffing plan. In calculating adequate staffing levels and determining the need for video monitoring the following factors will be taken into consideration: Generally accepted detention, shelter and alternative program practices; Any judicial findings of inadequacy; Any inadequacy findings from Federal investigative agencies; Any inadequacy findings from internal or external oversight bodies; All components of the physical plant; The composition of the resident population; The number and placement of supervisory staff; Programs occurring on a particular shift; Any applicable State or local laws, regulations or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other factor that could impact the safety and security of the facility.

The facility conducts an annual Staffing Plan Vulnerability Assessment and conducts Staffing Plan Review Meetings. All of the standard requirements are addressed in the annual report. The Facility Administrator confirmed JRBH regularly develops a staffing plan. He confirmed adequate staffing levels to protect residents against sexual abuse are considered in the plan, video monitoring is part of the plan and the staffing plan is documented with the annual Staffing Plan Vulnerability Assessment and Staffing Plan Review Meetings. He confirmed all requirements of this provision of the standard are addressed in the staffing plan. He checks for compliance with the staffing plan through Staff Work schedules, Daily Resident Roll Calls, Resident Rosters, and Night Staff Bed Checks. The evidence shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is well documented and provides for more than adequate levels of staffing.

**Provision (b):**

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

JRBH PREA Policy Section II, C, Paragraph 2, Page 88 states that in the event that the staffing ratio is unable to be maintained during an exigent circumstance, a written incident report fully documenting deviations from the plan during said exigency shall be turned into the administration no later than one (1) day subsequent to the event and a copy forwarded to the PREA Coordinator.

The facility would use the PREA Exigent Circumstance Reporting Form to document any deviations. JRBH produces an Annual Report of Staffing Plan Deviations. There were no deviations noted in 2017 or 2018. The Facility Administrator confirmed the facility has not had any deviations from the staffing plan and confirmed the facility would document all instances of non-compliance with the staffing plan using the PREA Exigent Circumstance Reporting Form. The evidence shows that JRBH fully complies with the staffing plan and is prepared to document any deviations from the plan. Based on the review of the Pre-audit questionnaire, and related documents submitted, the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section II, C, Paragraph 1, Page 88 states the Louisiana Department of Children and Families Services' Bureau of Licensing requirements of a staffing ratio of 1:6 during waking hours and 1:12 during resident sleeping hours in accordance with Child Residential Class A Standards. (See La. Admin. Code tit. 67, pt. III, § 7301 et seq.).

The population during the onsite phase of the audit was 30 and the staffing plan is based on a designed facility capacity of 30. During the onsite audit the auditor observed the staffing ratios to exceed the state requirements and the PREA standard requirements. The ratio during waking hours was between 1:3 and 1:4 and the ratio during sleeping hours was 1:5. To maintain the ratios the facility maintains a staff dorm. Off-duty staff stay onsite in the dorm and are available for call-out during an emergency. A minimum of 1 supervisor and 1 direct care worker are on-call 24/7. The Facility Administrator confirmed the facility is obligated by the Louisiana Department of Children and Families Services' Bureau of Licensing to follow staffing ratios of 1:6 during waking hours and 1:12 during sleeping hours. He stated the system of providing staff on-call housing and having an Off-duty Staff Stay-over List has enabled the facility to exceed the ratios set by the state of Louisiana and the PREA ratio requirements. JRBH significantly exceeds the required staffing ratios. Based on the Pre-audit questionnaire, Facility Administrator interview, onsite observations, and related documents, the facility exceeds the requirements of this provision of the standard.

**Provision (d):**

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

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;

- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

JRBH PREA Policy Section II, C, Paragraph 3, Page 88 states the administration, in consultation with the PREA Coordinator, will review the following on an annual basis, or more frequently as otherwise required, to determine whether adjustments are needed to: The staffing plan established pursuant to this section above; Prevailing staffing patterns; The deployment of video monitoring systems and monitoring technologies; The resources available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed he is part of the facility team that meets regarding assessments of, or adjustments to, the staffing plan for JRBH. He confirmed the plan is assessed at least annually and documented with the Staffing Plan Vulnerability Assessment. Based on the review of the Pre-audit questionnaire, interview with the PREA Coordinator and reviewing staffing plan assessments and meeting minutes, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

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

JRBH PREA Policy Section II, C, Paragraph 4, Page 88 states JRBH shall deter staff sexual abuse and sexual harassment by conducting and documenting unannounced rounds at least twice monthly by either direct care supervisors, PREA Coordinator, or Administrator. There shall be no notification to staff members that these unannounced rounds are occurring, thus prohibiting staff members from notifying other staff, unless such announcement is related to legitimate operational functions of the facility. These rounds will be conducted on day shifts and night shifts.

Documentation of the unannounced rounds was provided as part of the Pre-onsite audit phase. The documentation demonstrated the rounds are conducted on both shifts at least twice monthly. An interview with a Direct Care Worker Supervisor confirmed the rounds are conducted as scheduled, documented, and staff are not alerted as to when they are occurring. Based on the review of the Pre-audit questionnaire, interview with the Direct Care Worker Supervisor and reviewing the documented unannounced rounds, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding supervision and monitoring. The facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse and takes into consideration the 11 criteria listed in provision (a) of the standard. The facility fully complies with the staffing plan and is prepared to document any deviations from the plan. The facility significantly exceeds the required staffing ratios. The state of Louisiana requires 1:6 during waking hours and 1:12 during sleeping hours, but the facility substantially exceeds those ratios. Although the facility is non-secure, they follow all aspects of the standard including the provision for conducting unannounced rounds. No corrective action is required.



## Standard 115.315: Limits to cross-gender viewing and searches

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

### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Policy
- Cross-Gender/Transgender/Intersex Searches Form
- Cross-Gender and Transgender Pat Searches Training Video
- Cross-Gender and Transgender Pat Searches Training Curriculum
- Guidance in Cross-Gender and Transgender Pat Searches – The Moss Group, Inc.
- PREA Annual Training Records - Limits to cross-gender viewing and searches
- Nonoccurrence of cross-gender pat-down searches (Memo)
- Nonoccurrence of cross-gender strip searches or cross-gender visual body cavity searches (Memo)
- Interviews
  - Random Sample of Staff
  - Random sample of Residents
  - Transgender or Intersex Residents - None present
- Observations during onsite review of facility

#### Provision (a):



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

JRBH PREA Policy Section II, B, Paragraph 1, Page 90 states JRBH prohibits cross-gender strip searches or visual body cavity searches except in exigent circumstances. The facility provides training on how to conduct these searches in exigent circumstances using training curricula and a video. Staff participation in the training is recorded with training sign-in logs.

The evidence shows cross-gender strip searches or cross-gender visual body cavity searches have not occurred at the facility, but the facility is prepared to conduct them in exigent circumstances. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section II, B, Paragraph 2, Page 90 states JRBH staff shall not conduct cross-gender pat-down searches except in exigent circumstances.

The facility provides training on how to conduct these searches in exigent circumstances using training curricula and a training video. Staff participation in the training is recorded with training sign-in logs. Staff interviews confirmed they are aware they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances. No residents interviewed reported a female staff member has conducted a pat-down search of their body. The evidence shows cross-gender pat-down searches have not occurred at the facility, but the facility is prepared to conduct them in exigent circumstances. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section II, B, Paragraph 3, Page 90 states in the event that a cross-gender search is conducted pursuant to emergency circumstances, a written incident report fully documenting the procedure shall be turned into Administration.

The facility developed a form, the Cross-Gender/Transgender/Intersex Searches Form. The form has space for the reporter to explain the exigent circumstance generating the need for a cross-gender strip search, cross-gender visual body cavity search, or cross-gender pat-down search. The form also has "Points to Remember" that reiterate the annual training the staff receive on searches of this manner. The evidence shows the facility is prepared to document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Based on the review of the Pre-audit questionnaire, the Cross-Gender/Transgender/Intersex Searches Form, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.

**Provision (d):**

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell

checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

JRBH PREA Policy Section II, B, Paragraph 4, Page 90 states the facility prohibits cross-gender viewing of residents while showering, changing clothing, and performing bodily functions. Staff of opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

During the onsite review no female staff were observed entering the housing units. Onsite observations and formal and informal interviews with staff revealed residents are able to shower, change clothing and perform bodily functions without being seen by staff of either gender. Residents can do so behind a closed door, a frosted shower door, or a "PREA friendly" shower curtain. Staff interviews confirmed female staff would announce their presence if they were to enter one of the housing units. They also confirmed residents are able to shower, change clothing, and perform bodily functions without being seen by female staff. Resident interviews confirmed female staff do not work in the housing units, but they would announce their presence if they were to enter one of the housing units. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions. The evidence shows residents 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 checks. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Based on the review of the Pre-audit questionnaire, staff and resident interviews, staff training logs, and onsite observations, the facility follows this provision of the standard.

**Provision (e):**

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

JRBH PREA Policy Section II, B, Paragraph 5, Page 90 states at no time shall staff conduct a physical examination of transgender or intersex residents solely for the purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Staff interviews confirmed they are aware facility policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff interviews, and staff training logs, the facility follows this provision of the standard.

**Provision (f):**

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

JRBH PREA Policy Section II, B, Paragraph 6, Page 90 states JRBH shall train staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs only in exigent circumstances.

The facility conducts this training annually using a Cross-Gender and Transgender Pat Searches Training Video, Cross-Gender and Transgender Pat Searches Training Curriculum, and Guidance in Cross-Gender and Transgender Pat Searches developed by The Moss Group, Inc. Training participation is documented with PREA Annual Training Records. Staff interviews confirmed they receive this training annually. The evidence shows staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Based on the review of the Pre-audit questionnaire, staff interviews, and staff training logs, the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. JRBH prohibits cross-gender strip searches or visual body cavity searches except in exigent circumstances. Also, staff shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility prohibits cross-gender viewing of residents while showering, changing clothing, and performing bodily functions. Staff of opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes. Facility policy prohibits staff from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs only in exigent circumstances. No corrective action is required.

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

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

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
  
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Nonoccurrence - Residents with Disabilities and Residents with Limited English Proficiency (Memo)
- Contract with Male' Thompson - Spanish Interpreter
- Contract with Joellen Freeman - certified speech language pathologist
- Access to International Language Center (included in annual training)
- PREA Orientation for Residents who are Limited English Proficient – Spanish
- PREA Educational Material - Spanish
- Interpreter Contact Information
- 5 Ways to Report - Spanish
- Staff PREA Training Sign-in Logs for 2017 and 2018
- Interviews
  - Agency Head
  - Random sample of Staff
  - Residents (with disabilities or who are limited English proficient) - None present
- Observations during onsite review of facility

### Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or

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

A memorandum from the facility Administrator states the facility shall take all necessary steps to ensure that a resident has an equal opportunity to participate in or benefit from JRBH's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. The Agency Head confirmed the facility has established procedures to provide residents with disabilities and residents who are Limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The evidence shows residents with disabilities are provided 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. Based on the review of the Pre-audit questionnaire, contract with the certified speech language pathologist, access to the International Language Center, and Agency Head interview, JRBH follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section II, F, Paragraph 2, Page 90 states the facility shall take all necessary steps to ensure that a resident has an equal opportunity, to participate in, or benefit from, the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. JRBH has memorandums of understanding with Male' Thompson, an Optimal and Black Diamond, MTI and SPOTS interpreter, and with Joellen Freeman, a certified speech language pathologist. JRBH utilizes the International Language Center which is accessible 24/7.

The facility provides annual training on "How to Use the International Language Center 24/7 Emergency Service". This training is given in the event there might be an emergency request for interpretation. The International Language Center provides consecutive or simultaneous foreign language interpreting, American Sign Language, etc. No residents with disabilities or who are limited English proficient were present during the onsite phase of the audit.



The evidence shows the facility ensures meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Based on the review of the Pre-Audit Questionnaire, contract with a Spanish language interpreter, contract with a certified speech language pathologist, access to the International Language Center for foreign language interpreting, American Sign Language, etc., resident Spanish language PREA education and orientation materials, and annual training on "How to Use the International Language Center 24/7 Emergency Service", the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section II, E, Paragraph 3, Page 90 states the use of resident interpreters, resident readers, or other types of resident assistants is prohibited 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. Any use of a resident interpreter shall be documented.

There were no residents in need of an interpreter during the onsite phase of the audit. Staff interviews confirmed no resident interpreters, resident readers, or other types of resident assistants have been used in relation to allegations of sexual abuse or sexual harassment in the 12 months preceding the audit. The evidence shows resident interpreters, resident readers, or other types of resident assistants are not used in relation to allegations of sexual abuse or sexual harassment, absent exigent circumstances. Based on the review of the Pre-audit questionnaire, contract with a Spanish language interpreter, access to the International Language Center for foreign language interpreting, American Sign Language, etc., and staff interviews, the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Residents with disabilities are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility ensures 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. The use of resident interpreters, resident readers, or other types of resident assistants is prohibited except in limited circumstances.

## **Standard 115.317: Hiring and promotion decisions**

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

#### **115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No



#### 115.317 (d)

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

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

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

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- 2017 DCFS Criminal Background Check Requirements
- DCFS Criminal Record Clearances for Caretakers in Residential Settings – Examples
- Annual Criminal Records Check Spreadsheet
- OJJ Criminal Background Check and State Central Registry Check Requirements
- Louisiana State Central Registry Law
- Louisiana State Central Registry Risk Evaluation Panel
- DCFS State Central Registry Disclosure - Examples
- PREA Disclosure - Examples
- Interview
  - Administrative (Human Resources) Staff
- Observations during onsite review of facility

#### **Provision (a) & (f):**

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

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

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

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

JRBH PREA Policy Section II, F, Paragraphs 6-7, Page 91 states all applicants are asked about any prior misconduct involving any sexual activity. In addition, JRBH shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, JRBH does not hire anyone who has engaged in sexual

abuse in a prison, jail, community confinement facility, nor anyone, who has used or attempted to use force in the community to engage in sexual abuse.

The PREA Disclosure Form asks the three questions required by this provision, plus other questions relevant to hiring and promotion procedures. Several examples were provided to the auditor during the Pre-onsite phase of the audit. These questions are asked during hiring, employee evaluations and promotions. The interview with the Administrative Assistant confirmed the facility ask all applicants and employees who may have contact with residents about previous misconduct described in this provision of the standard. The evidence shows the facility asks about prior misconduct during hiring, employee evaluations and promotions. Based on the review of the Pre-audit questionnaire, reviewing examples of the PREA Disclosure Form, reviewing personnel records, and the interview with the Administrative Assistant, the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section II, F, Paragraph 8, Page 91 states JRBH shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with residents.

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

**Provisions (c) & (d):**

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

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

JRBH PREA Policy Section II, F, Paragraphs 1-5, Page 91 state prior to employment, Johnny Robinson's Boys Home subjects any person who will maintain contact with juveniles, whether they are staff, volunteer or contractor, to a criminal background check pursuant to the Louisiana Child Protection Act. LA. R.S. 15:587.1. Additionally, the facility requires that all staff members, volunteers and contractors, who have direct contact with residents, prior to employment; submit completed fingerprint cards and releases to the Department of Public Safety and Corrections, Bureau of Criminal Identification, as mandated by statute. Prospective employees, volunteers and contractors, who maintain direct contact with residents, shall also complete State Central Registry Disclosure forms

before acceptance for employment. The facility does not hire any prospective employee, nor enlist the services of any volunteer or contractor who may have contact with residents, whose criminal record check is returned with an indication of any sexual abuse, harassment, or other sexual crime in violation of any applicable state or federal regulations. Consistent with law, JRBH makes its best effort to check with previous employers of any potential employee, volunteer or contractor who may have contact with juveniles for any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility provided several examples of DCFS Criminal Record Clearances for Caretakers in Residential Settings and DCFS State Central Registry Disclosures during the Pre-onsite phase of the audit. The interview with the Administrative Assistant confirmed the facility makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The evidence shows JRBH has an extensive background process. Based on the review of the pre-audit questionnaire, reviewing back ground and child abuse registry checks, reviewing employee records, and the interview with the Administrative Assistant, the facility follows this provision of the standard.

**Provision (e):**

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

JRBH PREA Policy Section II, F, Paragraph 10, Page 91 states the facility conducts annual criminal background record checks on all current employees, volunteers and contractors who have direct contact with residents. State Central Registry forms are also completed on all current employees, volunteers and contractors annually according to state law.

In addition to the DCFS Criminal Record Clearance examples and DCFS State Central Registry Disclosure examples, the facility provided the auditor with a spreadsheet showing that all employees receive these checks annually. The Administrative Assistant also confirmed that these checks are done annually.

Based on the review of the Pre-audit questionnaire, reviewing related background checks and documentation, and interviewing the Administrative Assistant, the evidence shows that JRBH substantially exceeds this standard provision by requiring these checks annually rather than at 5 year intervals.

**Provision (g):**

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

JRBH PREA Policy Section II, F, Paragraph 9, Page 91 states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

**Provision (h):**

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

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds the standard regarding hiring and promotion decisions. The facility asks the required questions concerning misconduct during hiring, employee evaluations and promotions. The facility considers any incidents of sexual harassment in hiring and promotion decisions. JRBH has an extensive background process. JRBH substantially exceeds this standard by requiring background checks annually rather than at 5 year intervals. Lastly, the facility would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon request.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- 2017 Meeting minutes - discussions of video surveillance system
- Facility Site Map showing camera locations
- Facility Schematics
- Interviews
  - Agency Head
  - Superintendent or Designee (Facility Administrator)
- Observations during onsite review of facility

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

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

JRBH PREA Policy Section II, G, Paragraph 1, Page 91 states the facility shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse when designing or acquiring any new facility, and in planning in any substantial expansion, or modification of existing facilities.

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

#### **Provision (b):**

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

JRBH PREA Policy Section II, G, Paragraph 2, Page 91 states the facility shall utilize a video camera system in order to review recordings for investigation purposes in support of its PREA effort. Recordings may be reviewed up to fourteen (14) days during "motion only" option. The system acts as a deterrent which enhances the ability to protect residents from sexual abuse.

The facility upgraded its video surveillance system in August of 2017 with a Hybrid HD/IP camera system purchased from DCS Security and Communications. Eight (8) additional cameras were



installed. The interview with the Agency Head/Facility Administrator confirmed enhancing the facility's ability to protect residents from sexual abuse was considered when updating the video monitoring system. Based on the review of the Pre-audit questionnaire, review of the video surveillance system meeting minutes, review of the facility site map showing camera locations, onsite observation of the camera placements and technology, and interviews with the Agency Head/Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding upgrades to facilities and technologies. JRBH is not a new facility and there have been no substantial expansions or modifications since the last PREA audit. An upgrade of the video surveillance system in 2017 took into consideration the facility's ability to protect residents from sexual abuse. No corrective action is required.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)



- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- PREA Protocol Reference Sheet
- JRBH Flow Chart - Process for Inquiry into a Sexual Abuse Allegation
- Louisiana Law, Act 229 - billing for forensic medical examinations
- MOU - Ouachita Parish Coroner's Office (SAFE/SANE)
- MOU - The Wellspring Alliance for Families
- MOU - Monroe Police Department
- Staff Member Victim Advocate Certification
- Non-occurrence of Victim Advocate Services (Memo)
- PREA Critical Incident Report Form
- Interviews
  - Agency Head
  - Random Sample of Staff
  - SAFEs/SANEs
  - PREA Coordinator
  - Residents who Reported a Sexual Abuse - None present

### Provisions (a) & (b):

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

**(b)** The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on

Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

JRBH PREA Policy Section III, A, Paragraph 1, Page 92 states JRBH shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and shall be appropriate for juveniles. Staff shall adhere to the Code of Federal Regulations 115.364 regarding staff first responder duties.

JRBH does not conduct administrative or criminal investigations of sexual abuse. These investigations are conducted by the Louisiana Office of Juvenile Justice and the Monroe Police Department. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. Based on the review of the Pre-audit questionnaire, staff interviews, and reviewing related documents, evidence shows the facility follows this provision of the standard.

**Provision (c):**

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

JRBH PREA Policy Section III, A, Paragraph 2, Page 92 states forensic medical examinations by a certified SAFE or SANE shall be provided free of charge to the victim at the St. Francis Medical Center Emergency Room which has a SANE on duty 24/7. JRBH staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available.

The facility has a MOU with the Ouachita Parish Coroner's Office for SAFEs/SANEs. A telephone interview with the coroner's office confirmed a SAFE/SANE would be made available and examinations would be conducted at the St. Francis Medical Center Emergency Room. Louisiana Law, Act 229 states the examinations would be offered without financial cost to residents who experience sexual abuse. The evidence shows JRBH has access to a SAFE/SANE at no financial cost to a victim. Based on the review of the Pre-audit questionnaire, related documents, and interview with the coroner's office, the facility follows this provision of the standard.

**Provisions (d) & (e):**

**(d)** The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

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

JRBH PREA Policy Section III, A, Paragraphs 3-4, Page 92 states a victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the Wellspring Alliance for Families with whom JRBH has a memorandum of understanding. If requested by the victim, a victim advocate or the Facility Administrator, who is a trained qualified staff member, can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. JRBH staff shall document the efforts to secure services from the rape crisis center.

An interview with the PREA Coordinator confirmed the facility shall attempt to make available to the victim a victim advocate from the Wellspring Alliance for Families or the Facility Administrator who is a trained qualified staff member. The evidence shows that the facility exceeds the requirements of providing a victim advocate by having a MOU with a community-based organization and a trained qualified staff member. Based on the review of the Pre-audit questionnaire, review of related documents, and the interview with the PREA Coordinator, the facility complies with and exceeds these provisions of the standard.

**Provisions (f) & (g):**

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

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

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

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

JRBH PREA Policy Section III, A, Paragraph 5, Page 92 states JRBH staff shall request that any investigating agency follow the requirements contained in 28 C.F.R. § 115.321 (a.-f.). Allegations of sexual abuse or sexual harassment which involves potentially criminal behavior will be referred to the Monroe Police Department.

The MOU with the Monroe Police Department (MPD) is inclusive of the requirements of the standard. A telephone interview with the Chief of Police's office confirmed the MPD would follow the requirements of the standard. An Interview with the Louisiana OJJ Investigator confirmed the OJJ would participate in the facility's SART and fully comply with the standard requirements.

The evidence shows that JRBH does not conduct administrative or criminal investigations, but the investigating agencies would follow the requirements of the standard. Based on review of the Pre-audit questionnaire, related documents, and interviews with the MPD and OJJ Investigator, the facility is in compliance with these provisions of the standard.

**Provision (h):**

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

The Facility Administrator is a qualified victim advocate. The facility provided a certificate confirming he received training from the Sexual Trauma Awareness and Response Center. He confirmed this during the interview process.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding evidence protocol and forensic medical examinations. The facility exceeds the requirements of providing a victim advocate by having a MOU with a community-based organization and a trained qualified staff member. JRBH does not conduct administrative or criminal investigations of sexual abuse. These investigations are conducted by the Louisiana Office of Juvenile Justice and the Monroe Police Department. The facility provides access to a SAFE/SANE at no financial cost to a resident victim of sexual abuse. JRBH ensures investigating agencies would follow the requirements of the standard through MOU's and policy requirements. No corrective action is required.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

#### 115.322 (a)

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

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes    No    NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Louisiana Mandatory Reporting Law
- MOU - Monroe Police Department
- OJJ Standard Operating Procedures for reporting alleged abuse
- OJJ Youth Safety Guide
- DCFS Reporting Requirements for Abuse
- JRBH OJJ/Social Services Contract
- DCFS Child Protection Handbook
- DCFS Mandated Reporter Form
- DCFS Critical Incident Reporting Form
- Memo – Referrals for investigation
- Interview
  - Agency Head

### Provision (a):

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

JRBH PREA Policy Section VIII, A, Paragraph 1, Page 100 states it is the policy of JRBH that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation, and inquiry. The facility refers all suspected incidents of sexual abuse immediately to the appropriate agency for criminal and administrative investigation as specified in Part III Responsive Planning, Sections A. and B. of this chapter. All criminal investigations are referred immediately to the Monroe Police Department. The La. Office of Juvenile Justice and the La. Child Protection Unit are notified as required. JRBH follows strict notification procedures regarding State agencies / placement authority. JRBH refers all incidents to investigating authorities.

The Agency Head confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. He reported one (1) allegation of sexual abuse was investigated and determined to be unfounded. The alleged victim made a false allegation and was arrested by the Monroe Police Department for filing a false police report.

The evidence shows all suspected incidents of sexual abuse and sexual harassment are referred to the appropriate governmental agency for criminal and administrative investigation. Based on the review of the Pre-Audit Questionnaire, related documentation and interview with the Agency Head, the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section VIII, A, Paragraph 2, Page 100 states JRBH maintains a memorandum of understanding agreement letter on file requesting the Monroe Police Department to adhere to specific requirements regarding sexual abuse investigations and evidence collection procedures involving juvenile victims according to PREA Standards.

Evidence shows that the facility has an MOU with the Monroe Police Department form criminal investigations. The facility does not have a website. Copies of the policy are available to the public through placement on a credenza in the foyer in the main house. Based on the review of the Pre-audit questionnaire, related documents, and observation of the public availability of the investigations policy, the facility follows this provision of the standard.

**Provision (c):**

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

The MOU with the Monroe Police Department describes responsibilities of both JRBH and the MPD.

**Provision (d):**

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

The Louisiana Office of Juvenile Justice and the Department of Children and Family Services are responsible for conducting administrative investigations.

**Provision (e):**

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

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. JRBH policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility makes the policy available to the public. The MOU with the Monroe Police Department describes responsibilities of both the facility and the MPD. The Louisiana Office of Juvenile Justice and the Department of Children and Family Services are responsible for conducting administrative investigations. There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at JRBH. No corrective action is required.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No



- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memorandum Confirming Employee Training
- JRBH Employee PREA Training Curriculum
- Gender-influenced Socialization, Communication Styles and Behaviors
- PREA Staff Pamphlet – “What Staff Should Know About Sexual Misconduct with Juveniles”
- PREA Posters
- Staff First Responder Cards
- Staff Receipt of PREA Training (examples)
- Staff Training Record Examples for 2017 and 2018.
- Interviews
  - Random Sample of Staff
- Observations during onsite review of facility

#### Provisions (a) and (c):

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

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

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

JRBH PREA Policy Section IV, A, Paragraph 1, Page 93 states Johnny Robinson's Boys Home staff shall receive training based on PREA employee training standards. Staff shall receive full PREA curriculum training once annually to ensure staff compliance with PREA standards. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. JRBH shall provide each employee with refresher and awareness level training monthly to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures.

Upon hire and annually thereafter, JRBH will provide PREA training on the following: JRBH's zero tolerance policy for sexual abuse and sexual harassment; JRBH's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; Clients'/Residents' rights to be free from sexual abuse and sexual harassment; The right of clients/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in a residential treatment facility; The common reactions of sexual abuse and sexual harassment juvenile victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with clients/residents; How to communicate effectively and professionally with clients/residents, including gay, bisexual, transgender, intersex or gender nonconforming residents, and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and Relevant laws regarding the applicable age of consent. (non-consent due to custodial nature at JRBH)

Training is conducted annually and refresher training is provided on a monthly basis at staff meetings. Staff are given a test following the training. The JRBH Employee PREA Training Curriculum includes all of the topics required by the standard. Staff are provided a PREA Pamphlet, "What Staff Should Know about Sexual Misconduct with Juveniles" and Staff First Responder Cards. Additionally, PREA Posters are available throughout the facility. Staff interviews confirmed they have received training on the 11 required topics. Most staff interviewed stated they received training within the last few months. The facility provided the auditor with a memorandum stating all staff have received the training required by the standard.

The evidence shows staff are provided all of the required training topics. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials, reviewing staff training records, and staff interviews, the facility substantially exceeds the requirements of the standard. The frequency and extent of training well exceeds the two year requirement.

**Provision (b):**

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

JRBH PREA Policy Section IV, A, Paragraph 2, Page 93 states training is tailored to the unique needs and attributes and gender of the residents at the facility.

This area of training is accomplished with Gender-influenced Socialization, Communication Styles and Behaviors. The training is provided annually. Training sign-in sheets were provided to the auditor for verification. The facility follows this provision of the standard.

**Provision (d):**

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

JRBH PREA Policy Section IV, A, Paragraph 5, Page 93 states staff shall sign a training roster upon completion of training documenting that they understand the training they have received.

Staff sign the Staff Receipt of PREA Training form confirming they have completed the required training. The facility provided the auditor with several examples for verification. Additionally the facility provided a spreadsheet documenting staff have received the training in 2017 and 2018. The facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility substantially exceeds the requirements of this standard regarding employee training. Training is conducted annually and refresher training is provided monthly at staff meetings. Training is tailored to the unique needs and attributes and gender of the residents at the facility Staff sign a form acknowledging they have completed training and take a test. No corrective action is required.

## Standard 115.332: Volunteer and contractor training

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

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Volunteer and Contractor Training Curriculum
- Volunteer and Contractor Receipt of PREA Training Form
- JRBH Curriculum Training Records
- JRBH Notice of Zero Tolerance Policy for Volunteers/Contractors
- Interviews
  - Volunteer(s) or Contractor(s) who have Contact with Residents – JRBH does not use the services of volunteers or contractors who have contact with residents.

**Provision (a):**

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

JRBH PREA Policy Section B, Paragraph 1, Page 93 states the PREA Coordinator shall ensure that all volunteers and contractors who have direct contact with clients/residents have been trained on their responsibilities under JRBH's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Currently, JRBH does not use the services of any volunteers or contractors. If volunteers or contractors were to be used at the facility they would receive training based on the JRBH PREA Volunteer and Contractor Training Curriculum.

**Provision (b):**

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

JRBH PREA Policy Section B, Paragraphs 2-3, Page 93 states the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with clients/residents. Training needs for volunteers and contractors who have contact with clients/residents will be assessed by the PREA Coordinator. All volunteers and contractors who have contact with clients/residents will be trained on JRBH's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

If the facility were to use the services of volunteers or contractors they would sign the JRBH Notice of Zero Tolerance Policy for Volunteers/Contractors form confirming they have been informed of the policy. Documentation of the forms from volunteers who previously provided services to the facility were provided.

**Provision (c):**

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

JRBH PREA Policy Section B, Paragraph 4, Page 93 states JRBH will maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be based on the same PREA subject matters as regular staff receive during training.

Volunteers and contractors would sign the Volunteer and Contractor Receipt of PREA Training form and sign a training log. Documentation of training records for previous volunteers and contractors was provided to the auditor.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. Although the facility currently does not use the services of volunteers or contractors, all provisions of the standard would be followed. No corrective action is required.

## Standard 115.333: Resident education

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

#### 115.333 (a)

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

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

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



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

### 115.333 (e)

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

### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Juvenile Receipt of Youth Safety Guide regarding sexual abuse – examples
- OJJ Youth Safety Guide
- JRBH Youth Handbook - PREA section
- JRBH Placement Agreement Excerpts:
  - JRBH PREA Grievance and Appeal Process (pg. 10)
  - OJJ Youth Safety Guide “There is No Excuse for Abuse” (pgs. 21 & 22)
  - The Wellspring Rape Crisis & Victim Advocacy information (pg. 24)
  - JRBH Youth Confirmation of “The Wellspring” PREA (pg. 25)
  - PREA education material – “You Have the Right to Be Safe from Sexual Violence” (pgs. 26,27 & 28)
- Youth Confirmation of Receipt of PREA – examples

- PREA education material – What to Know About Sexual Misconduct (age appropriate)
- JRBH PREA Resident Pamphlet – “What Residents Should Know About Sexual Abuse” (Lower Functioning)
- PREA Orientation Education Material (Power Point Presentation) English & Spanish
- PREA Education Material – Spanish
- Residents with Limited English Proficiency (interpreter contact information) & MOU’s
- International Language Center 24-hour contact information
- Resident PREA Posters
  - OJJ “Break the Silence, Make the Call”
  - JRBH Zero Tolerance Poster with reporting instructions & contact information
  - 5 Ways to report poster (English and Spanish)
- JRBH Continuing Education-Thinking for a Change Group Therapy Notes with PREA Worksheet
- PREA Refresher Information for Thinking for a Change & the Louisiana Model for Secure Care
- Resident Participation in education sessions - examples
- Interviews
  - Intake Staff
  - Random Sample of Residents
  -
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section IV, C, Paragraph 1, Page 93 states within the first twenty-four (24) hours of placement, intake personnel shall inform the youth about the facility’s zero-tolerance policy towards all forms of sexual abuse and harassment, as well as provide the grievance procedures for reporting incidents or suspicions of sexual abuse or sexual harassment and the JRBH policy against retaliation for such reporting.

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

**Provision (b):**

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

JRBH PREA Policy Section IV, C, Paragraph 2, Page 93 states within ten (10) days of intake, youth shall read the “PREA Orientation Power Point Guide” printout of the Louisiana Office of Juvenile Justice. They are advised of their rights to be free from sexual abuse and incidents, and regarding JRBH’s policies and procedures for responding to such incidents.

The intake staff reported she ensures residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents by requiring the residents to read the Youth Safety Guide regarding sexual abuse and harassment. Residents also read their rights and responsibilities, which include the right to be free from abuse and neglect. The residents sign the facility’s rules and regulations form acknowledging that they have been informed about the facility’s policies and procedures regarding reporting of sexual abuse and sexual harassment. Lastly, the residents participate in PREA groups as part of the Louisiana Model for Secure Care (LAMOD) program. Based on the review of the Pre-audit questionnaire, related documents, and interview with the intake staff, evidence shows the facility exceeds this provision of the standard.

**Provision (c):**

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

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

**Provision (d):**

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

JRBH PREA Policy Section IV, C, Paragraph 2, Page 93 states PREA education is accessible to all clients, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. The Wellspring Alliance for Families, Male’ Thompson and Joellen Freeman will assist with any problems in communications. JRBH has memorandums of understanding on file.

Based on the review of the Pre-audit questionnaire, contract with the Spanish language interpreter, contract with the certified speech language pathologist, access to the International Language Center for foreign language interpreting, American Sign Language, etc., and resident Spanish language PREA education and orientation materials, and the JRBH PREA Resident Pamphlet “What Residents Should Know About Sexual Abuse” for lower functioning youth, the facility follows this provision of the standard.

**Provision (e):**

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

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA which is then placed in their file. Examples were provided to the auditor for verification. The residents also sign the Juvenile Receipt of the Youth Safety Guide, and placement agreements regarding the JRBH PREA Grievance and Appeal

Process, and the Wellspring Rape Crisis & Victim Advocacy Center. These signed placement agreements were observed during the review of the resident's files.

**Provision (f):**

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

Resident PREA Posters are located through the facility. They include OJJ "Break the Silence, Make the Call"; JRBH Zero Tolerance Poster with reporting instructions & contact information; and 5 Ways to report poster (English and Spanish). The resident handbook includes important PREA information including contact information for reporting. The auditor observed the placement of the posters during the facility site review. The resident handbook reinforces the availability of PREA education for the juveniles. It includes important PREA information, including contact information for reporting.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident education. The residents are provided education on all required PREA topics during intake, again within 10 days, and during groups. Additionally, PREA education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. Residents sign the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA. PREA information is continuously and readily available to residents through posters, handbooks, and pamphlets. No corrective action is required.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Monroe Police Department Confirmation of Investigative Training
- Monroe Police Dept. MOU – Responsible Agency for Conducting Criminal Investigations
- OJJ Confirmation of Investigative Training
- OJJ Training Transcripts
- Interviews
  - Investigative Staff - JRBH does not employ employee investigative staff. The auditor interviewed the Louisiana Office of Juvenile Justice Director of Investigative Services.

#### Provision (a):

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

JRBH PREA Policy Section IV, D, Paragraph 1, Page 93 states JRBH refers all suspected incidents of sexual abuse to the appropriate governmental agency for criminal and administrative investigation. All investigations are referred to the Monroe Police Department, Louisiana Department of Children and Family Services' Child Protection Unit and the Louisiana Office of Juvenile Justice.

JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. An interview with the OJJ Director of Investigations confirmed he and other investigators have received training specific to conducting sexual harassment investigations in confinement settings. The specialized training was accomplished through the PRC and NIC. Based on the review of the Pre-audit questionnaire, training records and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

A MOU with the Monroe Police Department states the Department's investigators will receive training as required by the standard. An accompanying memorandum states the investigators have been adequately trained to conduct sexual abuse investigations in confinement settings. A memorandum from the Louisiana Office of Juvenile Justice Director of Investigations states Investigative Services has trained investigators available to investigate PREA-related incidents at the facility. An interview with the OJJ Director of Investigations confirmed he has received training in conducting investigations in confinement settings. Based on the review of the Pre-audit questionnaire and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH does not employ investigators. The memoranda discussed in provision (b) provide information concerning training for the Monroe Police Department and the Louisiana Office of Juvenile Justice Investigative Services Division. The Louisiana Office of Juvenile Justice maintains Training Transcripts Documenting agency investigators have completed the required specialized training in conducting sexual abuse investigations.

**Provision (d):**

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

A memorandum from the Louisiana Office of Juvenile Justice Director of Investigations states Investigative Services has trained investigators available to investigate PREA-related incidents at JRBH.



**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. JRBH staff do not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. No corrective action is required.

**Standard 115.335: Specialized training: Medical and mental health care****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.335 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

**115.335 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

**115.335 (d)**



- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- LCSW Staff Receipt of 115.331 required PREA training & specialized training
- Mental Health Practitioner’s DOJ Training Certificate of Completion (NIC)
- Memo - JRBH does not employ medical staff.
- Interviews
  - Medical Staff - JRBH does not employ medical staff.
  - Mental Health Staff

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

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

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

JRBH PREA Policy Section IV, D, Paragraph 1, Page 93 states the facility utilizes community resources for medical practitioners. The facility employs a full time Licensed Clinical Social Worker (“LCSW”) for youth therapy services who maintains a current license and receives twenty (20) hours of continuing

education pertaining to sexual abuse and detection annually, as well as the required PREA training. Documentation of said training is maintained in facility records.

The LCSW has received specialized training from the National Institute of Corrections (NIC). The facility provided the auditor with copies of her certificates for verification. Lastly, the interview with the LCSW confirmed she has received the specialized training topics. Based on the review of the Pre-audit questionnaire, NIC certificates, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH does not employ medical staff.

**Provision (c):**

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

The facility maintains copies of the LCSW's NIC certificates for the required specialized training topics. Copies were provided to the auditor for verification.

**Provision (d):**

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

THE LCSW completes the PREA training mandated for employees under § 115.331 annually. This training is documented with the Staff Receipt of PREA Training. The facility provided the auditor with copies of the receipts of training for 2017 and 2018. Based on the review of the Pre-audit questionnaire, Staff Receipts of PREA Training, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. The LCSW has received specialized training from the NIC. The facility maintains copies of the LCSW's NIC certificates for the required specialized training topics. THE LCSW completes the PREA training mandated for employees under § 115.331 annually. JRBH does not employ medical staff. No corrective action is required.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION  
AND ABUSIVENESS**

**Standard 115.341: Screening for risk of victimization and abusiveness**

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

**115.341 (a)**

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

**115.341 (b)**

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

**115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Screening Tool for Risk of Sexual Victimization and Abusiveness
- JRBH Health Screening Form
- JRBH Housing Unit Placement Form

- JRBH PREA Risk Reassessment Form
- Sample of Residents' Records (Admitted to facility and screened within 72 hours)
- Interviews
  - PREA Coordinator
  - Staff Responsible for Risk Screening
  - Random Sample of Residents
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section V, A, Paragraph 1, Page 94 states that within seventy-two (72) hours upon arrival to the facility, the administrative assistant and/or facility social worker shall interview the client at intake to obtain information about the youth's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The client's risk level shall be reassessed every six months during an administrative review.

JRBH uses the Screening Tool for Risk of Sexual Victimization and Abusiveness within 72 hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Risk levels are reassessed every 6 months using the PREA Risk Reassessment Form. The facility provided the auditor with examples of the screening tool and the auditor observed additional examples when reviewing resident files. The Administrative Assistant responsible for risk screening confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs within 72 hours of intake, usually on the first day. She stated risk levels are reassessed every 6 months. All residents interviewed entered the facility within the past twelve months. They confirmed they were asked questions like the following examples at intake:

- (1) Have you ever been sexually abused?
- (2) Do you identify with being gay, bisexual or transgender?
- (3) Do you have any disabilities?
- (4) Do you think you might be in danger of sexual abuse at the facility?

Based on the review of the Pre-audit questionnaire, review of resident records, interview with the Administrative Assistant responsible for risk screening, and resident interviews, the evidence shows that resident's risk levels are assessed during intake, but no later than 72 hours of their arrival at the facility. Additionally, risk levels are reassessed every 6 months. The facility follows this provision of the standard.

**Provision (b):**

Such assessments shall be conducted using an objective screening instrument.

JRBH PREA Policy Section V, A, Paragraph 2, Page 94 states the risk assessment is conducted using an objective screening instrument.

The auditor reviewed the JRBH Screening Tool for Risk of Sexual Victimization and Abusiveness and found it to be inclusive of the criteria required by the standard. Based on the resident's responses they are assigned a risk level for potentially being at risk of being sexually aggressive, sexually vulnerable, both, or neither.

**Provision (c):**

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

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

JRBH PREA Policy Section V, A, Paragraph 4, Page 94 states the administration and social worker shall attempt to ascertain information about the following items in order to effectively accomplish this objective: Prior sexual victimization or abusiveness; Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, intersex, and whether the resident may therefore be vulnerable to sexual abuse; Current charges and offenses history; Age; Level of emotional and cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; Physical Disabilities; The resident's own perception of vulnerability; and Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Screening Tool for Risk of Sexual Victimization and Abusiveness and determined all factors required by this provision of the standard are included. The interview with the Administrative Assistant responsible for risk screening confirmed she is aware of the elements of the risk screening instrument.

**Provision (d):**

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

JRBH PREA Policy Section V, A, Paragraph 5, Page 94 states the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file.

The interview with the Administrative Assistant responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Screening Tool for Risk of Sexual Victimization and Abusiveness. Other assessments and records are referred to as needed.

**Provision (e):**

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

JRBH PREA Policy Section V, A, Paragraph 3, Page 94 states that to ensure confidentiality and sensitivity of the information of the resident's responses, information will be kept in the resident's confidential file and not shared with unauthorized persons. Only persons authorized by the Administrator, including, but not limited to, the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the social worker shall have knowledge of the findings and responses in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them. Interviews with the Administrative Assistant and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the LCSW. The evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness. JRBH uses the Screening Tool for Risk of Sexual Victimization and Abusiveness and the PREA Risk Reassessment Form to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Screening Tool for Risk of Sexual Victimization and Abusiveness is an objective screening instrument that ascertains information about all of the topics required by provision (c). The Administrative Assistant ascertains information through conversations with the residents during the intake process using the screening tool and reviewing relevant records. Sensitive information is secured and available only to certain facility staff. No corrective action is required.

## **Standard 115.342: Use of screening information**

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

#### **115.342 (a)**



- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

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

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Screening For Risk of Sexual Victimization & Abusiveness tool with Housing Placement Forms - Examples
- PREA Risk Reassessment Form
- Memo - nonoccurrence of residents at-risk of victimization placed in isolation
- Memo - no occurrence of residents being identified to be LGBTI for housing purposes
- JRBH Isolation Activity Log Form
- Memo – nonoccurrence of 30-day reviews for residents placed in isolation
- Interviews
  - Facility Administrator
  - PREA Coordinator
  - Staff Responsible for Risk Screening
  - Staff who Supervise Residents in Isolation – No isolation
  - Medical Staff – JRBH does not employ medical staff.
  - Mental Health Staff
  - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - No isolation
  - Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – None present
- Observations during onsite review of facility

#### Provision (a):

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

JRBH PREA Policy Section V, B, Paragraph 1, Page 94 states Johnny Robinson's Boys Home utilizes all information obtained standard § 115.341 to determine the most appropriate housing and bed accommodations and other related activities for youth to prevent potential occurrences of sexual abuse and to ensure the safety of all youth.

The facility uses the Housing Placement Form to document housing and bed assignments. Examples were provided to the auditor for verification. Additionally, the auditor reviewed resident files to confirm this practice. Interviews with the Administrative Assistant and PREA Coordinator confirmed the facility uses the information from the risk screening during intake to make housing and room assignments with the goal of keeping all residents safe and free from sexual abuse. Based on the review of the Pre-audit questionnaire, review of resident files, and interviews with the Administrative Assistant and PREA Coordinator, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section V, B, Paragraph 2, Page 94 states any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk residents may only be placed in isolation in an emergency situation, and only as a last resort if less restrictive measures are inadequate to keep the resident safe.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and LCSW confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The Isolation Activity Log would be used to document the residents' rights to daily large-muscle exercise and any legally required educational programming or special education services are provided. Based on the review of the Pre-audit questionnaire, related documents and interviews with the Facility Administrator and LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section V, B, Paragraph 3, Page 94 states JRBH does not consider sexual orientation or gender identification as an indicator of likelihood of sexual abusiveness, and as such, does not make housing determinations based on sexual orientation.

No residents who identified as LGBTI were at the facility during the audit. The PREA Coordinator confirmed LGBTI residents would not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor would the facility consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

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

JRBH PREA Policy Section V, B, Paragraph 4, Page 94 states in making housing and bed determinations for transgender or intersex youth, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and Administrative Assistant confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

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

JRBH PREA Policy Section V, B, Paragraph 5, Page 94 states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and Administrative Assistant confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. They both stated the reassessments would be done sooner than six months based on the average length of stay being 6 to 9 months. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (f):**

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

JRBH PREA Policy Section V, B, Paragraph 6, Page 94 states a transgender or intersex resident's own views with respect to his or her safety shall be taken into consideration during said assignment.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and Administrative Assistant confirmed a

transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (g):**

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

JRBH PREA Policy Section V, B, Paragraph 2, Page 93 states transgender or intersex residents shall be given the opportunity to shower separately from other residents.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and Administrative Assistant confirmed a transgender or intersex resident would be given the opportunity to shower separately from other residents. Observations made during the site review revealed the single bathroom in the "Little House" allows for a resident to shower separately. Based on the review of the Pre-audit questionnaire, site review observations, and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (h):**

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

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

JRBH PREA Policy Section V, B, Paragraph 8, Page 95 states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall clearly document:

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

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

**Provision (i):**

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

JRBH PREA Policy Section V, B, Paragraph 9, Page 95 states every thirty (30) days, JRBH shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and LCSW confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation.

Based on the review of the Pre-audit questionnaire, site review observations of no isolation areas, and interviews with the Facility Administrator and LCSW, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. JRBH uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility has not isolated residents at risk of sexual victimization, but is prepared to follow all provisions of this standard pertaining to isolation. The facility prohibits placing LGBTI residents in particular housing, bed, or other assignments solely on the basis of such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The facility is prepared to provide a safe and secure environment and follow all provisions of the standard regarding transgender and intersex residents. No corrective action is required.

**REPORTING**

**Standard 115.351: Resident reporting**

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

**115.351 (a)**

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

**115.351 (b)**

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



- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- 5 Ways for residents to report poster
- JRBH Juvenile grievance/PREA grievance form
- JRBH Youth Handbook excerpt: PREA "You Have the Right to Be Safe from Sexual Assault & Abuse
- OJJ Youth Safety Poster: Break the Silence-Make the Call
- OJJ Youth Safety Guide
- PREA Grievance and Appeal Process
- JRBH PREA Intake and Orientation Process sheet

- You Have the Right to be Safe from Sexual Violence (part of intake process at JRBH)
- Youth Confirmation of Receipt of PREA
- MOU - Monroe Police Department (Responsible criminal investigative agency)
- MOU - Ouachita Parish Coroner's Office (SAFE/SANE and Third Party Reporting)
- MOU - Wellspring Alliance for Families (Rape Crisis Services/Victim Advocacy)
- Memo - JRBH does not detain residents solely for civil immigration purposes.
- Documentation made of verbal report of sexual abuse
- JRBH Emergency Plan Excerpt (staff privately reports sexual abuse/sexual harassment of residents)
- Interviews
  - PREA Coordinator
  - Random Sample of Staff
  - Random Sample of Residents
  - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section VI, A, Paragraph 1, Page 95 states JRBH provides a number of procedural avenues for residents to report suspected sexual abuse, sexual harassment, retaliation by other residents or staff for reporting abuse, or any staff member neglect of responsibilities that may have contributed to such an incident.

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

**Provision (b):**

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

JRBH PREA Policy Section VI, A, Paragraph 2, Page 95 states the facility has the Louisiana Office of Juvenile Justice's Youth Safety Guide posted in all dormitories along with a toll-free phone number to report instances of abuse. Nothing in this section shall prevent a resident from reporting abuse,

neglect, or harassment to any outside public or private agency, including, but not limited to, the Monroe Police Department, the Louisiana Office of Juvenile Justice, the Louisiana Department of Children and Family Services, any public school employee where the resident attends, or any other authoritative entity. In addition, a resident may make a report to the Wellspring Alliance for Families with whom JRBH has a memorandum of understanding for victim advocate and rape crisis services. The contact phone numbers and address are posted in the dorms. A resident may remain anonymous upon request. Residents shall have unimpeded access to a telephone in which to make a report. Staff shall allow for limited resident privacy during the call without losing observation of the resident. Residents are advised of staff mandatory reporting requirements. There are no time limitations within which a client may report suspected abuse.

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

- ① Monroe Police Department: 318-329-2600
- ① Louisiana Office of Juvenile Justice Hotline: 1-800-626-1430
- ① The Wellspring Alliance Rape Crisis Center Hotline: 1-800-716-7233
- ① The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273
- ① Ouachita Parish Coroner's Office: 318-327-1362

The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Resident interviews confirmed the youth were knowledgeable of their ability to make an anonymous report. The PREA Coordinator confirmed there are several ways for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. The facility provided a memorandum stating JRBH does not detain residents solely for civil immigration purposes. Based on the review of the Pre-audit questionnaire, observations of posters and pamphlets with hotline numbers, review of the resident handbook, and interviews with the residents and staff, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section VI, A, Paragraph 2.b, Page 95 states Staff shall accept reports made verbally, in writing, anonymously and from third parties. Staff shall immediately document any verbal report.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. All 8 staff interviewed stated they would document verbal reports immediately. Reports would be made to direct care supervisors, the Facility Administrator and the PREA Coordinator. Residents interviewed acknowledged they could report verbally or in writing. If they wanted to make a report without having to give their name a relative or friend could make the report for them. Based on the review of the Pre-audit questionnaire, and interviews with staff and residents, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

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

JRBH PREA Policy Section VI, A, Paragraph 3, Page 95 states residents are provided with the tools necessary to make written reports.

The PREA Coordinator confirmed residents have access to pens and pencils to write a grievance. The auditor observed the availability of writing utensils and grievance forms.

**Provision (e):**

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

JRBH PREA Policy Section VI, A, Paragraph 4, Page 95 states nothing shall prevent a staff member from privately reporting abuse, neglect, or harassment to the Administrator, PREA Coordinator, or any outside public or private agency, or any other authoritative entity. Any staff member may make a report utilizing any of the same methods as a resident.

Staff interviews confirmed they were knowledgeable they could privately report sexual abuse and sexual harassment of residents. Most named the grievance process as the preferred method.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. The residents have multiple internal ways for to privately report. The facility provides the residents with several ways to report abuse or harassment to a public or private entity or office. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately. Residents have access to pens and pencils to write a grievance. Staff can privately report sexual abuse and sexual harassment of residents. No corrective action is required.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo – nonoccurrence of PREA grievance extension
- JRBH Resident Handbook excerpt – “You have the right to be safe from sexual assault and abuse”
- Memo - nonoccurrence of written grievances alleging sexual abuse
- JRBH grievance/PREA grievance form
- Juvenile acknowledgement of receipt of PREA grievance and appeal process
- JRBH Third-party reporting form
- PREA Memo – nonoccurrence of grievances alleging sexual abuse / third-party / declination / emergency / disciplinary
- JRBH Parent Letter
- Interviews
  - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

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

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

JRBH PREA Policy Section V, I, Paragraphs 1-15, Pages 95 & 96 outlines the administrative procedures to address resident grievances regarding sexual abuse. Paragraph 1 states information related to sexual abuse or sexual harassment grievance procedures and administrative remedies is contained in the JRBH Placement Agreement which is included in the client intake paperwork. Residents are provided instructions on the procedures and then are asked to date and sign the form. In addition, PREA information is provided in the Parent/Guardian Letter which is mailed to the parent or legal guardian of a new client/resident.

The auditor confirmed JRBH has administrative procedures to address resident grievances regarding sexual abuse.

#### **Provision (b):**

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



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

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

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

JRBH PREA Policy Section V, I, Paragraphs 2-5, Page 96 state JRBH shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. JRBH ensures a formal process to address resident grievances regarding sexual abuse and sexual harassment, and prohibits an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment. A log of grievances filed shall be maintained at the facility. A copy of all findings shall be forwarded to the PREA Coordinator. Nothing in this section shall restrict JRBH's ability to defend against a lawsuit filed by a resident on the basis that the applicable statute of limitations has expired.

Based on the review of the Pre-audit questionnaire, review of the resident handbook, and review of the JRBH Placement Agreement (Juvenile acknowledgement of receipt of PREA grievance and appeal process), evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

**Provision (c):**

The agency shall ensure that—

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

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

JRBH PREA Policy Section VI, B, Paragraphs 6-8 state a resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance shall not be referred to a staff member who is the subject of the complaint. A locked drop box for grievances is also available. The box is checked daily by either the direct care supervisors, PREA Coordinator, or the Administrator. This system is used to provide youth and staff a means to place written sexual abuse or sexual harassment grievances privately and securely.

Based on the review of the Pre-audit questionnaire, review of the resident handbook, observation of the locked grievance box, and review of the JRBH Placement Agreement (Juvenile acknowledgement of receipt of PREA grievance and appeal process), evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

**Provision (d):**

(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

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

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

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

JRBH PREA Policy Section VI, B, Paragraphs 9 and 11-13 state residents may make a report of sexual abuse or sexual harassment to any staff member of JRBH at any time. The first level of the process is conducted by the Review Committee which consists of the Administrator, PREA Coordinator, a direct care supervisor, or a designee. The Review Committee will convene within three (3) working days of receiving the grievance. An emergency grievance will be reviewed immediately as in the manner indicated below within this section. At the Review Committee hearing, the client/resident may relate his version of the incident, call witnesses and question facts presented. Recommendations of the committee may include disciplinary action against staff or client/resident held responsible for inappropriate or illegal acts; further investigation; change in policy or procedures; or any and all of the above. All findings will be submitted in writing to the client/resident within three (3) additional days. The final level is an appeal of the Review Committee's findings. The appeal may be made directly to the Administrator, or his designee, who will review the findings within three (3) working days of the Review Committee's decision, and shall submit the appeal findings in a written report to the client within three (3) additional days. Any extension of a final decision will result in the resident receiving written notification of the extension, and a date that the final decision shall be issued. A final decision shall be made within ninety (90) days of the initial filing of the grievance. The findings of the Administrator, or his designee, are final. At any level of the process, if the resident does not receive a response within the time allotted for reply, the resident may consider the absence of a response to be a denial at that level.

There were no grievances that were filed that alleged sexual abuse in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, and associated memos of nonoccurrence, evidence shows the facility follows this provision of the standard.

**Provision (e):**

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

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

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

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

JRBH PREA Policy Section VI, B, Paragraph 10 states third parties, including fellow residents, staff members, family members, attorneys and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, JRBH shall require, as a condition of processing the request, that the alleged victim agree to have the request filed on his behalf. If the resident declines to have the request processed on his behalf, JRBH shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his behalf.

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

**Provision (f):**

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

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

JRBH PREA Policy Section VI, B, Paragraph 14 states If an emergency grievance is received alleging that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrator who shall take immediate corrective action. The Administrator shall provide an initial response within forty-eight (48) hours, and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

**Provision (g):**

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

JRBH PREA Policy Section VI, B, Paragraph 15 states the facility may discipline a resident for filing a grievance related to alleged sexual abuse only where the administration demonstrates that the resident filed the grievance in bad faith.

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. JRBH has an administrative procedure for dealing with resident grievances regarding sexual abuse that is inclusive of all provisions required by the standard. The grievance procedure is contained in the resident handbook and explained during intake. Residents sign an acknowledgement form confirming they have received this information. The grievance process is also included in the parent letter. A locked grievance box is located in the main foyer of the “Big House”. The box is checked daily by the Facility Administrator, PREA Coordinator, or direct care worker supervisor. A third-party form is available for individuals who wish to file a grievance on behalf of a resident. To date there have been no grievances that were filed that alleged sexual abuse, no grievances alleging sexual abuse in which the resident declined third-party assistance, no emergency grievances alleging substantial risk of imminent sexual abuse, and no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. No corrective action is required.

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

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

**115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.353 (b)**

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

**115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Resident PREA Posters
  - OJJ "Break the Silence, Make the Call"
  - JRBH Zero Tolerance Poster with reporting instructions & contact information
  - 5 Ways to report poster (English and Spanish)
- JRBH Placement Agreement "You Have the Right to be Safe from Sexual Violence"
- JRBH Youth Handbook Excerpt, "You have the right to be safe from sexual assault and abuse"
- JRBH Youth pamphlet, "What Residents Should Know About Sexual Abuse"
- OJJ Youth Safety Guide
- JRBH Youth Confirmation of Receipt of PREA
- MOU - Wellspring Alliance for Families (Victim Advocacy Services)
- MOU - Ouachita Parish Coroner's Office (SAFE/SANE & Third-Party Reporting Agreement)
- Interviews

- Facility Administrator
- PREA Coordinator
- Random Sample of Residents
- Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section VI, C, Paragraph 1, Page 97 states the facility provides residents with access to outside victim advocate services for emotional support related to sexual abuse, by providing, posting, or otherwise making accessible the mailing addresses and telephone numbers, including the Louisiana Office of Juvenile Justice’s toll-free sexual abuse crisis hotline phone number which is posted in each dorm. Information is provided regarding the Wellspring Alliance of Families which provides victim advocate and rape crisis services. Residents have unimpeded access to a telephone in which to call these services upon request. Staff shall allow for resident privacy during the call without losing observation of the resident.

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

- ① Louisiana Office of Juvenile Justice Hotline: 1-800-626-1430
- ①The Wellspring Alliance Rape Crisis Center Hotline: 1-800-716-7233
- ①The Louisiana Foundation against Sexual Assault (LAFASA): 1-888-995-7273

The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Most stated counseling or therapy would be available. Residents interviewed knew contact information for outside services was posted on the walls, and provided in their handbooks. Residents interviewed knew calling outside support services would be a free and private call. The facility provided a memorandum stating JRBH does not detain residents solely for civil immigration purposes. Based on the review of the Pre-audit questionnaire, review of the MOU with Wellspring Alliance for Families (Victim Advocacy Services), observations of posters and pamphlets with contact information, review of the resident handbook, and interviews with a random sample of residents, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section VI, C, Paragraph 2, Page 97 states staff shall advise residents, prior to giving them phone access, of the extent to which such communications will be monitored and the extent to which reports of sexual abuse will be forwarded to the proper authorities in accordance with mandatory reporting laws and requirements. Calls are not recorded.



Resident interviews confirmed they were knowledgeable of mandatory reporting laws. During the site review the PREA Coordinator and direct care worker supervisor stated resident phone calls would be monitored with sight, but not sound supervision. The auditor observed a resident making a phone call in this manner. Based on interviews with a random sample of residents, observations made during the site review and informal questions with the PREA Coordinator and direct care worker supervisor, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section VI, C, Paragraph 3, Page 97 states the facility maintains a current memorandum of understanding with the Wellspring Alliance for Families. The Wellspring Alliance for Families is a victim advocate and rape crisis service center that provides confidential emotional support services related to sexual abuse. JRBH maintains documentation of such agreement on file in its business office.

The auditor reviewed the MOU with Wellspring Alliance for Families and contacted the organization by telephone to confirm they would provide residents with confidential emotional support services related to sexual abuse. The auditor observed the contact information posted on walls, in PREA pamphlets and in resident handbooks. The evidence shows the facility follows this provision of the standard.

**Provision (d):**

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

JRBH PREA Policy Section VI, C, Paragraph 4, Page 97 states residents shall not be prevented or restrained in any manner from gaining access to legal counsel. Such contact includes, but is not limited to telephone communication, uncensored correspondence and confidential contact with attorneys and their authorized representatives. Staff members shall respond promptly and cooperatively to any request for counsel access. Residents shall receive approved visitors during pre-established visiting hours. Visitation times shall be established to allow parents, guardians, or other approved visitor(s) convenient opportunities to visit with residents as soon as possible.

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and



legal representation. The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse through a MOU with Wellspring Alliance for Families. Contact information is posted on the walls and included in PREA pamphlets and resident handbooks. Residents are knowledgeable of mandatory reporting laws. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls, confidential meetings, home visits, and visitation on the weekends. No corrective action is required.

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Third-Party Reporting Form
- JRBH Parent Letter
- Memo - Nonoccurrence of third-party reports of sexual abuse
- JRBH PREA Grievance and Appeal Process
- JRBH Statement in reference to 115.354
- JRBH Third-Party Reporting Informational Booklet for Public
- Observations during onsite review of facility

### §115.354

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

JRBH PREA Policy Section VI, D, Paragraph 1, Page 97 states information regarding third-party reporting can be found in the JRBH Placement Agreement, Parent/Guardian Letter, and Policy Manual Chapter 17, Part VI. Reporting, A, B.8, and B.10. A report can be made by telephone to the facility or to the Ouachita Parish Coroner's Office with which JRBH maintains a memorandum of understanding for third-party reporting to the facility. The Louisiana Department of Children and Families Services website allows for public online reporting. A report may also be submitted via the PREA locked drop box located in the facility's public accessible area of the main office building. The locked drop box shall be checked daily by either the direct care supervisors, PREA Coordinator, or Administrator. Third-party reports can be made to the following:

- Monroe Police Department
- Louisiana Department of Children and Families Services, Child Protection Unit: 1-855-4LA-KIDS (1-855-452-5437) toll free 24 hours a day, 365 days a year.
- Louisiana Office of Juvenile Justice
- Wellspring Alliance for Families (victim advocacy and rape crisis services)
- Ouachita Parish Coroner's Office (MOU agreeing to receive and report third party reports)

Johnny Robinson's Boys Home displays a publicly accessible Third-Party Reporting Binder that is placed in the lobby of the facility. The binder contains all information pertaining to procedures for creating a third-party report and the necessary forms with which to do so.

There were no third- party reports received during the 12 months preceding the audit.

### **Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds the standard regarding third-party reporting. JRBH provides numerous methods for third-party reports of sexual abuse or sexual harassment. The online reporting system through the Louisiana Department of Children and Families Services website, reporting by mail, the grievance box, various telephone numbers, and the publicly accessible third-party reporting binder that is placed in the lobby of the facility, provides the residents, staff, and the public with a number of reporting options. No corrective action is required.

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

### **Standard 115.361: Staff and agency reporting duties**

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

#### **115.361 (a)**

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

#### 115.361 (b)

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

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Emergency Plan - Critical Incident Response
- JRBH PREA Protocol Checklist
- JRBH PREA Protocol Wallet/Pocket Card
- JRBH Flow Chart – Process for Inquiry into a Special Abuse Investigation
- JRBH PREA Critical Incident Report
- DCFS Mandated Report of Child Abuse/Neglect Report
- Memo - nonoccurrence of anonymous reports for 2017 or 2018
- Memo - 2017 Report of Investigations for Sexual Abuse
- Memo - 2018 Report of Investigations for Sexual Abuse
- Louisiana Children's Code – Mandatory Reporter Laws
- JRBH Staff Confirmation of Receipt of PREA
- JRBH Staff Confirmation of Receipt of PREA 115.331
- Memo - Social Worker's Annual PREA Report
- JRBH Parent PREA Notification Letter
- JRBH Third-Party Reporting Form
- Interviews
  - Agency Head or Designee

- Superintendent or Designee
- PREA Coordinator
- Random Sample of Staff
- Mental Health Staff
- Medical Staff – JRBH does not employ medical staff.
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section VII, A, Paragraph 1, Page 97 states staff shall immediately report any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of JRBH; retaliation against residents or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with staff, the PREA Coordinator, and Facility Administrator confirmed the requirement to report any sexual abuse or sexual harassment to outside officials and the Facility Administrator and PREA Coordinator immediately. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator, Facility Administrator, and staff, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section VII, A, Paragraph 2, Page 97 states staff shall comply with all mandatory reporting laws regarding child abuse, adhere to the Code of Federal Regulations 115.64 regarding staff first responder duties and prepare a written critical incident report.

Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to the PREA Coordinator and Facility Administrator. All reports are made to the Monroe Police Department, the Louisiana Office of Juvenile Justice and the Louisiana Department of Family Services. Based on the review of the Pre-audit questionnaire, mandatory reporting laws, and interviews with the PREA Coordinator, Facility Administrator, and staff, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section VII, A, Paragraph 3, Page 97 states apart from reporting to designated supervisors, or officials and designated State and local agencies as required by law, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the

extent necessary, as specified by JRBH policy, to make treatment, investigation, and other security and management decisions.

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

**Provision (d):**

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

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

JRBH PREA Policy Section VII, A, Paragraphs 4&5, Page 97 state staff social workers shall report sexual abuse pursuant to (1) of this section, to a direct care supervisor, as well as, Monroe Police Department, and any parent or legal guardian, if applicable, as required by mandatory reporting laws. Such practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The interview with the LCSW confirmed she discloses the limitations of confidentiality and her duty to report, at the initiation of services to a resident. She confirmed she is mandated by law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the PREA Coordinator, Facility Administrator, and the Louisiana Department of Children and Family Services. She reported having been aware of such incident, but it had already been reported. Based on the review of the Pre-audit questionnaire, review of related forms and documents, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

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

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

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

JRBH PREA Policy Section VII, A, Paragraphs 6-7, Page 97 state upon receiving any allegation of sexual abuse, the staff member shall immediately report the allegation to a supervisor who shall then notify the Administrator. The first responder shall call the Monroe Police Department. In addition, the alleged victim's parents or legal guardians shall be notified promptly, unless JRBH has official documentation indicating the parents or legal guardians should not be notified. All residents of JRBH are adjudicated by the court system and have been sentenced to the custodial care of the Louisiana



Office of Juvenile Justice. If a juvenile court retains jurisdiction over the alleged victim, the Administrator, or designee shall also report the allegation to the juvenile's attorney or their legal representative of record within fourteen (14) days of receiving the allegation.

Staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor. The Facility Administrator/Agency Head stated he would report allegations of sexual abuse. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated she would report the allegation to DCFS within 24 hours. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted within 24 hours. The PREA Coordinator stated when the facility receives an allegation of sexual abuse he reports the allegation to the Facility Administrator. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated the allegation would be reported to DCFS. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's court appointed attorney. He stated this has not occurred but they would be notified immediately. Based on the review of the Pre-audit questionnaire, review of related forms and documents, and interviews with the staff, the PREA Coordinator, and the Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Provision (f):**

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

JRBH PREA Policy Section VII, A, Paragraph 9, Page 97 states staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated supervisors, who shall then notify the Administrator.

JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. The facility has an MOU with the Monroe Police Department and a memorandum from the Louisiana Office of Juvenile Justice Director of Investigations Investigative Services. The Facility Administrator confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly the Monroe Police Department, the Louisiana Department of Children and Family Services, and the Louisiana Office of Juvenile Justice. Based on the review of the Pre-audit questionnaire, MOU's and related documentation, and interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. Staff are knowledgeable of mandatory child abuse reporting laws. Staff are required to report immediately. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The LCSW confirmed she discloses the limitations of confidentiality and her duty to report, at the initiation of services to a resident. The agency head follows the requirements of the standard with regards to reporting to the appropriate parties. The facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports for investigation. No corrective action is required.



## Standard 115.362: Agency protection duties

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

### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - nonoccurrence of risk of imminent sexual abuse
- Memo - nonoccurrence of isolation
- Memo - nonoccurrence of housing unit placement based on risk of imminent sexual abuse
- JRBH Isolation Activity Log
- JRBH Housing Unit Placement Form
- JRBH PREA Risk Reassessment Form
- Interviews
  - Agency Head or Designee
  - Superintendent or Designee
  - Random Sample of Staff
- Observations during onsite review of facility

### §115.362

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

JRBH PREA Policy Section VII, B, Paragraph 1, Page 98 states when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward that information to the Administrator who shall take immediate corrective action.

In the 12 months preceding the audit, there have been no occurrences of the facility determining that a resident was subject to a substantial risk of imminent sexual abuse. The Agency Head/Facility Administrator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Transfer to another program may be necessary. Staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor, housing changes, and counseling. Based on the review of the Pre-audit questionnaire, interviews with the Agency Head/Facility Administrator, and interviews with staff, the evidence shows the facility follows this standard.

**Conclusion:**

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

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Reporting to other Confinement Facilities Form
- Memo - No allegations or reports that a resident was sexually abused while at another confinement facility
- Memo - No notifications of allegations that a resident was sexually abused while at another confinement facility
- Interviews
  - Agency Head
  - Facility Administrator

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

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

#### **(b)**

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

#### **(c)**

The agency shall document that it has provided such notification.

#### **(d)**

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

JRBH PREA Policy Section VII, C, Paragraph 1, Page 98 states that upon receiving an allegation that a current resident was sexually abused while confined at another facility, the Administrator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

JRBH PREA Policy Section VII, C, Paragraph 2, Page 98 states such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

JRBH PREA Policy Section VII, C, Paragraph 3, Page 98 states the Administrator shall document that he has provided such notification. A written incident report indicating the reporting of abuse to the appropriate authorities shall be filed in facility records.

JRBH PREA Policy Section VII, C, Paragraph 4, Page 98 states the facility head or office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The facility received no allegations that a resident was abused while confined at another facility in the 12 months preceding the audit. The Facility Administrator confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, he would notify the head of the facility where the alleged abuse occurred within 72 hours. He would also report it to The Louisiana Office of Juvenile Justice, Monroe Police Department, and the Louisiana Department of Children and Family Services for investigation. The report would be documented with the JRBH Reporting to other Confinement Facilities form. Based on the review of the Pre-audit questionnaire, interview with the Agency Head/Facility Administrator, and review of related forms and documents, the evidence shows the facility follows the requirements of the standard.

**Conclusion:**

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

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo -nonoccurrence of responses to any incidents or investigations of sexual abuse by first responders
- JRBH PREA Protocol Wallet/Pocket Card
- JRBH PREA Protocol Checklist
- Interviews
  - Security Staff First Responders
  - Non-Security Staff First Responders
  - Random Sample of Staff
  - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

#### Provision (a):

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

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

appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

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

JRBH PREA Policy Section VII, D, Paragraph 1.a-c, Page 98 states that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to:

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

There were one allegation that a resident was sexually abused in the 12 months preceding the audit. The allegation was investigated and determined to have been made in bad faith. Each staff member has a PREA Protocol Wallet/Pocket Card that outlines their first responder duties. This information is listed in further detail with the PREA Protocol Checklist. Interviews with direct care workers confirmed they were knowledgeable of their duties when responding to allegations of sexual abuse. Based on the review of the Pre-audit questionnaire, interviews with direct care workers, review of the PREA Protocol Wallet/Pocket Cards, and review of the PREA Protocol Checklist, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section VII, D, Paragraph 1.d, Page 98 states non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall immediately notify security level staff.

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

**Conclusion:**

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

**Standard 115.365: Coordinated response**

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

### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Emergency Plan
- JRBH PREA Protocol Checklist
- JRBH PREA Protocol Wallet/Pocket Card
- Interview
  - Facility Administrator
- Observations during onsite review of facility

### §115.365

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

JRBH PREA Policy Section VII, E, Pages 98-99 states

1. The facility shall work towards providing a coordinated response to all allegations of sexual abuse, including interventions by facility staff, medical facility staff, mental health practitioners, and local law enforcement. This policy and procedure serves as a written plan for providing coordinated actions taken in response to an incident of alleged sexual abuse. Staff shall adhere to the Code of Federal Regulations 28:115.64 regarding first responder duties.

2. Upon learning that a resident was sexually abused, the first staff member to respond to the scene must follow the established protocol.



- a. Separate the alleged victim and alleged abuser (call 911 if emergency medical response required).
- b. To the extent possible, staff shall attempt to secure the area with the intent to preserve any evidence that may assist the investigation process. They shall also restrict unnecessary entry to the area to preserve and protect the crime scene for law enforcement.
- c. If the abuse occurred within a time period that may still allow for the collection of any physical evidence (up to 96 hours), staff shall request that the alleged victim and the abuser not take any action that could destroy physical evidence, including, as appropriate, washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting.
- d. Non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall notify security-level staff.
- e. Staff shall then notify the on-duty staff supervisor who shall immediately notify the Administrator.

3. The staff first responder shall immediately notify the following of an incident:

- a. Monroe Police Department (318)329-2600;
- b. Parent or legal guardian of any involved resident, if applicable.

4. Forensic medical examinations by a certified SAFE or SANE shall be provided free of charge to the victim at the St. Francis Medical Center Emergency Room which has a SANE on duty 24/7. JRBH staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available.

5. The victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the Wellspring Alliance for Families, 1-800-716-7233, with whom JRBH has a memorandum of understanding.

6. If requested by the victim, a victim advocate or Administrator Matt Robinson, who is a trained qualified staff member, can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. JRBH staff shall document the efforts to secure services from the rape crisis center

7. In the event that a staff member is accused or suspected of perpetrating sexual abuse upon a resident, the staff member shall immediately be placed on leave by the Administrator, and shall be removed from the facility until such time that an investigation may be conducted. Any substantiated case of sexual abuse by a staff member will result in termination.

8. Staff shall complete a critical incident report in accordance with policy and procedures.

9. The Administrator, or designee shall forward an incident report within 24 hours to the following:

- a. Louisiana Office of Juvenile Justice (318) 362-5209, or after hours (318) 680-0387
- b. Louisiana DCFS Child Protection Unit (318) 362-3362 or (855) 452-5437
- c. Louisiana DCFS Bureau of Licensing by fax (225) 342-9483

In addition to the detailed policy and procedures, the facility has developed a Sexual Assault Response Team (SART) Protocol and a PREA Protocol Checklist that coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Administrator confirmed the facility would follow the Sexual Assault Response Team (SART) Protocol in response to an incident of sexual abuse. Staff carry PREA Protocol Wallet/Pocket Cards as a convenient reference of their duties if there were to be

an allegation of sexual abuse. The PREA Coordinator reported the facility conducts “mock drills” where the response is practiced. The drills are particularly critical due to the infrequency of allegations of sexual abuse at the facility and demonstrate the facility exceeds the requirements of this standard. Based on the review of the Pre-audit questionnaire, review of the Sexual Assault Response Team (SART) Protocol and PREA Protocol Checklist, interviews with the Facility Administrator and PREA Coordinator, and “mock drills”, the evidence shows the facility exceeds this standard.

**Conclusion:**

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

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

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.366 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Statement - JRBH does not enter into any collective bargaining agreements with any agency, facility or government entity on its behalf.
- Interview
  - Agency Head

**Provision (a):**

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

JRBH PREA Policy Section VII, F, Paragraph 1, Page 99 states JRBH does not enter into any collective bargaining agreements with any agency, facility or government entity on its behalf.

The Agency Head confirmed JRBH does not have a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Based on the review of the Pre-audit questionnaire and interview with the Agency Head, the evidence shows that this standard does not apply to JRBH.

**Provision (b):**

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

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

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

JRBH does not have a collective bargaining agreement

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. JRBH does not have a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. No corrective action is required.

## Standard 115.367: Agency protection against retaliation

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

**115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.367 (b)**

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

**115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Protection Against Retaliation Form
- JRBH Housing Unit Placement Form
- JRBH Resident Notification of PREA Investigation Outcome Form
- Memo - nonoccurrence of residents placed in housing due to retaliation
- Memo - nonoccurrence of treatment responding to a resident or staff member being a victim of retaliation
- Memo - nonoccurrence of any investigation due to an allegation of retaliation

- Memo - nonoccurrence of having need for protection against retaliation
- Interviews
  - Agency Head
  - Facility Administrator
  - Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available)
  - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - no isolation
  - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

**Provision (a):**

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

JRBH PREA Policy Section VII, G, Paragraph 1, Page 99 states the facility shall 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. The PREA Coordinator, or designee shall be charged with monitoring retaliation.

The interview with the PREA Coordinator confirmed he is charged with monitoring for retaliation. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

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

JRBH PREA Policy Section VII, G, Paragraph 2, Page 99 states measures to protect staff and residents shall include, but are not limited to, the following:

- a. Initiating housing changes or transfers for resident victims or abusers;
- b. Removing alleged staff or resident abusers from contact with victims; and
- c. Providing emotional support services through the Wellspring Alliance for Families, which JRBH has a current memorandum of understanding for victim advocate and rape crisis services.

The Agency Head/Facility Administrator confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Coordinator stated some of the measures he would take to protect residents and staff from retaliation are moving the alleged abuser or the alleged victim. The Louisiana Office of Juvenile Justice would be contacted regarding transfers. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Agency Head/Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Provision (c):**



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

JRBH PREA Policy Section VII, G, Paragraph 3, Page 99 states the PREA Coordinator, or designee shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse for ninety (90) days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The PREA Coordinator, or designee, shall monitor any resident disciplinary reports, housing, or program changes, or negative performance reviews, or reassignments of staff. Resident school reports and any shift notes or comments shall be reviewed, as well. The monitoring shall continue beyond ninety (90) days, if the initial monitoring indicates a continuing need.

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

**Provision (d):**

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

JRBH PREA Policy Section VII, G, Paragraph 4, Page 99 states in the case of residents, monitoring shall also include periodic status checks.

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

**Provision (e):**

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

JRBH PREA Policy Section VII, G, Paragraph 5, Page 99 states If any other individual who cooperates with an investigation expresses a fear of retaliation from another resident or staff member, JRBH shall take appropriate measures to protect that individual against retaliation as well.

The Agency Head/Facility Administrator stated protective measures would include monitoring residents and transfers if needed. Staff would be monitored, placed on leave, or terminated. Based on the review of the Pre-audit questionnaire and interview with the Agency Head/Facility Administrator, the evidence shows the facility follows this provision of the standard.



**Provision (f):**

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

JRBH PREA Policy Section VII, G, Paragraph 5, Page 99 states the facility’s obligation to monitor shall terminate if it is determined that the allegation is unfounded.

The PREA Coordinator reviewed JRBH policy and confirmed the facility follows this standard provision.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. The PREA Coordinator is charged with monitoring for retaliation. If the facility were to have an incident of retaliation, the PREA Coordinator would employ protection measures, monitor according to the time frames required by the standard, and use the PREA Protection Against Retaliation form to document periodic status checks. No corrective action is required.

**Standard 115.368: Post-allegation protective custody**

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

**115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire

- JRBH Housing Unit Placement Form
- JRBH Isolation Activity Log
- JRBH PREA Risk Reassessment Form
- Memo - nonoccurrence of using segregated housing to protect a resident who is alleged to have suffered sexual abuse
- Memo - nonoccurrence of any isolation of a resident who has allegedly suffered sexual abuse
- Memo - nonoccurrence of a housing unit placement due to a resident alleging to have suffered sexual abuse
- Interviews
  - Superintendent or Designee
  - Staff who Supervise Residents in Isolation – No isolation
  - Medical Staff - JRBH does not employ medical staff.
  - Mental Health Staff
  - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – No isolation
- Observations during onsite review of facility

**§115.368**

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

JRBH PREA Policy Section VII, H, Paragraph 1, Page 100 states the facility does not utilize isolation practices. If need should arise, residents will be assigned to another room and/or dormitory. Any use of segregated housing shall fully comply with 28 C.F.R. §115.342 as described above in Part V. B. of this policy.

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

**Conclusion:**

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

**INVESTIGATIONS**

**Standard 115.371: Criminal and administrative agency investigations**

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

**115.371 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

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

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - JRBH Criminal and Administrative Investigations are referred to appropriate agencies.
- Memo - nonoccurrence of sexual abuse, nonoccurrence of investigations, nonoccurrence of cases referred for prosecution
- MOU - Monroe Police Department
- Social Services Contract: OJJ & Johnny Robinson's Boys Home
- OJJ Standard Operating Procedures for Contract Providers (Excerpt)
- OJJ Youth Safety Guide Phone Numbers
- DCFS Child Residential Standards Class A
- DCFS Mandatory Reporter of Child Abuse/Neglect Form
- JRBH PREA Critical Incident Report
- Louisiana Children's Code: Mandatory Reporter Law
- DCFS Standards Concerning Critical Incidents
- OJJ Confirmation of Investigative Training
- Monroe Police Department Confirmation of Investigative Training
- Interviews
  - Facility Administrator
  - PREA Coordinator
  - Investigative Staff - JRBH does not employ investigative staff. The auditor interviewed the Louisiana Office of Juvenile Justice Director of Investigative Services.
  - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

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

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

JRBH PREA Policy Section VIII, A, Paragraph 1, Page 100 states it is the policy of JRBH that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation, and inquiry. The facility refers all suspected incidents of sexual abuse immediately to the appropriate agency for criminal and administrative investigation as specified in Part III Responsive Planning, Sections A. and B. of this chapter. All criminal investigations are referred immediately to the Monroe Police Department. The Louisiana Office of Juvenile Justice and the Louisiana Child Protection Unit are notified as required. JRBH follows strict notification procedures regarding State agencies / placement authority. JRBH refers all incidents to investigating authorities.

JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. JRBH has a

MOU with the Monroe Police Department. Based on the review of the Pre-audit questionnaire and related documents, the evidence shows the facility follows this provision of the standard. The Louisiana Office of Juvenile Justice Director of Investigative Services stated investigations are initiated as soon as Investigative Services is notified. He confirmed anonymous and third-party reports of sexual abuse and sexual harassment would be investigated in the same manner as all allegations. Based on the review of the Pre-audit questionnaire and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

JRBH PREA Policy Section VIII, A, Paragraph 2, Page 100 states the facility maintains a memorandum of understanding agreement letter on file requesting the Monroe Police Department to adhere to specific requirements regarding sexual abuse investigations and evidence collection procedures involving juvenile victims according to PREA Standards.

A MOU with the Monroe Police Department states the Department's investigators will receive training as required by the standard. An accompanying memorandum states the investigators have been adequately trained to conduct sexual abuse investigations in confinement settings. A memorandum from the Louisiana Office of Juvenile Justice Director of Investigations states Investigative Services has trained investigators available to investigate PREA-related incidents at the facility. Based on the review of the Pre-audit questionnaire and related documents, the evidence shows the facility follows this provision of the standard. The Louisiana Office of Juvenile Justice Director of Investigative Services confirmed investigators have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Based on the review of the Pre-audit questionnaire, review of OJJ training records, and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the steps taken in initiating an investigation are reviewing incident reports; assigning the case to an investigator; collecting evidence; interviewing the alleged victim, suspected perpetrator, and any witnesses; reviewing camera footage if applicable; and reviewing hotline calls if applicable. If the case were criminal in nature the Ouachita District attorney would be consulted, and the Monroe Police Department would be involved. Based on the review of the Pre-audit questionnaire and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

JRBH PREA Policy Section VIII, A, Paragraph 4, Page 100 states no investigation shall be terminated solely because the source of the allegation recants the allegation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated no investigation shall be terminated solely because the source of the allegation recants the allegation. Based on the review of the Pre-audit questionnaire, policy review, and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the Monroe Police Department would conduct criminal investigations and the District Attorney of Ouachita Parish would be responsible for investigations and criminal prosecution.

**Provision (f):**

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

JRBH PREA Policy Section VIII, A, Paragraph 5, Page 100 states 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 a resident or staff. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated no resident who alleges sexual abuse would be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation sexual abuse. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and based on the evidence.

**Provision (g):**

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

JRBH PREA Policy Section VIII, A, Paragraph 6, Page 100 states administrative investigations or inquiries shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated an investigation would consider whether staff actions or failures to act contributed to the abuse. Investigations of staff actions or failures to act would be documented in a separate report that includes a description of the physical



and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**Provision (h):**

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the format of a criminal report would be in a different format once it is referred to the Ouachita Parish District Attorney.

**Provision (i):**

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

JRBH PREA Policy Section VIII, A, Paragraph 1, Page 100 states all criminal investigations are referred immediately to the Monroe Police Department. The Louisiana Office of Juvenile Justice and the Louisiana Child Protection Unit are notified as required.

In the 12 months preceding the audit one allegation of sexual abuse was referred to the Monroe Police Department. The allegation was determined to be unfounded and the resident was charged with making a false statement to the police. The Louisiana Office of Juvenile Justice Director of Investigative Services stated a case would be referred for prosecution as soon as the evidence supports referral. The Ouachita Parish District Attorney would be consulted.

**Provision (j):**

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

JRBH PREA Policy Section VIII, A, Paragraph 2, Page 100 states all reports shall be retained while the abuser is incarcerated in, or employed by JRBH, plus five years.

The PREA Coordinator confirmed all reports shall be retained while the abuser is incarcerated in, or employed by JRBH, plus five years.

**Provision (k):**

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

JRBH PREA Policy Section VIII, A, Paragraph 8, Page 100 states the departure of the alleged abuser or victim from employment or control of JRBH shall not provide a basis for terminating an investigation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the departure of an alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating an investigation. The investigation would continue.

**Provision (l):**

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Refer to Provision (k) regarding the Louisiana Office of Juvenile Justice conducting investigations of allegations of sexual abuse or sexual harassment.

**Provision (m):**

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

JRBH PREA Policy Section VIII, A, Paragraph 9, Page 100 states staff shall cooperate with any outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviews with the Facility Administrator, PREA Coordinator, and the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed there would be ongoing communication between JRBH and the Louisiana Office of Juvenile Justice Investigative Services.

**Conclusion:**

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

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - nonoccurrence of any administrative investigative findings
- Interviews
  - Investigative Staff - JRBH does not employ investigative staff. The auditor interviewed the Louisiana Office of Juvenile Justice Director of Investigative Services.
- Observations during onsite review of facility

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

JRBH PREA Policy Section VIII, B, Paragraph 1, Page 101 states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed agency shall impose no standard higher than a preponderance of the evidence.

**Conclusion:**

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

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - nonoccurrence of notifications to any resident of sexual abuse
- JRBH Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation Form
- Interviews
  - Facility Administrator
  - Investigative Staff - JRBH does not employ investigative staff. The auditor interviewed the Louisiana Office of Juvenile Justice Director of Investigative Services.
  - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

**Provision (a):**

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

JRBH PREA Policy Section VIII, C, Paragraph 1, Page 101 states any resident who makes an allegation of sexual abuse shall be informed verbally and in writing following an investigation, as to whether, or not, the allegation was substantiated, unsubstantiated, or unfounded.

There were no resident notifications during the 12 months preceding the audit. The one resident who made a false allegation was no longer at the facility when the allegation was determined to be unfounded. The Facility Administrator confirmed the facility notifies residents who make an allegation of sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed investigators provide a letter that is signed by the residents and placed in their file. Based on the review of the Pre-audit questionnaire, interview with the Facility administrator, and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

JRBH PREA Policy Section VIII, C, Paragraph 2, Page 101 states the facility shall request all relevant information from the investigating agency in order to inform the resident.

The Louisiana Office of Juvenile Justice Director of Investigative Services confirmed the information would be shared with JRBH in order to inform the resident.

**Provision (c):**

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

JRBH PREA Policy Section VIII, C, Paragraph 3, Page 101 states following a resident's allegation that a staff member committed sexual abuse against the resident, the Administrator, or designee shall subsequently inform the resident (unless JRBH has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within JRBH; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The auditor observed that all aspects of this standard provision are included on the notification form. Based on the review of the Pre-audit questionnaire and review of the notification form, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

JRBH PREA Policy Section VIII, C, Paragraph 4, Page 101 states following a resident's allegation that he has been sexually abused by another resident, the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The auditor observed that all aspects of this standard provision are included on the notification form. Based on the review of the Pre-audit questionnaire and review of the notification form, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

All such notifications or attempted notifications shall be documented.

JRBH PREA Policy Section VIII, C, Paragraph 5, Page 101 states all such notifications or attempted notifications shall be documented.

#### JRBH Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The reviewed the notification form. Based on the review of the Pre-audit questionnaire and review of the notification form, the evidence shows the facility follows this provision of the standard.

**Provision (f):**

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

JRBH PREA Policy Section VIII, C, Paragraph 6, Page 101 states the facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed JRBH would not be obligated to notify a resident if the resident is released from custody.

**Conclusion:**

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

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)



- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - nonoccurrence of staff terminations, resignations or sanctions against staff; Nonoccurrence of reports to law enforcement for any violations of sexual abuse or sexual harassment policies
- Observations during onsite review of facility

#### Provision (a):

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

JRBH PREA Policy Section VIII, D, Paragraph 1, Page 101 states staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

JRBH policy is inclusive of this provision of the standard.

**Provision (b):**

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

JRBH PREA Policy Section VIII, D, Paragraph 2, Page 101 states termination of employment shall be the presumptive disciplinary sanction for any JRBH staff who have engaged in sexual abuse.

In the 12 months preceding the audit no JRBH staff have violated agency sexual abuse or sexual harassment policies. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

JRBH PREA Policy Section VIII, D, Paragraph 3, Page 101 states disciplinary sanctions for violations of JRBH policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the 12 months preceding the audit no JRBH staff have violated agency sexual abuse or sexual harassment policies. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

JRBH PREA Policy Section VIII, D, Paragraph 4, Page 101 states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to the Monroe Police Department, unless the activity is clearly not criminal. In addition, it shall be reported to any relevant placement and licensing authorities.

In the 12 months preceding the audit no JRBH staff have violated agency sexual abuse or sexual harassment policies. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

**Standard 115.377: Corrective action for contractors and volunteers****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - No reports of sexual abuse or harassment or residents by any volunteers or contractors. No investigative reports or referrals to law enforcement or relevant licensing bodies. No remedial measures had to be taken.
- Volunteer/Contractor Confirmation of Receipt of PREA
- Volunteer/Contractor Notice of Zero Tolerance Policy
- Interview
  - Facility Administrator
- Observations during onsite review of facility

### Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

JRBH PREA Policy Section VIII, E, Paragraph 1, Page 101 states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents, and will be reported to the Monroe Police Department, unless the activity is clearly not criminal. In addition, the incident shall be reported to the Louisiana Office of Juvenile Justice and the Louisiana Department of Children and Family Services.

In 12 months preceding the audit, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Additionally, JRBH reports not using the services of volunteers in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire and policy review, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

JRBH PREA Policy Section VIII, E, Paragraph 2, Page 101 states the Administrator shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents in the case of any other violation of the sexual harassment policy by a contractor or volunteer.

The Facility Administrator confirmed the facility would take appropriate remedial measures, and prohibit further contact with residents. If the facility were using the services of contractors or volunteers they would be given due process and remedial measure would include administrative leave and no contact with the residents. Based on the review of the Pre-audit questionnaire, policy review, and interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

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

#### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes    No

#### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Critical Incident Review
- JRBH PREA Critical Incident Debriefing
- Memo - nonoccurrence of resident sexual misconduct with staff; no investigative reports or documentation of any sanctions; no disciplinary actions taken against resident for sexual misconduct with any staff member.
- JRBH Housing Unit Placement Form
- JRBH Isolation Activity Log
- Interviews
  - Facility Administrator
  - Medical Staff - JRBH does not employ medical staff
  - Mental Health Staff
- Observations during onsite review of facility

**Provision (a):**

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

JRBH PREA Policy Section VIII, F, Paragraph 1, Page 102 states a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. Such discipline shall be in accordance with the facility’s policies as deemed appropriate under the circumstances. (See Policy and Procedural Manual; ACA 3C-03; 3C-04; SOP 3.13) JRBH does not utilize isolation to discipline residents.

In the 12 months preceding the audit there were no criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility. There was one unfound allegation of sexual abuse that resulted in criminal prosecution after the resident made a false report to the Monroe Police Department. Based on the review of the Pre-audit questionnaire and review of policy, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

JRBH PREA Policy Section VIII, F, Paragraph 2, Page 102 states any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the extreme event a disciplinary sanction results in the isolation of a resident, JRBH shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Any use of isolation shall comply with 28 C.F.R. §115.342.

The Facility Administrator confirmed any disciplinary sanctions would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. JRBH does not use isolation as a disciplinary sanction. Based on the review of the Pre-audit questionnaire and interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

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

JRBH PREA Policy Section VIII, F, Paragraph 3, Page 102 states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Facility Administrator confirmed the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Based on the review of the Pre-audit questionnaire and interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.



JRBH PREA Policy Section VIII, F, Paragraph 4, Page 102 states the facility shall also consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other rewards-based incentives, but not as a condition to access to general programming or education.

The LCSW confirmed if a resident were to commit sexual abuse, a follow-up meeting is offered with therapy, counseling, and other interventions designed to correct the underlying reasons for the abuse. Also, the facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other rewards-based incentives, but not as a condition to access to general programming or education. Based on the review of the Pre-audit questionnaire and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

JRBH PREA Policy Section VIII, F, Paragraph 5, Page 102 states the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Based on the review of the Pre-audit questionnaire and review of policy, the evidence shows the facility follows this provision of the standard.

**Provision (f):**

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

JRBH PREA Policy Section VIII, F, Paragraph 6, Page 102 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There was one report of sexual abused that was determined to be an incident of falsely reporting. The resident made a false report to the Monroe Police Department. Based on the review of the Pre-audit questionnaire, review of policy, and reviewing the incident of making a false report to the police, the evidence shows the facility follows this provision of the standard.

**Provision (g):**

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

JRBH PREA Policy Section VIII, F, Paragraph 7, Page 102 states the facility prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Any form of sexual abuse will result in termination from the program.

Based on the review of the Pre-audit questionnaire and review of policy, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH Staff Confirmation of Receipt of PREA (blank)
- JRBH Screening for Risk of Sexual Victimization and Abusiveness (blank)
- LCSW Staff Confirmation of Receipt of PREA – Mental Health Staff & Specialized Training
- LCSW Staff DOJ Training
- JRBH Resident Intake Screenings (samples from 2017 & 2018)
- JRBH Intake Screening, Treatment Plan, Mental Health Therapy notes - examples
- Sexual Perpetrator Therapy Proof and Dates - examples
- Memo - No consent documentations for residents over the age of 18. No medical staff employed at the facility.
- Interviews
  - Staff Responsible for Risk Screening
  - Medical Staff - JRBH does not employ medical staff
  - Mental Health Staff
  - Residents who Disclose Sexual Victimization at Risk Screening
- Observations during onsite review of facility

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

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

JRBH PREA Policy Section IX, A, Paragraph 1, Page 102 states any resident who indicates during initial screening pursuant to § 115.341 that they were a victim, or perpetrator of sexual abuse shall be offered a follow-up visit with Dr. Kermit Walters for medical health screening and evaluation within 14 days of the intake screening.

No residents were identified as indicating experiencing prior sexual victimization during risk screening. The Administrative assistant responsible for performing screening for risk of victimization and abusiveness confirmed if a screening indicates a resident has experienced prior sexual victimization they are offered a follow-up meeting with a medical or mental health practitioner within 14 days. Based

on the review of the Pre-audit questionnaire and interviews with the Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

JRBH PREA Policy Section IX, A, Paragraph 2, Page 102 states a resident identified as having experienced prior sexual victimization, or identified as a prior sexual perpetrator, shall attend designated therapy sessions with Victoria Wallace, LCSW and Bill Caldwell, LCSW with JRBH, as part of their treatment plan within 14 days.

Three (3) residents were identified as perpetrating sexual abuse. All three were offered follow-up evaluations well within 14 days. File reviews revealed the average length of time was three (3) days. Two (2) of the residents were interviewed by the auditor. Both residents interviewed confirmed they were offered follow-up meetings within the required time frame. The third resident was off campus during the onsite phase of the audit. Based on the review of the Pre-audit questionnaire and interviews the two (2) residents, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

JRBH PREA Policy Section IX, A, Paragraph 3, Page 102 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them. Interviews with the Administrative Assistant and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the LCSW. Based on the review of the Pre-audit questionnaire, observations of the controlled access to the files, and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

JRBH PREA Policy Section IX, A, Paragraph 4, Page 102 states medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

**Standard 115.382: Access to emergency medical and mental health services**

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

**115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

**115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

**115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

**115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - No Need for Emergency Medical or Mental Health Services
- JRBH Staff Receipt of PREA 115.331
- JRBH PREA Protocol
- JRBH First Responder Guidelines for a Sexual Abuse Incident at JRBH
- State of Louisiana Office of Family Security Authorization for Emergency Medical Care
- MOU - Wellspring Alliance for Families
- MOU - Ouachita Parish Coroner's Office
- MOU - Victoria Wallace, LCSW
- ACT NO. 229 - Louisiana Law
- Interviews
  - Medical Staff – JRBH does not employ medical staff.
  - Mental Health Staff
  - Residents who Reported a Sexual Abuse – None present
  - Security Staff First Responders - JRBH does not employ security staff.
  - Non-Security Staff First Responders
- Observations during onsite review of facility

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

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

JRBH PREA Policy Section IX, B, Paragraph 1, Page 102 states resident victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Emergency medical treatment shall be provided through St. Francis Medical Center. Mental health services shall be provided by Victoria Wallace, LCSW and Bobbie Caldwell, JRBH staff LCSW. Residents shall be provided with access to an outside victim advocate for emotional support through a memorandum of understanding with Wellspring Alliance for Families which offers victim advocate and rape crisis services. Administrator Matt Robinson is a trained staff member who may also fulfill the role of victim advocate, if needed.

JRBH has a MOU with the Ouachita Parish Coroner's Office. The MOU specifies the St. Francis Medical Center Emergency Room as the location for emergency medical treatment. The facility also has a MOU with Wellspring Alliance for Families for crisis intervention services. The interview with the JRBH LCSW confirmed the nature and scope of mental health services are determined according to her professional judgement. Based on the review of the Pre-audit questionnaire, review of MOU's for



medical and crisis intervention services, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

JRBH PREA Policy Section IX, B, Paragraph 2, Page 102 states if a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362, and shall immediately follow proper protocol as described in Chapter 17, VII. E.

Security Staff and Non-Security Staff First Responders would follow the JRBH PREA Protocol and the First Responder Guidelines for a Sexual Abuse Incident when responding to a report of recent sexual abuse. They are instructed to call 911 if emergency medical response is required. Interviews with Security Staff and Non-Security Staff First Responders confirmed they are knowledgeable of the established protocol. Additionally, they carry PREA Protocol Wallet/Pocket Cards for reference. Based on the review of the Pre-audit questionnaire, reviewing the PREA Protocol and First Responder Guidelines, and interviews with the Security Staff and Non-Security Staff First Responders, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

JRBH PREA Policy Section IX, B, Paragraph 3, Page 102 states resident victims of sexual abuse while in custodial care shall be offered, timely information about and timely access to, emergency medical care which includes sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

JRBH has a MOU with the Ouachita Parish Coroner's Office. The MOU provides for emergency medical services at St. Francis Medical Center. Sexually transmitted infections prophylaxis would be offered through the St. Francis Medical Center Emergency Room or with Dr. Kermit Walters with Urban Medical Clinic, Inc. Based on the review of the Pre-audit questionnaire and review of the MOU with the Ouachita Parish Coroner's Office, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

JRBH PREA Policy Section IX, B, Paragraph 4, Page 102 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident.

Louisiana law, Act No. 229 decrees that treatment services shall be provided to the victim without financial cost. Based on the review of the Pre-audit questionnaire and review Louisiana law, the evidence shows the facility follows this provision of the standard.



**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

**Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - No residents admitted identified as victims of sexual abuse while housed in another confinement facility; no residents requiring ongoing medical & mental health care.
- 2017 Report of Sexual Abuse - Unfounded
- MOU - Wellspring Alliance for Families
- MOU – Ouachita Parish Coroner's Office
- State of Louisiana Office of Family Security Authorization for Emergency Medical Care
- Interviews
  - Medical Staff – JRBH does not employ medical staff
  - Mental Health Staff
  - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

### Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

JRBH PREA Policy Section IX, C, Paragraph 1, Page 103 states a medical and mental health evaluation and, as appropriate, treatment will be offered to all residents who have been victimized by sexual abuse while in custodial care.

JRBH does not employ medical staff. Medical services are provided offsite at St. Francis Medical Center and with Dr. Kermit Walters with Urban Medical Clinic, Inc. The facility does employ a LCSW. The LCSW's office is centrally located and she is available to the residents as needed. Based on the review of the Pre-audit questionnaire, related documents, and observations made during the site review, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

JRBH PREA Policy Section IX, C, Paragraph 2, Page 103 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The LCSW confirmed evaluation and treatment of victims would include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Based on the review of the Pre-audit questionnaire, facility observations, policy review, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

JRBH PREA Policy Section IX, C, Paragraph 3, Page 103 states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

The LCSW stated she feels the medical and mental health services are consistent with the community level of care. Based on the review of the Pre-audit questionnaire, policy review, and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

JRBH does not house female residents.

**Provision (e):**

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

JRBH does not house female residents.

**Provision (f):**

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

JRBH PREA Policy Section IX, C, Paragraph 4, Page 103 states resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate either through St. Francis Medical Center, or Dr. Kermit Walters.

St. Francis Medical Center confirmed tests for sexually transmitted infections would be offered. Based on the review of the Pre-audit questionnaire, policy review, and telephone interview with St. Francis Medical Center, the evidence shows the facility follows this provision of the standard.

**Provision (g):**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

JRBH PREA Policy Section IX, C, Paragraph 5, Page 103 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Louisiana law, Act No. 229 provides that any medical treatment services provided to a resident will be at no cost to him or his family. Based on the review of the Pre-audit questionnaire, policy review, and reviewing Louisiana law, the evidence shows the facility follows this provision of the standard.

**Provision (h):**

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

JRBH PREA Policy Section IX, C, Paragraph 6, Page 103 states the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by Victoria P. Wallace, LCSW with Northeast Delta Human Services and Bill Caldwell, staff LCSW at JRBH.

The LCSW confirmed she would initiate a referral to Victoria P. Wallace, LCSW with Northeast Delta Human Services. She stated the referral would be made within two days and when they are court ordered to receive sex offender treatment. Based on the review of the Pre-audit questionnaire and interview with the LCSW, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

**DATA COLLECTION AND REVIEW**

## Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Memo - 2017 Report of Sexual Abuse - Unfounded
- JRBH PREA Critical Incident Report Form
- JRBH Critical Incident Debriefing Form
- JRBH PREA Critical Incident Review Form
- Interviews
  - Facility Administrator
  - PREA Coordinator
  - Incident Review Team
- Observations during onsite review of facility

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

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

JRBH PREA Policy Section X, A, Paragraph 1, Page 103 states the review team 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.

JRBH had one (1) unfounded allegation of sexual abuse within the 12 months preceding the audit. There were no sexual incident reviews required. If the facility were to have a substantiated or unsubstantiated allegation of sexual abuse, the review would be documented with the PREA Critical Incident Review Form. Based on the review of the Pre-audit questionnaire and review of the incident review form, the evidence shows the facility follows this provision of the standard.

### **Provision (b):**

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

JRBH PREA Policy Section X, A, Paragraph 2, Page 103 states such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

The PREA Coordinator and Facility Administrator confirmed incident reviews would occur within 30 days of the conclusion of an investigation. Based on the review of the Pre-audit questionnaire, interviews with the PREA Coordinator and Facility Administrator, and review of policy, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

JRBH PREA Policy Section X, A, Paragraph 3, Page 103 states the review team shall include the Administrator, PREA Coordinator, social worker and a direct care supervisor, along with input from direct care workers, and any law enforcement or administrative investigators, as needed.

The interview with the Facility Administrator confirmed the incident review team would include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Based on the review of the Pre-audit questionnaire, interview with the Facility Administrator, and review of policy, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

JRBH PREA Policy Section X, A, Paragraph 4, Page 103 states the review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity,



lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;

- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including by not necessarily limited to determinations made pursuant to paragraphs (4) (a)-(d) and (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

JRBH PREA Policy Section X, A, Paragraph 6, Page 103 a copy of the review report shall be forwarded to the PREA Coordinator.

The interview with the PREA Coordinator/Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator/Incident Review Team Member, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

JRBH PREA Policy Section X, A, Paragraph 5, Page 103 states the administration shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The PREA Coordinator confirmed the incident review team makes recommendations for improvement and any reasons for not implementing the recommendations would be documented. He reported the facility has not noticed any trends due to the absence of substantiated allegations. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator/Incident Review Team Member, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

## Standard 115.387: Data collection

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

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Annual Data Review
- PREA Critical Incident Form
- Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile)
- Survey of Sexual Victimization, 2017 Locally or Privately-Operated Juvenile Facilities Summary Form
- Observations during onsite review of facility

**Provisions (a) & (c):**

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

JRBH PREA Policy Section X, B, Paragraph 1, Page 104 states the administrative assistant shall collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

JRBH PREA Policy Section X, B, Paragraph 3, Page 104 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

JRBH had one (1) unfounded allegation of sexual abuse within the 12 months preceding the audit. If it were to have been a substantiated allegation the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile) would be completed in addition to the PREA Critical Incident Form. Also, JRBH uses the PREA Annual Data Review to aggregate sexual abuse data at least annually. Based on the review of the Pre-audit questionnaire, review of incident forms, and review of the data review, the evidence shows the facility follows these provisions of the standard.

**Provision (b):**

The agency shall aggregate the incident-based sexual abuse data at least annually.

JRBH PREA Policy Section X, B, Paragraph 2, Page 104 states the administrative assistant shall aggregate the incident-based sexual abuse data, at least, annually.

JRBH had one (1) unfounded allegation of sexual abuse within the 12 months preceding the audit. The incident was reported on the PREA Critical Incident Form. If it were to have a substantiated allegation the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile) would be completed. Based on the review of the Pre-audit questionnaire and review of the incident forms, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

JRBH PREA Policy Section X, B, Paragraph 4, Page 104 states the administrative assistant shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor reviewed the investigative file for the one (1) unfounded allegation of sexual abuse. Based on the review of the Pre-audit questionnaire and review of the collected data, the evidence shows the facility follows this provision of the standard.

**Provision (e):**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

JRBH PREA Policy Section X, B, Paragraph 5, Page 104 states JRBH does not contract with outside facilities for confinement of its residents from which to obtain any additional data.

JRBH does not contract with other facilities for the confinement of its residents.

**Provision (f):**

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

JRBH PREA Policy Section X, B, Paragraph 6, Page 104 states upon request, JRBH shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The U.S. Department of Justice Bureau of Justice Statistics requested JRBH to complete the Survey of Sexual Victimization, 2017 locally or Privately-Operated Juvenile Facilities Summary Form. The auditor reviewed the completed summary form. Based on the review of the Pre-audit questionnaire and review of the data summary form, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Annual PREA Data Review
- Memo - Data Review for Corrective Action
- JRBH 2017 Critical Incident Report - Unfounded
- JRBH Pre-Audit Questionnaire
- JRBH Critical Incident Debriefing Form
- JRBH PREA Critical Incident Review Form
- Interviews
  - Agency Head
  - PREA Coordinator
- Observations during onsite review of facility

### Provision (a):

The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

JRBH PREA Policy Section X, C, Paragraph 1, Page 104 states the PREA Coordinator shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices and training including:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings and corrective actions for the facility as a whole.

The auditor reviewed the JRBH Annual PREA Data Review. The data review included the requirements of this provision. The agency head confirmed the facility would use incident-based sexual abuse data to take corrective actions on an ongoing basis. One example of improving the sexual abuse prevention, detection and response policies would be to assess the video monitoring technology. The PREA Coordinator confirmed the facility reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The data is securely retained in a locked file cabinet and JRBH takes corrective action on an ongoing basis based on the data. Based on the review of the Pre-audit questionnaire, review of the JRBH Annual PREA Data Review, and interviews with the Agency Head and PREA Coordinator, the evidence shows the facility follows this provision of the standard.

**Provision (b):**

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

JRBH PREA Policy Section X, C, Paragraph 2, Page 104 states such reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.

The auditor reviewed the JRBH Annual PREA Data Review. The report included a comparison of the 2017 data and corrective actions with those from 2016 and provides an assessment of the agency's progress in addressing sexual abuse. Based on the review of the Pre-audit questionnaire and review of the JRBH Annual PREA Data Review, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

JRBH PREA Policy Section X, C, Paragraph 3, Page 104 states the report shall be approved by the Administrator and made readily available to the public by request from the JRBH office. A copy of the report shall be forwarded to the PREA Coordinator.

The Agency Head confirmed he approves the JRBH Annual PREA Data Review and the report is available upon request from the administrative office. Based on the review of the Pre-audit questionnaire, review of the JRBH Annual PREA Data Review, and interview with the Agency Head, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

JRBH PREA Policy Section X, C, Paragraph 4, Page 104 states the facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.

**Conclusion:**

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

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)



- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- JRBH PREA Annual Data Review
- Interview
  - PREA Coordinator
- Observations during onsite review of facility

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

The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

JRBH PREA Policy Section X, D, Paragraph 1, Page 104 states the facility shall ensure that data collected pursuant to §115.387 is securely retained.

The PREA Coordinator confirmed the JRBH reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

#### **Provision (b):**

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

JRBH PREA Policy Section X, D, Paragraph 2, Page 104 states the facility shall make all sexual abuse data readily available to the public annually. Current copies are provided and made available in the receiving area of the facility. All phone requests for annual data should be directed to the JRBH office.

The auditor observed copies of the JRBH PREA Annual Data Review available on the credenza in the foyer of the main building. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.

**Provision (c):**

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

JRBH PREA Policy Section X, D, Paragraph 3, Page 104 states before making sexual abuse data publicly available, the facility shall remove all personal identifiers.

The auditor observed the publicly available sexual abuse data to confirm that personal identifiers have been removed. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.

**Provision (d):**

The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

JRBH PREA Policy Section X, D, Paragraph 4, Page 104 states the facility shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection.

The review of the policy confirmed JRBH maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection. Based on the review of the Pre-audit questionnaire and review of the data retention policy, the evidence shows the facility follows this provision of the standard.

**Conclusion:**

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Interviews
  - Agency Head
  - PREA Coordinator
- Observations during onsite review of facility

**Provision (a):**

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

JRBH operates a single facility. The facility was last audited May 5, 2016.

**Provision (b):**

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

JRBH operates a single facility. The facility was last audited May 5, 2016.

**Provision (c):**

The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

JRBH did not report the Department of Justice recommending an expedited audit.

**Provision (d):**

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The auditor used the Auditor Compliance Tool for guidance on the conduct and guidance of the audit.

**Provision (e):**

The agency shall bear the burden of demonstrating compliance with the standards.

JRBH demonstrated compliance with the standards.

**Provision (f):**

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for JRBH.

**Provision (g):**

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

The auditor reviewed a sampling of relevant documents and other records and information for 12 the months preceding the audit.

**Provision (h):**

The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor had access to, and observed, all areas of the audited facilities.

**Provision (i):**

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor received all requested documents relevant to the audit.

**Provision (j):**

The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor has retained all documentation relied upon in making audit determinations. The documentation shall be provided to the Department of Justice upon request.

**Provision (k):**

The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

The auditor interviewed a representative sample of residents, staff, supervisors, and administrators. Refer to the Interviews section of the Onsite Audit Phase of the Audit Narrative.

**Provision (l):**

The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

There were no allegations during the 12 months preceding the audit. There were no video tapes or other electronically available data relevant to the provisions being audited.

**Provision (m):**

The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

The auditor conducted private interviews with residents in the JRBH conference room.

**Provision (n):**

Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.

**Provision (o):**

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor communicated with the Wellspring Alliance for Families.

**Conclusion:**

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

- JRBH Pre-Audit Questionnaire
- Interviews
  - Agency Head
  - PREA Coordinator
- Observations during onsite review of facility

**Provision (a):**

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

The auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of the JRBH.

**Provision (b):**

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

The audit report states whether agency-wide policies and procedures comply with relevant PREA standards.

**Provision (c):**

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

For each PREA standard, the auditor determined whether JRBH Exceeds Standard, Meets Standard, or Does Not Meet Standard. The audit summary indicates the number of provisions the facility has achieved at each grade level.

**Provision (d):**

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

He audit reports describes the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for the facility. No corrective actions were required.

**Provision (e):**

Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

The auditor redacted any identifiable resident or staff information from the report.

**Provision (f):**

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.



The 2016 audit report is published on the Louisiana Office of Juvenile Justice website.

<https://ojj.la.gov/wp-content/uploads/2017/07/PREA-2016-Audit-Report-Johnny-Robinsons-Boys-Home.pdf>

**Conclusion:**

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

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

July 20, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.